



Thank you for your interest in being added to NYSIF's bidder list. Please fill in the requested information below.

Legal Business Name: \_\_\_\_\_

DBA Name (if any): \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Is your firm a New York resident business?  YES  NO

Total number of people employed by your firm: company-wide: \_\_\_\_\_ in New York City: \_\_\_\_\_

NYSESD Certified Minority-Owned Business Enterprise  YES  NO  
If yes, attach a copy of your current New York State certification letter.

NYSESD Certified Women-Owned Business Enterprise  YES  NO  
If yes, attach a copy of your current New York State certification letter.

Does your firm purchase goods or services or subcontract with any New York State certified minority or women-owned enterprises?  YES  NO

NYS Small Business  YES  NO  
As defined in Executive Law Section 310(20).

NYSOGS Certified Service-Disabled Veteran-Owned Business  YES  NO  
If yes, attach a copy of your current New York State certification letter.

Please indicate the products and/or services for which you want to be considered:

\_\_\_\_\_

Company Address: \_\_\_\_\_

Company Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Forms can be returned to [contracts@nysif.com](mailto:contracts@nysif.com) or faxed to 518-437-4209. If you have any questions, please call 518-437-4360.

Thank you,

NYSIF – Procurement Unit