



RICHLAND COUNTY GOVERNMENT OFFICE OF PROCUREMENT & CONTRACTING

VENDOR REGISTRATION FORM
(SUBJECT TO RICHLAND COUNTY CODE OF ORDINANCES)

NAME OF COMPANY:		FEDERAL TAX ID. NUMBER:	STATE TAX ID NUMBER:
MAILING ADDRESS:		PHYSICAL ADDRESS:	
<input type="checkbox"/> INITIAL APPLICATION	<input type="checkbox"/> REVISION/RENEWAL	RESIDENT BUSINESS LOCATED IN RICHLAND COUNTY SOUTH CAROLINA: <input type="checkbox"/> YES <input type="checkbox"/> NO	

(Check Appropriate Boxes) TYPE OF BUSINESS:

SOLE PARTNERSHIP CORPORATION INDIVIDUAL PARTNERSHIP ANOTHER ENTITY:

If incorporated, under the laws of the state of:

<input type="checkbox"/> African-American Female (AAF)	<input type="checkbox"/> Hispanic Female (HF)	<input type="checkbox"/> White Female (WF)
<input type="checkbox"/> African-American Male (AAM)	<input type="checkbox"/> Hispanic Male (HM)	Other:
<input type="checkbox"/> Asian Female (AF)	<input type="checkbox"/> Native American Female (NAF)	
<input type="checkbox"/> Asian Male (AM)	<input type="checkbox"/> Native American Male (NAM)	

CATEGORY (Check below the category which applies to applicant):

<input type="checkbox"/> Administrative	<input type="checkbox"/> General Construction	<input type="checkbox"/> Professional	<input type="checkbox"/> Technical Services
<input type="checkbox"/> Architectural	<input type="checkbox"/> Goods	<input type="checkbox"/> Real Estates	<input type="checkbox"/> Transportation
<input type="checkbox"/> Consulting	<input type="checkbox"/> Information	<input type="checkbox"/> Retailer	<input type="checkbox"/> Wholesaler
<input type="checkbox"/> Contractor	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Specialty Construction	<input type="checkbox"/> Other
<input type="checkbox"/> Engineering	<input type="checkbox"/> Insurance	<input type="checkbox"/> Supplies	
<input type="checkbox"/> Finance	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Support Services	

DUN & BRADSTREET RATING (if available):	RICHLAND COUNTY LICENSE NUMBER:	SC BUSINESS OR CONTRACTORS LICENSE NUMBER:
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NAME OF OFFICERS, MEMBERS, OR OWNERS OF CONCERN, PARTNERSHIP, ETC.

HOW LONG IN PRESENT BUSINESS:	
(A) PRESIDENT:	(B) VICE-PRESIDENT:
(E) OWNERS OR PARTNERS:	

TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS: (REQUIRED)
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LIST BUSINESS & FINANCIAL REFERENCES:	(3)
(1)	(4)
(2)	(5)

I certify that the information supplied herein (including all pages attached) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is now barred or otherwise declared Ineligible by any public agency from bidding for furnishing, materials, supplies, construction, or services to any agency thereof:

Name and Title:	Date:	
Telephone #:	Fax #:	E-MAIL:
SIGNATURE OF AGENT:		(Required for notification purposes)

State of : _____ County of: _____
 Subscribed and sworn to before me this _____ day of _____
 Notary Public: _____
 My Commission expires: _____ SEAL

The County advertises in the South Carolina Business Opportunity (SCBO) and in the Solicitations section of the Richland County Procurement site located at rcgov.us. Forms should be submitted to: rcsolicitations@rcgov.us

RICHLAND COUNTY IS AN EQUAL OPPORTUNITY EMPLOYEE