NEW YORK STATE | Workers' Compensation Board



# Vendor Registration Form

By registering your information with the New York Workers' Compensation Board, you will be added to our bidders' list and notified when a Requests For Proposal ("RFP") is issued for a product or service relating to the industries you are registered for.

**Company Name:** _____

**Contact Person:** _____

**Mailing Address:** _____

**Phone Number:** _____

**Email Address:** _____

**Type of products or services your company provides:**

_____

_____ ____

**Is your company certified with the State of New York as (check all that apply):**

____ Minority Owned Business

____ Woman Owned Business

____ Disabled Veteran Owned Business

**Is your company a New York State Small Business, defined as having its principal place of business in New York State; Being independently owned and operated; Having 100 or fewer employees, and being non-dominant in its field?**

____ Yes ____ No

**Please complete this form and return it to wcbmwbe.sdvob@wcb.ny.gov**