



**Thruway  
Authority**

**SUPPLIER REGISTRATION**

**PURPOSE:** This form is completed by suppliers interested in doing business with the New York State Thruway Authority (Authority).

**INSTRUCTIONS:**

- All suppliers must complete Sections I and III.
- Suppliers not already registered in iSupplier (the Authority's web-based purchasing system) must also complete Section II.
- See page 2 for additional information.
- Submit completed form along with a completed IRS form W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION via fax to (518) 436-3011, email or mail to the appropriate address above.
- Registration questions may be addressed to Supplier Management at the email address above or by calling (518) 433-4990.

**Section I Supplier Information**

Supplier Name/DBA		Taxpayer Identification No. (EIN or SSN)	
Alternative Names (if applicable)			
Organization: Is this organization any of the following? (check all that apply) <input type="checkbox"/> Government Agency <input type="checkbox"/> Non-profit (exempt per IRS rules) <input type="checkbox"/> Limited Liability Partnership	Certification: Is this company certified with New York State as any of the following? <input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Women's Business Enterprise (WBE) <input type="checkbox"/> Service Disabled Veteran-Owned Business (SDVOB)	Services: Does this company provide services? <input type="checkbox"/> Yes. If "Yes", check type(s) below. <input type="checkbox"/> No <input type="checkbox"/> Non-employee compensation <input type="checkbox"/> Rents <input type="checkbox"/> Medical Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Other (specify) _____	

**Section II Supplier Address Sites** (attach additional sheets if necessary)

This address and contact information should be used for (check all that apply):  Purchase Orders  Payments  Tax Reporting

Address	Contact Name
	Contact Title or Department
Phone No. (    ) -    -	Fax No. (    ) -    -
Contact Email Address	

This address and contact information should be used for (check all that apply):  Purchase Orders  Payments  Tax Reporting

Address	Contact Name
	Contact Title or Department
Phone No. (    ) -    -	Fax No. (    ) -    -
Contact Email Address	

**Section III Supplier Authorization**

Authorized Company Representative Name (print or type)	Company Representative Title (print or type)
Authorized Company Representative Signature	Date

**Notification Required Under Personal Privacy Protection Law**

The information that you are providing in this form is being requested for the principal purpose of keeping a record of supplier information used for processing payments. This information is being requested pursuant to the New York State Public Authorities Law as well as the New York State and Federal tax laws (see New York State Tax Law § 674, 26 USC § 6041). Failure to provide this information may result in a delay of payment processing. This information will be used in accordance with Section 96(1) of the Personal Privacy Law, particularly subdivisions (b), (e) and (f). This information is being requested by the Department of Finance & Accounts and will be maintained in the Authority's financial system. This information will be maintained by the Director of Accounting & Disbursements, New York State Thruway Authority, 200 Southern Blvd., Albany, NY 12209-2098, (518) 433-4990.

**Section IV For Office Use Only**

Classification <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB	Tax Reporting <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Misc. Code _____	Supplier No. Entered _____ Date _____
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## SUPPLIER REGISTRATION Additional Information

### Section I

**Supplier Name/DBA** - The name that will be used to conduct business with the Authority. This name will be used on purchase orders, contracts and for payments.

**Taxpayer Identification Number (TIN)** - Corporations must enter their Employer Identification Number (EIN). If the Supplier does not have a Federal Identification Number, the Social Security Number (SSN) of the principal of the firm should be entered.

**Alternative Names** - Any other names under which a supplier may be operating or used when billing the Authority.

**Organization** - If the supplier is a Governmental Agency, Non-profit or Limited Liability Partnership (LLP), select the organization type that applies. All other organization types for tax reporting purposes can be found on the W-9.

**MWBE Certification** - Check the box that applies only if the supplier is currently a New York State Certified "MWBE" (Minority and Women-Owned Business Enterprise). If you are not a New York State Certified "MWBE" and would like information on how to become certified, contact the Empire State Development, Division of Minority and Women-Owned Business Development at (518) 292-5250 or visit <http://ny.newnycontracts.com>.

**SDVOB Certification** - Check the box that applies only if the supplier is currently certified with the Office of General Services (OGS) as a New York State Certified "SDVOB" (Service Disabled Veteran-Owned Business). If you are not a New York State Certified "SDVOB" and would like information on how to become certified, contact the OGS, Division of Service Disabled Veterans' Business Development at (844) 579-7570 or visit <http://veterans.ny.gov/business>.

**Services** - If the supplier provides services for the Authority, check the boxes for the types of services that apply. Tax reporting may be required if a supplier provides services for the Authority.

### Section II

**Supplier Address Sites** - Suppliers who are not already registered in iSupplier should provide an address and contact information where Purchase Orders and all other correspondence should be sent and a Remittance Address to which payments should be sent.