

VENDOR REGISTRATION & DISCLOSURE STATEMENT
METRO EMERGENCY OPERATIONS CENTER OF KANAWHA COUNTY
200 Peyton Way, Charleston, WV 25309 / Phone (304)746-7911 Fax (304)746-7914

- 1** Name of Vendor _____
- 2** Address of Vendor _____
- 3** Accounts Receivable Address _____
- 4** FEIN (or SSN if Individual) _____
- 5** List the state and date of incorporation _____
- 6** Vendor Classification _____ Individual/Sole Proprietor _____ Partnership _____ C Corp _____ S Corp _____ Other -- please list _____
 _____ LLC (please specify your tax classification) _____ C Corp _____ S Corp _____ Partnership _____

- 7** *If the vendor is an individual, indicate 'individual' below and list name and residence address. If he has associates or partners sharing his business, indicate 'associate' or 'partner' and list the associate(s) and/or partner(s) name(s) and residence address(es).
 *If the vendor is a firm, indicate 'member', 'partner', or 'associate' of the firm with name(s) and residence address(es).
 *If the vendor is a corporation, indicate 'president', 'secretary', 'treasurer', and 'general manager' of the corporation with names and residence addresses as well as the name and residence addresses of any stockholders of the corporation owning more than ten percent.

Position	Name	Address, City, State, Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach additional sheets if more space is needed to list position, name, and address.

- 8** Is the vendor acting as an agent for some other individual or corporation? _____ Yes _____ No If so, please attach statement of principal authorizing such representation. _____
- 9** What is the vendor's net worth? _____
- 10** List one or more banking institutions to serve as reference for the vendor _____
- 11** List the general classification of the products and/or services offered by the vendor _____
- 12** Has the vendor (or those owning a controlling interest of the vendor or those serving as managers or officers of the vendor) done business within the preceding ten years under a different name or a different form of business organization? If yes, list the names and form of business organization under which such business was conducted _____ Yes _____ No
- 13** If those owning a controlling interest of the vendor or those serving as the managers or officers of the vendor own at least ten percent of the capital stock of another corporation, list the name and state of incorporation of such corporation _____
- 14** The above named vendor practices equal employment opportunities and is in compliance with the Immigration Reform and Control Act.

State of _____ County of _____ I, _____ do solemnly swear the above disclosed information is true and complete. Given under my hand this _____ day of _____, 20_____

Signature

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____, 20_____

Notary Public

Affix seal here