



Completed forms may be submitted  
 via E-mail to: CMDM@SFWMD.GOV  
 or via Fax to: (561) 682-5133  
 or mailed to:

SOUTH FLORIDA WATER MANAGEMENT DISTRICT  
 Procurement Department  
 P.O. Box 24680  
 West Palm Beach, FL 33416-4680

**FOR SFWMD USE ONLY**

Vendor No. \_\_\_\_\_

Date Entered \_\_\_\_\_ Entered By \_\_\_\_\_

## BUSINESS REGISTRATION APPLICATION

**Check those that apply to your firm:**

- |  |   |  |  |                                      |
|--|---|--|--|--------------------------------------|
| <input type="checkbox"/> New application     | <input type="checkbox"/> A Florida based firm         | <input type="checkbox"/> Competitive (01)  | <input type="checkbox"/> Membership (05)     | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Revised application | <input type="checkbox"/> A USA non-Florida based firm | <input type="checkbox"/> Gov't Agency (02) | <input type="checkbox"/> Utility (06)        | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Not A USA firm      | <input type="checkbox"/> College (03)                 | <input type="checkbox"/> Trust Fund (09)   | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Individual  |
|  | <input type="checkbox"/> Non-Profit (04)              |  | <input type="checkbox"/> Other _____         |                                      |

**Insert FEID number or Social Security number under which business is conducted.**

FEID #	Social Security Number
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Company Name

Parent Company Name or DBA (if applicable)

Mailing Address

City	State	Zip
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County	Country (If not a USA firm)
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Remittal Address (If different than mailing address)

City	State	Zip
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County	Country (If not a USA firm)
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Business Contact Person

Phone Number	Fax Number	E-Mail Address
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Billing Contact Person

Phone Number	Fax Number	E-Mail Address
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**In this section, MAKE ONLY 1 SELECTION, FROM THE 3 BOXES, that best describes your company.**

Business Classification	
<input type="checkbox"/>	Non-Minority (D)
<input type="checkbox"/>	Small Business-State (G)
<input type="checkbox"/>	Small Business-Federal (O)

51% Minority-Owned & Operated	
<input type="checkbox"/>	African American (I)
<input type="checkbox"/>	Hispanic American (J)
<input type="checkbox"/>	Asian American (K)
<input type="checkbox"/>	Native American (L)
<input type="checkbox"/>	American Woman (M)

Non-Profit Organization	
<input type="checkbox"/>	51% or more Minority Board of Directors (P)
<input type="checkbox"/>	51% or more Minority Officers (Q)
<input type="checkbox"/>	51% or more Minority Community Served (R)
<input type="checkbox"/>	Other Non-Profit (S)

**ONLY list the 5 digit codes for the commodities/services directly supplied by your organization.**

A list of the 5 digit commodity codes is available on Procurement's website under "District Vendor Registration" and "Commodity Code List".


Use additional sheets if more codes are needed.

Prompt Payment Terms:  1%-10 days     2%-10 days     Net 30     1% 10th Prox     2% 10th Prox     Other