

STATE OF WEST VIRGINIA  
PURCHASING DIVISION

# VENDOR REGISTRATION AND DISCLOSURE STATEMENT

Before a vendor is eligible to sell goods and/or services to the State of West Virginia, the **West Virginia Code §5A-3-12** requires all vendors to have on file with the West Virginia Purchasing Division a completed Vendor Registration and Disclosure Statement. All vendors wishing to participate in the competitive bid process and receive purchase orders from the State of West Virginia exceeding one thousand dollars (\$1,000) are required to complete the Vendor Registration and Disclosure Statement (WV-1 form) and pay a **\$125.00** annual fee. Payment of the annual fee includes access to the **West Virginia Purchasing Bulletin**, in which purchases expected to exceed twenty-five thousand dollars (\$25,000) are advertised. Please complete this form in its **ENTIRETY** and return it with a check or money order made payable to the **STATE OF WEST VIRGINIA** in the amount of **\$125.00**. Incomplete forms will not be processed and will be returned to the vendor. Please send completed form and payment to:

**Purchasing Division - Vendor Registration**  
**2019 Washington Street East**  
**P.O. Box 50130**  
**Charleston, WV 25305-0130**

Whenever a change occurs in the information submitted, such change shall be reported immediately in the same manner as required in the original disclosure statement (**West Virginia Code §5A-3-12**). Vendors doing business with the State of West Virginia are expected to abide by the **Vendor Code of Conduct** available online at <http://www.state.wv.us/admin/purchase/vrc/vendorconduct.pdf>.

**Privacy Notice:** The Purchasing Division is required to collect certain information as stated in **West Virginia Code §5A-3-12**, other applicable sections of the **West Virginia Code**, the Vendor Registration and Disclosure Statement forms, and other documents to facilitate the state bidding and contract administration processes. This information is stored in a secure environment, but unless specifically protected under state law, any information provided may be inspected by or disclosed to the public.

If you have any questions concerning this Vendor Registration and Disclosure Statement, please contact the Purchasing Division at (304) 558-2311.

**PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION**  
*To Be Completed by the Vendor and Returned to the Purchasing Division*

1. Legal Name of Company/Individual \_\_\_\_\_  
Bidding Address \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

2. Vendor Classified As:

<input type="checkbox"/> Individual	<input type="checkbox"/> Estate/Trust
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> Corporation	[Enter tax classification: <b>D</b> =Disregarded Entity; <b>C</b> =Corporation; <b>P</b> =Partnership] _____
<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Other (Explain) _____

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3. If you have a Federal Employer's Identification Number, enter it. All partnerships, corporations, or companies with employees must have an FEIN.

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For individuals with no FEIN, enter Social Security number.

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4. By providing the following information, I represent that this enterprise is a small business as defined by the **Code of Federal Regulations**, Title 13, Part 121, as appended - which contains detailed industry definitions and related procedures - and/or the characteristics of the enterprise's control, operation and/or ownership are accurately reflected in the information provided. *Check all that apply.*

- Disabled Small Business Ownership [1]
- Minority Small Business Ownership [2]
- Small Business Ownership [3]
- Veteran Small Business Ownership [4]
- Woman Small Business Ownership [5]

*The information gathered in question 4 is for data collection efforts **only**.*

5. Are you registering as a new vendor with the Purchasing Division?  **No**  **Yes**

6. Are you updating the information previously submitted?  **No**  **Yes**

7. Are you completing this form to register a branch/division/subsidiary?  
*If yes, please list the parent company's name, address, and FEIN.*  **No**  **Yes**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**FEIN:** \_\_\_\_\_

8. Has the vendor done business under another name? If so, list the name and address under which the business was conducted.

**Name**

**Street Address, City, and State**

\_\_\_\_\_

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9. List the name, title, city and state of residence for all owners/officers.

If the vendor is an **individual**, list his or her name and city and state of residence, and, if he or she has associates or partners sharing in his or her business, list their names and city and state of residence. If the vendor is a **firm**, list the name and city and state of residence of each member, partner or associate of the firm. If the vendor is a **corporation** created under the laws of this state or authorized to do business in this state, list the names and city and state of residence of the president, vice president, secretary, treasurer and general manager, if any, of the corporation; and the names and city and state of residence of each stockholder of the corporation owning or holding at least ten percent of the capital stock thereof.

Attach an additional sheet if space is needed.

Name	Position	City and State of Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the vendor has only one owner/officer, list the name, position, and city and state of residence above and please initial here: \_\_\_\_\_

10. List the name and telephone number of one or more banking institutions to serve as reference for the vendor.

11. What is the latest Dun & Bradstreet number and rating on the vendor (if available)?

12. Is the vendor acting as an agent for some other individual, firm or corporation? If yes, attach statement of the principal authorizing such representation.

No

Yes

As authorized agent of the vendor named herein, I do solemnly swear that the above information is true and complete, in accordance with **WV Code §5A-3-12(e)**.

\_\_\_\_\_  
*Vendor Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

## PURCHASING DIVISION USE ONLY

Vendor ID: \* \_\_\_\_\_

Check No. : \_\_\_\_\_

Memo No. : \_\_\_\_\_

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

Entered by: \_\_\_\_\_