

Rensselaer Polytechnic Institute Vendor Certification Form

Please complete and return to: Fax 518-276-6003 or: Send to Rensselaer Polytechnic Institute, Purchasing Department, 4th Floor Rice Building, 110 Eighth St, Troy, New York 12180-3590.

Vendor Name		or	DBA
FEIN/TIN		or	Social Security Number
Telephone	Fax		
Sales Contact	Terms (Net 30)		
Legal Mailing Address	Remittance Address (if different)		

Please check the one that applies:

- 01 Large Business**
- 02 Small Business** A domestic concern which, including its affiliates is independently owned and operated, is not dominant in its field of business, and is qualified as a small business under criteria and size standards promulgated by the Small Business Administration.
- 03 Minority-owned Business** A business which is at least 50% owned (or if publicly owned, of which at least 51% of the stock is owned) by one or more minority individuals.
- 04 Small, Woman-owned Business** A small business as defined above, which is at least 51% owned by a woman or women who are U.S. citizens, and who also control and operate the business.
- 05 Small Disadvantaged Business** A small business as defined above, which is at least 51% owned (or if publicly owned, of which at least 51% of its stock is owned) by one or more minority individuals or other individuals found to be disadvantaged by the Small Business Administration and whose management and daily operations are controlled by such individuals. MUST BE CERTIFIED BY THE U.S. SMALL BUSINESS ADMINISTRATION.

Please check all that apply:

- 06 Corporation**
- 07 Partnership**
- 08 Sole Proprietor**
- VT Veteran-owned Business**
- HZ HubZone**
- HI Historically Black Colleges and Universities and Minority Institutions**
- RR Rensselaer Related** Having any ties to Rensselaer: Alumni, employee, spouse of employee, etc.
Please desc. affiliation:
- 09 Non-Profit/Not for Profit**
- TR City of Troy Business**
- 99 Other** _____
- DV Service-Disabled Veteran-owned Business**
- LL Limited Liability Corporation**

I, being a duly authorized representative of the organization listed above, do hereby certify that the above information is accurate, and we will use our best efforts to submit written notification to Rensselaer in the event of any changes in the information listed on this form.

Authorized Representative's Signature

Title

Date