WV-1A REV. 06/16/14

New	П	Update

STATE OF WEST VIRGINIA - PURCHASING DIVISION

VENDOR REGISTRATION AND DISCLOSURE STATEMENT AND SMALL, WOMEN-, AND MINORITY-OWNED BUSINESS CERTIFICATION APPLICATION

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. Vendors supplying sole source goods or services to West Virginia state agencies, or competitive purchases of \$1,000 or less annually are required to complete the Vendor Registration and Disclosure Statement (WV-1A form). If the amount for competitive purchases exceed \$1,000 in any one year, a \$125.00 annual fee is required. Payment of the annual fee includes email notifications on bid opportunities based on the commodities and services selected upon registering in the Vendor Self-Service (VSS) portal at *wvOASIS.gov*. Please complete Part I of this form in its ENTIRETY and return to the state agency listed below for their completion of Part II. The agency will forward this form to the West Virginia Purchasing Division for processing. Incomplete forms will not be processed and will be returned to the vendor. Please return all correspondence to:

STATE AGENCY: WV Higher Education Policy Commission

ADDRESS: 1018 Kanawha Blvd., E, Suite 700

CITY, STATE, ZIP: Charleston, WV 25301-2827

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.

Vendors are also required to be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or other state agencies or political subdivisions. Failure to do so may result in delay of or disqualification from a contract award, pursuant to **West Virginia Code of State Rules** §148-1-6.1.7. 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 Part 1: To Be Completed by the Vendor and Returned to the State Agency Listed Above

DBA, if any					
Bidding Address					
City, State, Zip				<u> </u>	
Principle Contact Person			E-mail		
Telephone Number		Fax N	lumber		

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

<u> </u>						
2. Ve	endor Classified As:					
	Individual		. [Government		
	Sole Proprietor		Ħ	Medical Corporation		·
	Partnership	•	Ħ	Attorney Corporation	1	
	Corporation		Ħ.	Non-Profit Organizati		
	Board Member	•	Ħ.	Payroll		
	Trust		Ħ	Employee.		
	Estate				•	
		•				
3 Ta	ypayer Identification Number	or /TINI\. 16				
corno	xpayer Identification Number rations, or companies with en	en (Tilly). If you na	ve an idei	ntification Number, ent	er it below. All p	artnerships,
COIPO	rations, or companies with en	ipioyees must nav	e an EIN.			
		EIN				
If you	do not have a EIN, please ent	er Social Security N	Number (S	SSN), Individua <u>l</u> Taxpaye	er Identification I	Number (ITIN) or
Adopt	ive Identification Number (AT	IN) and check the	correct be	elow.		,
] - (SSN □, I	TIN	ΔΤΙΝΙ []]		
] (3314 🗀, 1	رنب ۱۱۱۱	ATIN L.)		
West with minoring of State competitions of Virginia	Small, Women-Owned, Mind Virginia Code §5A-3-59 establity-owned businesses. Require te Rules §148-2-1 et seq. Note eting resident (West Virginia) via Code §5A-3-37. This certificing business in other states.	ishes a procureme ements related to that this certifica- vendors that have	ent certific the certific tion provi applied fo	ication program are pro ides nonresident vendo or resident vendor pref	ovided in the <i>We</i> stors preference the erence, in accord	st Virginia Code at is equivalent to lance with West
	cation of Status (Check all the	aca which would	•			v.
OCI CITI	cation of Status (Check un the	ise which apply)			•	
	Minority-owned Business [minority individuals or in the least fifty-one percent of the company or other entity is o business operations are con	e case of a corpora e equity ownership wned by one or m trolled by one or n	ntion, part interest nore mino nore mino	tnership, or limited liab in the corporation, par rity individuals and bot prity individuals.	ility company or tnership, or limit th the manageme	other entity, at ed liability ent and daily
,	A "minority individual" i	neans an individua	al who is a	a citizen of the United S	States or a noncit	izen who is in full
	compliance with United	States immigration	n law and	l who satisfies one or m	ore of the follow	ing definitions:
	 African America 	in means a person	having o	rigins in any of the origi	inal peoples of A	frica and who is
	regarded as suc	h by the communit	ty of whic	h this person claims to	be a part.	•
	 Asian American 	n means a persor	n having	origins in any of the	original peoples	of the Far East,
	Southeast Asia,	the Indian subcor	ntinent or	$^{\circ}$ the Pacific Islands, in	cluding, but not	limited to, Japan.
	China, Vietnam, of the Pacific,	Samoa, Laos, Can India, Pakistan, B	nbodia, Ta Banglades	aiwan, Northern Maria h, or Sri Lanka and v	na, the Philippine who is regarded	es, a U.S. territory as such by the

community of which this person claims to be a part.

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION

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	0	Hispanic American me South or Central Amer is regarded as such by	ica, or the Car	ibbean Islan	ds or other Spa	nish or Portugu	ng peoples Iese culture	of Mexico, es and who
	0	Native American mear who is regarded as suc recognized by a tribal of	ns a person ha h by the comr	ving origins	in any of the o	riginal peoples o	of North Ar part or who	nerica and o is
	citizens of which, tog	ness [2] means a busined the United States or nor ether with affiliates, has nor less averaged over the	ncitizens who a two hundred	are in full co fifty or fewe	mpliance with	United States in	nmigration	law,
	women whimmigration fifty-one punited Stamanagement	wned Business [3] mean no are citizens of the Uni on law, or in the case of a ercent of the equity own tes or noncitizens who a ent and daily business op oncitizens who are in ful	ted States or r a corporation, nership interes re in full comp perations are c	noncitizens we partnership it is owned boliance with controlled by	who are in full of or limited liability one or more United States if one or more w	compliance with lity company or women who ar mmigration law vomen who are	n United Standard other entive e citizens of and both	ates ty, at least of the the
B) Otl	ner Federal	Designations		•	·			
roced	f Federal Re ures - and/c	oviding the following info gulations, Title 13, Part or the characteristics of t provided. <i>Check all that</i>	121, as appen he enterprise'	ded - which	contains detail	led industry def	initions and	direlated
	Disabled Sr	mall Business Ownership	[4]					•
	Veteran Sn	nall Business Ownership	[5]					
. Are	you registe	ring as a new vendor wit	h the Purchasi	ing Division?		No		Yes
. Are	you updatir	ng the information previo	ously submitte	:d?		No		Yes
. Are y	ou complet	ing this form to register	a branch/divis	ion/subsidia	ry?	No		Yes
	; i 							

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION
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8. Is the Legal Compa				No	Yes	
If the ordering or paying please enter this information	ment addresses are di mation below:	fferent for the Par	ent Company or	the branches, divis	ions or subsidiaries,	
Ordering	Payment					
Address:		***				
City, State, Zip:						
Ordering	Payment	•		,		
Address:	Permissional .					
City, State, Zip:						
•		·			·	
9. List the name, title if the vendor is an in partners sharing in hi name and city and streated under the laresidence of the presinames and city and streated streated in the presinames and city and streated st	dividual, list his or he sor her business, list ate of residence of easys of this state or audent, vice president,	er name and city their names and ach member, part uthorized to do becretary, treasur	and state of rescity and state of ner or associate ousiness in this ser and general m	f residence. If the of the firm. If the tate, list the name nanager, if any, of t	vendor is a firm , list vendor is a corporat es and city and state the corporation; and	the ion of the
the capital stock there	of. Attach an additio	nal sheet if space	is needed.	Towning of Holdin	g at least ten percent	. 01
Name	.	Position		City and State o	f Residence	
No. 10 Market 10	· .					—
If the vendor has only	one owner/officer lis	t name position				
in the vendor has only	one owner/officer, its	t name, position,	and city/state of	residence above a	nd please initial:	
11. List the name and	telephone number of	one or more banl	king institutions (to serve as referen	ce for the vendor.	
12. What is the latest	Dun & Bradstreet nun	nber and rating or	the vendor?			
		· · · · · · · · · · · · · · · · · · ·	· ·			

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	•				
13. Is the vendor acting as an agent for some other individual, firm or principal authorizing such representation.	corporation? If yes, attach statement of the No Yes				
By signing below and submitting this form, the vendor certifies and certifications, and authorizations necessary to lawfully conduct busi assertions made by completing this form and delivering it to the Purcl with the applicable law and rules. As authorized agent of the vendor information is true and complete, in accordance with <i>West Virginia Complete</i> .	ness in the state of West Virginia; and 2) that the nasing Division are accurate and true in accordance named herein. I do solemnly swear that the above				
In the event that the vendor is applying for certification as a small, vignature below further certifies that: 1) the state in which the vendor does not deny a like certification to a West Virginia based small, with state in which the vendor has its headquarters or principal place of women-owned, or minority-owned firms that is unavailable to West and understands this form, along with the law and rules governing coowned business.	has its headquarters or principal place of business omen-owned, or minority-owned business; 2) the business does not provide a preference to small, Virginia based businesses; and 3) that it has read				
	PURCHASING DIVISION				
Authorized Agent of Vendor (Print Name)	USE ONLY				
Authorized Agent (Signature)	Vendor ID:				
Title	Action:				
	Date:				
Date	Entered by:				
Part II: FOR STATE USE ONLY - To Be Completed by State Age	ency and Returned to Purchasing Division				
 Please provide a brief, but concise description of the goods and/or scode, if applicable. 					
2. Are the goods and/or services considered sole source or listed as ar Procedures Handbook?	exemption in Section 9 of the Purchasing Division No Yes				
3. Will the goods and/or services provided by this vendor exceed \$1,00	No Yes				
	Return to: WV Purchasing Division				
State Agency Procurement Officer Signature Date	Vendor Registration				
304-558-0281 304-558-1646	2019 Washington Street, East Charleston, WV 25305-0130				
Telephone No. FAX No.	Charleston, 44 4 2303-0130				