

Pinellas County Sheriff's Office
Purchasing Division
 14400 49th St. N.
 Clearwater, Florida 33762
 Tel #727-582-6860 Fax #727-582-6880
 http://www.pcsoweb.com

Vendor Application

PLEASE TYPE OR PRINT NEATLY

Date of Application _____

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):
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Federal I.D. or Social Security No.	Occupational License No.	State Contractor's License No.
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Primary Business:	___ Manufacturer ___ Distributor ___ Contractor ___ Publisher ___ Other (specify): _____
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<u>Names:</u> _____ Officers, Owners, Partners	<u>Titles:</u> _____
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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
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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:
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ATTACH LIST OF COMMODITY CLASSES TO THIS VENDOR APPLICATION