# Vendor Certification Procedure

**Title:** VENDOR CERTIFICATION PROCEDURE  
**Submitted By:** R. Cathcart  
**Approved By:** Board of Trustees  
**Effective Date:** 1/12/05  
**Supersedes No:** None  
**Page No.:** 4 of 6

## Vendor Application

**NAME OF COMPANY:** ____________________________

**STREET ADDRESS:** ________________________________________________

**CITY:** ___________________________________ **STATE:** ___________ **ZIP:** ___________

**KEY CONTACTS:**

1. **NAME:** ____________________________ **TITLE:** ____________________________  
   **PHONE:** ____________________________ **EMAIL:** ____________________________

2. **NAME:** ____________________________ **TITLE:** ____________________________  
   **PHONE:** ____________________________ **EMAIL:** ____________________________

3. **NAME:** ____________________________ **TITLE:** ____________________________  
   **PHONE:** ____________________________ **EMAIL:** ____________________________

**DATE OF INCORPORATION:** ___________ **STATE INCORPORATED IN:** ___________

**YEARS IN BUSINESS:** ___________ **NUMBER OF EMPLOYEES:** ___________

## References Your Company Does Business With:

1. **NAME OF COMPANY** ____________________________  
   **CONTACT PERSON:** ____________________________ **PHONE:** ____________________________

2. **NAME OF COMPANY** ____________________________  
   **CONTACT PERSON:** ____________________________ **PHONE:** ____________________________

3. **NAME OF COMPANY** ____________________________  
   **CONTACT PERSON:** ____________________________ **PHONE:** ____________________________
**AGENCIES YOUR COMPANY IS CERTIFIED WITH:** (please complete this section if you are a MBE/WBE)

1. **NAME OF COMPANY**
   
   CONTACT PERSON
   
   PHONE

2. **NAME OF COMPANY**
   
   CONTACT PERSON
   
   PHONE

3. **NAME OF COMPANY**
   
   CONTACT PERSON
   
   PHONE
Title: VENDOR CERTIFICATION PROCEDURE

Procedure No. PP-180
Submitted By: R. Cathcart
Approved By: Board of Trustees

Effective Date: 1/12/05       Supersedes No: None       Page No. 6 of 6

Taxpayer Identification Number Request

Instructions:
1. Complete Part 1 by completing the one row of boxes that corresponds to your tax status.
2. Complete Part 2 if you are exempt from Form 1099 reporting.
3. Complete Part 3 by filling in all lines
4. Return this completed form to the address/fax referenced below

Part 1 – Tax Status: (complete only one row of boxes)

<table>
<thead>
<tr>
<th>Individuals:</th>
<th>Individual Name (Last, First, M.I.)</th>
<th>Individual’s Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fill out this row</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sole Proprietor (or LLC with one owner)</th>
<th>Business Owner’s Name (REQUIRED)</th>
<th>Business Owner’s Social Security # or Employer ID Number (xxx-xx-xxxx)</th>
<th>Business or Trade Name (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fill out this row</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partnership (or LLC with multiple owners)</th>
<th>Name of Partnership</th>
<th>Partnership’s Employer ID # (xx-xxxxxxx)</th>
<th>Partnership’s name on IRS mailing label</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fill out this row</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Corporation, or Tax-Exempt Entity</th>
<th>Name of Corporation or Entity</th>
<th>Employer Identification # (xx-xxxxxxx)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fill out this row</td>
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<td></td>
</tr>
</tbody>
</table>

Part 2 – Exemption: If exempt from Form 1099 reporting, check your qualifying exemption reason below:

- Under 501(a) (includes 501(c) (3), or IRA)
- The United States or any of its agencies or instrumentalities
- A state, The District of Columbia, a possession of U.S., or any of their political subdivision or agencies
- A foreign government or any of its political subdivision or an international organization in which the U.S. participates under a treaty or Act of Congress
- Note that there is NO corporate exemption for medical and healthcare payments or payments for legal services
- Corporation
- Tax Exempt Entity Under 501(a) (includes 501(c) (3), or IRA)
- The United States or any of its agencies or instrumentalities
- A state, The District of Columbia, a possession of U.S., or any of their political subdivision or agencies
- A foreign government or any of its political subdivision or an international organization in which the U.S. participates under a treaty or Act of Congress

Part 3 – Business Classification: Please indicate if your company is categorized as any of the following (see reverse for description):

- Large Business
- Service Disabled Veteran Owned Small Business
- Small Business
- Small Disadvantaged Business (Must be SBA Certified)
- Veteran-Owned Small Business
- Women-Owned Small Business

Part 4 – Addresses

<table>
<thead>
<tr>
<th>Tax Correspondence Address</th>
<th>Purchase Order Address</th>
<th>Remit To Address (Same as Purchase Order Address)</th>
</tr>
</thead>
</table>

Phone:    Phone:    Phone:
Fax:  Fax:  Fax:
E-Mail  E-Mail  E-Mail

Part 4 – Certification: I certify that (1) the Tax Identification Number I have provided is correct, (2) if I have marked “Exempt” the above entity is backup withholding exempt, and (3) I am a US Person (including Resident Alien).

Print Name  Signature
Title  Date

PLEASE RETURN COMPLETED FORM TO:
Delaware State University, Purchasing Department, 1200 N. DuPont Hwy., Dover, DE 19901
(302) 857-6278 (Fax)  (302) 857-6270 (Phone)