

Pinellas County Sheriff's Office Purchasing Division 13770 Automobile Blvd Clearwater, Florida 33762 Tel #727-582-6860 Fax #727-582-6880 http://www.pcsoweb.com		<h1 style="text-align: center;">Vendor Application</h1> <p style="text-align: center;">PLEASE TYPE OR PRINT NEATLY</p> <p style="text-align: right;">Date of Application _____</p>	
Business Data			
Name of Firm:		Principal Contact for Firm:	Yrs. in Business:
Street Address: (include Suite/Bldg. No.):		City, State:	Zip Code:
Mailing Address: (only if different than street address):		City, State:	Zip Code:
Telephone (include area code):	Fax (include area code):	E-mail/Web Site:	
Is the principal contact listed above authorized to sign bids, quotes, contracts and checks? Yes ___ No ___			
If no, list name of individual who has such authority:		Telephone (include area code):	
Federal I.D. or Social Security No.	Occupational License No.	State Contractor's License No.	
Primary Business:	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Contractor <input type="checkbox"/> Publisher <input type="checkbox"/> Other (specify): _____		
<u>Names:</u>	Officers, Owners, Partners	<u>Titles:</u>	
Are any Officers, Owners, or Partners listed above employees of the Pinellas County Sheriff's Office? ___ Yes ___ No			
Firm is: ___ Independently Owned ___ a subsidiary, affiliate or division of _____ (Parent Company)			
Certified Minority Enterprise? ___ Yes ___ No If yes, check appropriate line below:			
___ Woman-Owned ___ African American ___ Hispanic ___ Asian American ___ Native American ___ Native Alaskan			
Terms for Payment:	# of Employees	Bonding Capacity: ___ Don't Know ___ Under \$100,000 ___ Over \$100,000	
Certification			
I certify that the information supplied herein, including all pages attached, is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal officer so far as is known, is now debarred or otherwise ineligible by the Sheriff's Office to bid on furnished materials, supplies or services for the Sheriff's Office or any city, municipality or County of the State of Florida.			
Signature:		Title:	Date:

ATTACH LIST OF COMMODITY CLASSES TO THIS VENDOR APPLICATION