



6704 Ave D. | PO Box 352 | Fairfield, AL 35064 | Ph. 205.923.8017

## Vendor Registration Form

**\* Provide complete W-9 with this form. \***

Legal Business Name: \_\_\_\_\_ DBA (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

### Primary Contact Information

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

Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Business Classification

Business Type (check one):  Corporation  LLC  Partnership  Sole Proprietor  Other

Year Established: \_\_\_\_\_ State of Incorporation (if applicable): \_\_\_\_\_

### Tax & Compliance Information

Federal Tax ID (EIN) or SSN: \_\_\_\_\_

Is your business subject to backup withholding?  Yes  No

### Minority / Women-Owned Business Status

Minority-Owned  Woman-Owned  Veteran-Owned  Small Business  None

Certifying Agency (if applicable): \_\_\_\_\_

### Goods / Services Provided

Describe goods or services your firm provides:

\_\_\_\_\_  
\_\_\_\_\_

### Certification

I certify that the information provided is true and correct to the best of my knowledge.

Authorized Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Approvals:**

#### **Internal Use Only**

Requestor/Department: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Approval: \_\_\_\_\_ Date: \_\_\_\_\_ 1099? Y N

Procurement Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_ Issued Vendor #: \_\_\_\_\_



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**Definitions:**

**Disadvantage Business Enterprise (DBE)** – A Business Enterprise that is 51% or more owned, controlled, and actively operated by one or more persons who are classified as members of a racial minority group, such as African American, Hispanic American, Asian Pacific American, Asian Indian American, Native American, Aleuts or Hasidic Jewish Americans.

**Woman Business Enterprise (WBE)** – A business enterprise that is 51% or more owned, controlled, and actively operated by one or more women.

**Section 3 Business** – A business that meets one of the following:

1. 51% or more owned and controlled by a resident of any FAHA Housing site or whose full-time permanent workforce includes 30% of FAHA residents of any housing site;
2. HUD Youthbuild Program in the state of Alabama;
3. Business concerns that are 51% or more owned and controlled by FAHA residents or are low or very low-income FAHA Residents or whose full-time permanent workforce includes 30% of FAHA residents or low/very low-income residents;
4. Business that subcontracts in excess of 25% of the total amount of subcontracts to business concerns identified in the preferences above.

**Small Business Enterprise (SBE)** – A business concern, including its affiliates, that is independent owned and operated and is not dominant in the field of operation for which it is bidding and qualifies as a small business under the criteria and size standards in **13- CFR Part 121 (see FAR 19.102)**.

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### DECLARATION BY VENDOR

**I confirm that:**

- i. Neither I nor any employee of \_\_\_\_\_ is in any way connected to Fairfield Alabama Housing Authority or its employees or an immediate family member of any Fairfield Alabama Housing Authority employee.
- ii. For each relationship, I will include a brief statement describing the relationship.
- iii. The information furnished is correct to the best of my knowledge and belief.

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**Printed Name of Authorized Signatory**

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**Signature**