

Wisconsin Department of Transportation
VENDOR REGISTRATION APPLICATION

Send To: Wisconsin Department of Transportation
 Purchasing - Room 751
 PO Box 7396
 Madison WI 53707-7396

DT1025 5/2005 (Substitute W9)

TIN No (FEIN OR SOCIAL SECURITY NO., not both) <input type="checkbox"/> (1) FEIN: _____ - _____ - _____ OR <input type="checkbox"/> (2) SSN: _____ - _____ - _____	LEGAL NAME - REQUIRED - (As recorded with the IRS) Business Name (DBA)
---	--

Please enter information below captions.

GENERAL STREET ADDRESS (1)				SOLICITATION STREET ADDRESS (2)			
City	County	State (2 digit)	ZIP Code (9-digit)	City	County	State (2 digit)	ZIP Code (9-digit)
CONTACT PERSON			Position	CONTACT PERSON			Position
Area Code - Telephone Number	800 Number	FAX Number		Area Code - Telephone Number	800 Number	FAX Number	
ORDER STREET ADDRESS (3)				PAYEE STREET ADDRESS (4)			
City	County	State (2 digit)	ZIP Code (9-digit)	City	County	State (2 digit)	ZIP Code (9-digit)
CONTACT PERSON			Position	CONTACT PERSON			Position
Area Code - Telephone Number	800 Number	FAX Number		Area Code - Telephone Number	800 Number	FAX Number	

BUSINESSTYPE ___(1) Manufacturer ___(2) Retailer ___(3) Wholesaler ___(4) Service
 (Check appropriate) ___(5) Consulting ___(6) Construction ___(7) Printer ___(8) Work Center

ORGANIZATION TYPE (Check and complete appropriate)

___(C) Corporation - Incorporated State _____, Date of Incorporation _____
 ___Yes ___No Is corporation in the business of providing health care/medical services?
 ___(P) Partnership ___(LP) Limited Liability Company - Partnership ___(LC) Limited Liability Company - Corporation
 ___(S) Sole Proprietor ___(I) Individual ___(G) Government Entity ___(M) WI Municipality ___(W) WI State Agency
 ___(O) Other (Specify): _____
 How long in present business: _____ years _____ months. Average number of full time employees: _____

BUSINESS OWNERSHIP (Check appropriate)

A. Female Owned	B. Minority Female Owned	C. Minority Owned	D. Non-Minority Owned
___(W) Small	___(WA) Small	___(MA) Small	___(NS) Small
___(X) Large	___(WD) Large	___(MD) Large	___(NL) Large

RACIAL/ETHNICITY (Check appropriate)

___(A) Asian ___(B) Black/African American ___(H) Hispanic ___(I) Native American/Indian
 ___(W) Native Hawaiian/Polynesian ___(C) Caucasian
 ___(O) Other - Specify: _____

ANNUAL SALES (GROSS REVENUE) (Check appropriate)

___(2) Below \$100,001 ___(3) \$100,001 - \$500,000
 ___(4) \$500,001 - \$1,500,000 ___(5) \$1,500,001 - \$5,000,000
 ___(6) \$5,000,001 - \$10,000,000 ___(7) More than \$10,000,000

Certification Instructions:

You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

I certify that:

- (1) The number listed on this form is my correct taxpayer identification number and
- (2) I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding; or
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
 - (c) The IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition of abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends).
- (3) I am a U.S. person (including a U.S. resident alien).

_____ (Company E-Mail Address)	_____ (Print Applicant Name/Title)
_____ (Company Internet URL)	X _____ (Applicant Signature)
	_____ (Date Signed)

