



## **TDOT NEW SUPPLIER REGISTRATION DATA FORM**

*The fields marked with an asterisk (\*) are required.*

TDOT Requestor: \_\_\_\_\_

TDOT Requestor phone: \_\_\_\_\_

TDOT Requestor Email: \_\_\_\_\_

\* Supplier's Name: \_\_\_\_\_

\* Supplier's phone: \_\_\_\_\_

\* Supplier's Email: \_\_\_\_\_

\* Supplier's Website Address: \_\_\_\_\_

\* Is W-9 attached? \_\_\_\_\_

\* Is Remittance Address the same as the W9 address? \_\_\_\_\_

If no, is Remittance address support attached? \_\_\_\_\_

\* What type of goods/services does the company provide? (check all that apply)

Rental of property, equipment, land, direct-billed hotel rooms, machinery, etc.

Medical/Health Care payments

Attorney Fees, Court Reporter Fees, Speaker fees, construction consulting, repairs, etc.

Attorney Settlements

Taxable Grants

Commodities, products, utilities, membership dues, etc.

\* Have any of the supplier's current employees worked for State of TN w/n last 6 months? \_\_\_\_\_

If yes, please provide:

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Position: \_\_\_\_\_

% Ownership: \_\_\_\_\_

\* Date of Incorporation, if applicable: \_\_\_\_\_

\* State of Incorporation, if applicable: \_\_\_\_\_

\* Any performance penalties against the company or its owners? \_\_\_\_\_

Is yes, please explain: \_\_\_\_\_

\_\_\_\_\_

UNISPSC Code: \_\_\_\_\_