Visiting Nurse Service of New York

MWBE
(Minority and Woman-Owned Business Enterprise)
Supplier Registration Form

Please complete all fields

Company Information

Legal Company Name:

D/B/A Name:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Main Phone:

Website:

Federal Tax ID:

Federal Tax Classification (Please check one below):

☐ Individual/Sole Proprietor ☐ C Corporation ☐ S Corporation

☐ Partnership ☐ Trust/Estate ☐ Limited Liability Company

☐ Other:

Please select one: ☐ Publically Held ☐ Privately Held

Number of Years in Business:

Last Year's Annual Sales:

Number of Permanent Employees:

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Business Classification (Select both if applicable):

☐ Minority Owned - at least 51 percent owned by one or more United States citizens or permanent resident aliens who are Black, Hispanic, Asian, Pacific Islander, or Native American

☐ Women Owned - at least 51 percent owned by one or more women

Certification:

☐ National Minority Supplier Development Council (NMSDC)	Expires: _____
☐ Women's Business Enterprise National Council (WBENC)	Expires: _____
☐ National Women Business Owners Corporation (NWBOC)	Expires: _____
☐ Federal	Expires: _____
☐ State	Expires: _____
☐ Local	Expires: _____
☐ Other: _____	Expires: _____

Commodity (Select all that apply):

☐ Advertising/Marketing
☐ Building/Construction
☐ Collection Services
☐ Computer Hardware
☐ Consulting/Professional Services
☐ Durable Medical Equipment
☐ Environmental
☐ Facilities
☐ Graphic Design
☐ Home Health Aides
☐ Legal
☐ Office Supplies
☐ Paging Equipment
☐ Pharmacy
☐ Printing
☐ Product Development
☐ Promotional Merchandise
☐ Provider
☐ Real Estate
☐ Temporary Labor
☐ Other: _____

Principal Owner Information

First Name:	
Middle Name:	
Last Name:	
Email Address:	
Phone number:	

Visiting Nurse Service of New York

Fax Number:	
Job Title:	
Mailing Address:	☐ Same as company address or
Address Line 1:	
Address Line 2:	
City:	
State:	
Zip:	

Contact Information

First Name:	
Last Name:	
Email Address:	
Phone number:	
Fax Number:	
Job Title:	

By sending this application, you certify that the information you have provided above is true and accurate.

Return completed application, proof of certification and W-9 Form to:

Email Address: supplierdiversity@vnsny.org

Fax: (212) 290-3724