



# Bidder Notification Form

## VENDOR'S BUSINESS INFORMATION:

VendName: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 County (if in New York State): \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*Note: The email address will be the primary identifier for this registration. Please be sure it is entered correctly.*

## BUSINESS CERTIFICATIONS:

Is your company a New York Small Business Concern as defined in accordance with Article 11 of the New York State Finance Law? Yes or No

Is your company a Minority-Owned Business Enterprise in accordance with Article 15-A of the New York State Executive Law? Yes or No

Is your company a Women-Owned Business Enterprise in accordance with Article 15-A of the New York State Executive Law? Yes or No

If your company is a Minority or Women-Owned Business Enterprise, has it been certified by Empire State Development in accordance with Article 15-A of the New York State Executive Law? Yes or No

## DESCRIPTION OF BUSINESS PRODUCTS/SERVICES:

<input type="checkbox"/>	Advertising and Marketing	<input type="checkbox"/>	Mailing
<input type="checkbox"/>	Automotive Purchase, Repair, Rental and Leasing	<input type="checkbox"/>	Management, Professional, and Administrative Services
<input type="checkbox"/>	Consulting	<input type="checkbox"/>	Medical Equipment, Accessories, Products, and Supplies
<input type="checkbox"/>	Communications / Computer Equipment, Peripherals, Components and Supplies	<input type="checkbox"/>	Miscellaneous
<input type="checkbox"/>	Conferences and Meeting Space	<input type="checkbox"/>	Office Equipment, Accessories, and Supplies
<input type="checkbox"/>	Data Processing	<input type="checkbox"/>	Organizations and Clubs
<input type="checkbox"/>	Editorial, Design, Graphic and Fine Art Services	<input type="checkbox"/>	Paper Materials and Products
<input type="checkbox"/>	Education and Training Supplies and Services	<input type="checkbox"/>	Temporary Personal Services
<input type="checkbox"/>	Electrical & Electronic Equipment	<input type="checkbox"/>	Printing, Photographic and Audio/Visual Equipment and Supplies
<input type="checkbox"/>	Equipment Purchase, Rental, or Leasing	<input type="checkbox"/>	Published Products
<input type="checkbox"/>	Equipment Service, Repair, or Installation	<input type="checkbox"/>	Research and Science Based Services
<input type="checkbox"/>	Financial and Insurance Services	<input type="checkbox"/>	Security/Investigative
<input type="checkbox"/>	Furniture and Office Supplies	<input type="checkbox"/>	Service Industry Equipment and Supplies
<input type="checkbox"/>	Healthcare or Medical Services	<input type="checkbox"/>	Technology
<input type="checkbox"/>	Janitorial Services, Equipment, and Supplies	<input type="checkbox"/>	Transportation, Storage, and Mail Services

## AFFIRMATION:

I have read the Privacy and Liability Statements referenced above and understand that I am responsible for the accuracy of the registration profile that I am about to create for the business I represent. I also understand that the business I represent shall be responsible for ensuring this business profile is kept current.  **I Agree.**

Email completed form to [procurements@omig.ny.gov](mailto:procurements@omig.ny.gov)