



NEW VENDOR FORM



Vendor/Company/Entity Legal Name (Must match TIN below) _____

Taxpayer Identification Number (TIN): _____ or _____
Federal Employer I.D. Number Social Security Number

Business Address _____
City _____ State _____ Street _____ Zip Code _____ PO Box _____

Contact Person _____ Title _____

Telephone _____ Fax _____ Email _____

Federal Tax Classifications (Please select one)

- Individual/Sole-Proprietor/Single Member LLC
- Corporation – C or S: _____
- Partnership
- Limited liability company (C, S, or P): _____
- Non-Profit

Indicate number of years firm has been in business under the present name: _____

Principal Activity (Please select one) Labor Material Other: _____

List the principal type of service(s) or product(s) that are being provided: _____

The company is applying for certified status as a:

- Minority Owned Business (MBE)
- Woman Owned Business (WBE)

Minority Status of Owner(s)

- African American
- Asian
- Aleut
- Caucasian Female
- East Indian
- Inuit
- Native American
- Other: _____

Citizenship Status of Minority Owner(s): United States Other: _____

Certified 8(a) by US Small Business Administration Yes No

Certified by the SC Department of Transportation Yes No

Are you licensed to do business in South Carolina, as well as locally, including all business licenses?
 Yes No

I certify that all information provided as part of this certification is true and accurate.

Signature _____ Printed Name _____ Date _____