

SOUTHEAST LOUISIANA VETERANS HEALTH CARE SYSTEM

VENDOR APPLICATION

SEND TO: VHANOLMMSNewVendor@med.va.gov

FROM: _____ AGENCY: _____

PHONE NUMBER: _____ FAX NUMBER: _____

The following information must be provided **when submitting your request**. Complete the application by selecting file; send to; mail recipient as attachment; to **VHANOL MMS New Vendor@va.gov**.

1. COMPANY NAME - NOTE: Do not abbreviations, and must be less than 35 characters

2. COMPANY ADDRESS - NOTE: PO Box address is not acceptable

STREET 1 _____
STREET 2 _____
CITY _____
STATE & ZIP CODE _____

3. PRODUCT INFORMATION - NOTE:

NAICS CODE _____

PRODUCT SERVICE
CODE _____

PRODUCT
DESCRIPTION _____

MANUFACTURER

DISTRIBUTOR

4. TELEPHONE NUMBER(S): _____

5. FAX NUMBER(S):

6. FEDERAL TAX ID #:

Note: 9 Digits, no characters

7. POINT OF CONTACT:

8. VENDOR TYPE:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> FSS | <input type="checkbox"/> COMMERCIAL |
| <input type="checkbox"/> GSA | <input type="checkbox"/> FEDERAL GOVERNMENT |
| <input type="checkbox"/> OPEN MARKET | <input type="checkbox"/> INDIVIDUALS-OTHER |

9. BUSINESS TYPE:

- | | |
|---|---|
| <input type="checkbox"/> LARGE BUSINESS (500+ employees) | |
| <input type="checkbox"/> SMALL BUSINESS (less than 500 employees) | |
| <input type="checkbox"/> OUTSIDE U.S. | <input type="checkbox"/> OTHER ENTITIES |
| <input type="checkbox"/> WOMEN OWNED | <input type="checkbox"/> MINORITY OWNED |
| <input type="checkbox"/> VETERAN OWNED | <input type="checkbox"/> SERVICE DISABLED VETERAN |
| <input type="checkbox"/> VETERAN OWNED | <input type="checkbox"/> DISADVANTAGED BUSINESS |
| <input type="checkbox"/> HUBZONE SMALL BUSINESS CONCERN | |
| <input type="checkbox"/> HISTORICALLY BLACK COLLEGES & UNIV | |
| <input type="checkbox"/> JAVITS-WAGNER-O'DAY (JWOD) | |
| <input type="checkbox"/> NONE OF THE OTHER CATEGORIES | |

11 DUNS (Data Universal Number System) number:

(Dun & Bradstreet number is **MANDATORY** if vendor does not have one, they need to go to <http://www.dnb.com> to register

12. DOES THE VENDOR HAVE GOVERNMENT CONTRACT (i.e., General Service Administration or Federal Supply Schedule)?

- YES: Contract # _____ Contract Expiration Date: _____
 NO

13. Is Vendor CCR registered: Yes No (Please advise vendor to register at <http://www.ccr.gov>)

COMMENTS (ANY SPECIAL REQUIREMENTS OR ADDITIONAL INFORMATION) :

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this registration will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The registration will serve as an application to participate in Vendor Day activities and services. Completion of this form is voluntary.