



"RE-BUILDING THE CITY'S WATER SYSTEMS FOR THE 21ST CENTURY"

Sewerage & Water Board OF NEW ORLEANS

C. RAY NAGIN, President
TOMMIE A. VASSEL, President Pro-Tem

625 ST. JOSEPH STREET
NEW ORLEANS, LA 70165 • 504-529-2837 OR 52W-ATER
www.swbnola.org

| |
|--------------------------------|
| VENDOR CODE |
| _____ |
| (to be assigned by Purchasing) |

VENDOR REGISTRATION – PART 1

PLEASE CHECK ONE:

- Initial Registration
- Re-registration

PLEASE COMPLETE THE FOLLOWING (TYPE OR PRINT):

1. Remittance Address (for payment):

Company Name

Street Address

P.O. Box Number (if applicable)

City State Zip

City State Zip

Contact Person (if any)

2. Correspondence Address (to which bid requests are to be mailed):

Company Name

Street Address

P.O. Box Number(if applicable)

City State Zip

City State Zip

Contact Person (if any)

3. Telephone Numbers:

Main Number 800 Number Fax Number Emergency Number



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4. _____ OR _____
Federal ID Number Social Security Number (if individual)

4a.) If you have given a Social Security Number we need the name of the person whose number this is
Or if you have a different name (DBA) give us the name associated with the Federal ID#.

4b.) Complete IRS Form W-9 and return with Vendor Registration – Part 1.

5. Type of Organization (check all categories that apply)

- Dealer
- Manufacturer
- Jobber/Broker
- Retailer
- Factory Representative
- Individual
- Partnership
- Incorporated
- In-State
- Annual Sales Under \$200,000
- In-Parish (Orleans)

Must Provide Street Address
(P.O. Box Not Acceptable)

6. Minority-Owned Business? Yes No

If Yes, Check the Appropriate Category or Categories Below and Complete 6a.:

- Asian
- Disabled
- Caucasian
- Female
- Hispanic
- Male
- Black
- Native American

6a.) Minority Certified by Another Agency? Yes No

If Yes, Name of Agency Certified With : _____

Locality : _____ Date Certified: _____ Expiration Date: _____

7. Economically Disadvantaged? Yes No

If Yes, Check the Appropriate Disadvantage Categories Below and Complete 7a and 7b.:

- Female
- Male
- Educational Disadvantage
- Business Disadvantage
- Disabled
- Other (specify)



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7a.) Economically Disadvantaged Business Certified by Sewerage
And Water Board of New Orleans? Yes No

If Yes, Date Certified : _____ Expiration Date: _____

If No, Certification Application Pending? Yes No Date of Application: _____

7b.) Economically Disadvantaged Business Certification by Another Agency? Yes No

If Yes, Name of Agency Certified With: _____

Locality : _____ Date Certified: _____ Expiration Date: _____

8. Invoice/Payment Terms: _____

9. Business Hours: _____

10. Location For Returning Materials (including complete addresses)

For Replacement: _____ (street address needed)

For Repair: _____ (street address needed)

For Credit: _____ (street address needed)

Return Authorization Number Required? Yes No

11. Licenses and Certification:

City of New Orleans Occupational License Number: _____ Expiration Date: _____
(Contact the Orleans Parish Bureau of Revenue)

State Contractor License No.: _____ Expiration Date: _____
(For State Licenses, Contact the State of Louisiana Board for Contractors)



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Additional Licenses/Certifications:

Type: _____ Number: _____ Issuing Agency: _____ Expiration Date: _____

Type: _____ Number: _____ Issuing Agency: _____ Expiration Date: _____

12. Principle Line of Business: _____

13. REQUIRED TO RECEIVE PROPER BID NOTIFICATION

List All Types Of Commodities and Services You Can Provide:

GOODS

SERVICES



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GOODS

SERVICES

14. General Liability Insurance:

Carrier: _____ Policy Number: _____ Expiration Date: _____
Carrier: _____ Policy Number: _____ Expiration Date: _____

15. Bonding Capacity

Amount \$: _____

16. Worker's Compensation Insurance:

Carrier: _____ Policy Number: _____ Expiration Date: _____

17. Four References to Whom You Have Provided goods/services (including name, address, phone#):

1. _____
2. _____
3. _____
4. _____

18. Company Officers or Principals Who Are Sewerage & Water Board of New Orleans Employees or Related to Sewerage & Water Board Of New Orleans Employees:

Name: _____ Position/Title: _____
Name: _____ Position/Title: _____



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19. Subsidiaries, Branches and Divisions:

Address: _____ Contact: _____

Address: _____ Contact: _____

Address: _____ Contact: _____

20. Company Officials:

Name: _____ Position/Title: _____

Name: _____ Position/Title: _____

Name: _____ Position/Title: _____

21. Number of Years in Business: _____

22. Approximate Inventory Stocked \$ _____

AUTHORIZED SIGNATURE REQUIRED (COMPANY OFFICER OR PRINCIPAL) :

SIGNATURE: _____ TITLE: _____ DATE: _____

RETURN TO:

**SEWERAGE & WATER BOARD PURCHASING
ATTN: VENDOR REGISTRATION
625 ST. JOSEPH ST. ROOM 133
NEW ORLEANS, LA 70165**

TO BE COMPLETED BY PURCHASING

ECONOMICALLY DISADVANTAGED/MINORITY VENDOR STATUS VERIFIED Yes No

DATE COPY FORWARDED TO MAP OFFICE : _____