



ANDREW M. CUOMO  
Governor

# Office of Temporary and Disability Assistance

SAMUEL D. ROBERTS  
Commissioner

BARBARA C. GUINN  
Executive Deputy Commissioner

## VENDOR INFORMATION FORM

Company Name:		DBA: (If applicable)	
Mailing Address:			
City:		State:	Zip Code:
Physical Address:			
City:		State:	Zip Code:
Office Telephone Number:		Office Fax Number:	
E-mail address (required):			
Company Owner:		Contact Person:	
Telephone Number:		Telephone Number:	

### 1. What counties does your company do business in?

- |                                      |                                    |                                     |                                       |                                      |
|--------------------------------------|------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Albany      | <input type="checkbox"/> Delaware  | <input type="checkbox"/> Livingston | <input type="checkbox"/> Otsego       | <input type="checkbox"/> Steuben     |
| <input type="checkbox"/> Allegany    | <input type="checkbox"/> Dutchess  | <input type="checkbox"/> Madison    | <input type="checkbox"/> Putnam       | <input type="checkbox"/> Suffolk     |
| <input type="checkbox"/> Bronx       | <input type="checkbox"/> Erie      | <input type="checkbox"/> Manhattan  | <input type="checkbox"/> Queens       | <input type="checkbox"/> Sullivan    |
| <input type="checkbox"/> Brooklyn    | <input type="checkbox"/> Essex     | <input type="checkbox"/> Monroe     | <input type="checkbox"/> Rensselaer   | <input type="checkbox"/> Tioga       |
| <input type="checkbox"/> Broome      | <input type="checkbox"/> Franklin  | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Richmond     | <input type="checkbox"/> Tompkins    |
| <input type="checkbox"/> Cattaraugus | <input type="checkbox"/> Fulton    | <input type="checkbox"/> Nassau     | <input type="checkbox"/> Rockland     | <input type="checkbox"/> Ulster      |
| <input type="checkbox"/> Cayuga      | <input type="checkbox"/> Genesee   | <input type="checkbox"/> Niagara    | <input type="checkbox"/> St. Lawrence | <input type="checkbox"/> Warren      |
| <input type="checkbox"/> Chautauqua  | <input type="checkbox"/> Greene    | <input type="checkbox"/> Oneida     | <input type="checkbox"/> Saratoga     | <input type="checkbox"/> Washington  |
| <input type="checkbox"/> Chemung     | <input type="checkbox"/> Hamilton  | <input type="checkbox"/> Onondaga   | <input type="checkbox"/> Schenectady  | <input type="checkbox"/> Wayne       |
| <input type="checkbox"/> Chenango    | <input type="checkbox"/> Herkimer  | <input type="checkbox"/> Ontario    | <input type="checkbox"/> Schoharie    | <input type="checkbox"/> Westchester |
| <input type="checkbox"/> Clinton     | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Orange     | <input type="checkbox"/> Schuyler     | <input type="checkbox"/> Wyoming     |
| <input type="checkbox"/> Columbia    | <input type="checkbox"/> Kings     | <input type="checkbox"/> Orleans    | <input type="checkbox"/> Seneca       | <input type="checkbox"/> Yates       |
| <input type="checkbox"/> Cortland    | <input type="checkbox"/> Lewis     | <input type="checkbox"/> Oswego     |                                       |                                      |

## VENDOR INFORMATION FORM

<b>2. Is your company a woman or minority owned business enterprise?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>3. Will your company accept new customers?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>4. Are there conditions to accepting new customers?</b> If yes, conditions: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>5. Do you have any of the following certifications or affiliations?</b>	<input type="checkbox"/> NYSERDA EMPOWER  <input type="checkbox"/> BPI  <input type="checkbox"/> NORA  <input type="checkbox"/> NATE
<b>6. Other services your company provides (please check all that apply):</b>	<input type="checkbox"/> Heating Equipment Repair  <input type="checkbox"/> Heating Equipment Replacement  <input type="checkbox"/> Annual Service Contracts  <input type="checkbox"/> Chimney Cleaning/Services  <input type="checkbox"/> Clean & Tune Services  <input type="checkbox"/> Other _____

**These questions are for informational purposes only.  
They do not alter terms of the Vendor Agreement.**