

Business Registration Application

Submit Completed Form to:
SOUTH FLORIDA WATER MANAGEMENT DISTRICT
 Procurement Department
 3301 Gun Club Road
 West Palm Beach, FL 33406
 Or via Email: CMDM@SFWMD.GOV or Fax: (561) 682-5133

FOR SFWMD USE ONLY	
Vendor No. _____	
Entered By _____	Date _____
Scanned By _____	Date _____

Section I: CHECK ONLY ONE (1) ITEM FROM EACH CATEGORY

REQUIRED FIELDS ARE NOTED WITH AN ASTERISK (*)

New Application	Florida Firm	Corporation *	College/University	Non-Profit
Revised Application	USA Non-Florida Firm	Individual/Sole Proprietor	Competitive	Trust Fund
	Non-USA Firm	Partnership	Government Agency	Utility
		Other: _____	Membership	

Section II: TAXPAYER IDENTIFICATION NUMBER (TIN): Enter your TIN in the appropriate box.*

Federal Employer Identification No. (FEIN)		Social Security No. (SSN)		
Name (as shown on your income tax return)*				
Business Name (if different than above)				
Physical Address (Number & Street)*				
City*	State*	Zip Code*	County*	Country
Phone Number*		Fax Number		
Email		Web Address		
Mailing/Sales Address (if different than above)				
City	State	Zip Code	County	Country
Phone Number		Fax Number		
Business Contact Person		Email		

The District Prohibits the Assignment or Factoring of Receivables.

Remittance Address (as appears on your invoice)*				
City	State	Zip Code	County	Country
Phone Number		Fax Number		
Billing Contact Person		Email		

Section III: BUSINESS CLASSIFICATION* (Mark **ONLY** one (1) selection that best describes your company.)

African American	Hispanic American	Non-Minority	Small Business-State
Asian American	Native American	Small Business-Federal	Woman-Owned
Describe Your Core Business			

List No More Than Five (5) Commodity Codes that best describe the Commodities and/or Services directly supplied by your organization.*
 (A list of the commodity codes can be found on our website at www.sfwmd.gov.)

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Attach any relevant licenses or certificates your firm may hold.

Signature*	Date*
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