

Business Registration Application

Submit Completed Form to:
SOUTH FLORIDA WATER MANAGEMENT DISTRICT
 Procurement Department
 P.O. Box 24680
 West Palm Beach, FL 33416-4680
 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 (*)

<input type="checkbox"/> New Application	<input type="checkbox"/> Florida Firm	<input type="checkbox"/> Corporation	<input type="checkbox"/> College/University	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Revised Application	<input type="checkbox"/> USA Non-Florida Firm	<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Competitive	<input type="checkbox"/> Trust Fund
	<input type="checkbox"/> Non-USA Firm	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Utility
		<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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		

Please Be Advised the District Prohibits the Assignment or Factoring of Receivables.

Remittance Address*				
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.)

<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Non-Minority	<input type="checkbox"/> Small Business-State
<input type="checkbox"/> Asian American	<input type="checkbox"/> Native American	<input type="checkbox"/> Small Business-Federal	<input type="checkbox"/> 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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