



## ITE APPLICATION TO BECOME VENDOR/CONTRACTOR

Completion of this form is required to establish your company as an authorized vendor in ITE's Procurement System

### OFFICE ADDRESS *(for general mailing correspondence)*

Full Legal Name of Business *(as appears on W-9 Form)*: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ URL: \_\_\_\_\_

Authorized Representative's Name: \_\_\_\_\_ Email: \_\_\_\_\_

### REMITTANCE ADDRESS *(for payments, if different from Office Address)*

Name to Appear on Checks: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### SOCIO-ECONOMIC STATUS *(check all that apply based on primary NAICS/MCC Code)* Primary NAICS Code \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> A – Small Business   | <input type="checkbox"/> F – Foreign Owned Business           | <input type="checkbox"/> K – Non-Profit Organization                      |
| <input type="checkbox"/> B – Small Disadvantaged Business   | <input type="checkbox"/> G – Government Agency                | <input type="checkbox"/> L – Labor Surplus Area (cannot be checked alone) |
| <input type="checkbox"/> C – Woman Owned Business (cannot be checked alone)   | <input type="checkbox"/> H – Historically Black College       | <input type="checkbox"/> HUBZone State & County                           |
| <input type="checkbox"/> D – Large Business   | <input type="checkbox"/> I – Minority Educational Institution | <input type="checkbox"/> SBA Certified                                    |
| <input type="checkbox"/> E - Education Institution  | <input type="checkbox"/> J – Large Disadvantaged Business     |   |
| <input type="checkbox"/> Ownership Ethnicity (Asian-Pacific Americans, Native Americans, African Americans, Hispanic Americans, Subcontinent Americans) _____ |   |   |
| <input type="checkbox"/> Vietnam Veteran  | <input type="checkbox"/> Service Disabled Veteran             | <input type="checkbox"/> Veteran  |

DUNS & BRADSTREET NUMBER: \_\_\_\_\_

### REQUEST FOR TAXPAYER ID NUMBER & CERTIFICATION *(Substitute W-9)*

Individual/Sole-proprietorship (provide SSN): \_\_\_\_\_ Corporation (provide TIN): \_\_\_\_\_

Vendor is a Partnership (provide TIN): \_\_\_\_\_ Other Type (LLC, LLP): \_\_\_\_\_



Certification: Under penalty of perjury, I certify that:

- 1) The number shown on this form is my correct TIN
- 2) I am not subject to backup withholding because
  - a) I am exempt from backup withholding or
  - b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends or the IRS has notified me that I am no longer a subject to backup withholding.

Printed Name of Authorized Vendor Representative: \_\_\_\_\_

Signature & Certification of Substitute W-9 Information: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

**TATIANA RICHEY**

[trichey@ite.org](mailto:trichey@ite.org)

Institute of Transportation Engineers

1627 Eye Street NW # 600, Washington, DC 20006

Fax: 202-785-0609