

Vendor Application

Interested parties should fill out Vendor Application Forms and refer to our Current Contracts and related information to stay current with our business needs. You can mail it or fax it to the address / numbers below:

**The School Board Administration Building
Procurement Management Services
1450 Northeast Second Avenue
Room 352, Miami, Florida 33132
(305) 995 - 4288
(305) 523 - 2216 Fax**

Vendor Application

FOR PROCUREMENT USE ONLY

**Miami-Dade County Public Schools
Procurement Management Services**

Vendor #: _____
Date: _____
Assigned: _____
Assigned By: _____

1 A. _____
Federal Employer Identification Number

If none _____
Owner's Social Security Number

1 B. Name of Business

This name will be used on purchase orders and checks issued to your company.

Name of Firm, Individual(s), Partners or Corporation

Doing Business As (if same as above, leave blank)

Street Address

City State Zip Code

2. Mailing Address (If same as above, leave blank)

Street Address

City State Zip Code

3. Invoice Remittance Address (where check should be mailed)
(If same as mailing address, leave blank)

Street Address

City State Zip Code

4. Telephone / Fax Number / Contact Person

Tel. Number

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800 Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact Person _____

E-Mail _____

5. Affiliated Companies

(Parent company, subsidiary, joint venture, etc.)
Use separate sheet if necessary.

Name of Company

Street Address

City State Zip Code

Tel. Number

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6. Type of Business

A Corporation (State Incorporated) _____
(Date Incorporated) _____

Partnership

Sole Proprietorship (One individual owner)

Non-Profit Organization

Joint venture

Other _____

7. Licenses

Occupational License No. _____
(Attach copy of license to application)

Issued by _____

Certificate of Competency (if applicable) _____

Other Licenses _____

8. Primary Business Classification

(Check appropriate type)

Manufacturer/Producer General Contractor

Dealer or Distributor Subcontractor _____
(Type)

Retailer Broker _____
(Type)

Maintenance/Repair Other _____
(Type)

Professional Services _____
(Type)

9. Owner / Gender Classification

(Check those that apply)

Caucasian

African American

Hispanic

Female

Male

Other _____

10. Ownership Disclosure

If the contract or business transaction is with a corporation, partnership, sole proprietorship, or joint venture, the full legal name and business address shall be provided for each officer, director, and stockholder or owner who holds, directly or indirectly five percent (5%) or more of the stock or ownership. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. Post Office addresses are not acceptable.

Name	Title	Gender	Race / Ethnicity	Stock Ownership

11. Agent, Representative or Employee Authorized to Transact Business on Behalf of the Entity / Firm

Name _____ Title _____

Name _____ Title _____

Name of Company, If other than Applicant _____

Name of Company, If other than Applicant _____

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Tel. Number

Tel. Number

12. Please use Attachment "A" and type the appropriate categories you would like to receive bid information on. Attachment can be found at <http://procurement.dadeschools.net/pdf/vendorlist.pdf>

Category No.	Item No.	Category No.	Item No.	Category No.	Item No.	Category No.	Item No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Under penalties of perjury, I certify that:

- The number shown on this vendor application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions. - Vendor must cross out item 2 above if it has been notified by the IRS that it is currently subject to backup withholding because of failure to report all interest and dividends on it's tax return. For real state transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, the vendor is not required to sign the Certification, but must provide a correct Tax Identification Number.

(Corporate Seal) if appropriate _____ (Signature) _____ (Date) _____

On this _____ day of _____, 20 _____, personally appeared before me, the undersigned officer authorized to administer oaths:

_____ known to be the person described in the foregoing affidavit, who acknowledged that he/she executed the same in the capacity stated and for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

(Notary Public)

My Commission Expires: _____
(Seal)