

# ATLANTA PUBLIC SCHOOLS PROCUREMENT DEPARTMENT

130 Trinity Avenue - 4<sup>th</sup> Floor, Atlanta GA 30303 – Fax (404) 802-1506

## VENDOR REGISTRATION FORM

Thank you for your interest in doing business with Atlanta Public Schools. In order for you to become a registered vendor you must first complete and submit the Vendor Registration Form.

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All formal solicitations (over \$25k) are posted on the Atlanta Public Schools web site at [http://www.atlanta.k12.ga.us/content/purch\\_solicit.aspx](http://www.atlanta.k12.ga.us/content/purch_solicit.aspx). We encourage you to check the website on a regular basis for opportunities to do business with APS.

### INSTRUCTIONS<sup>1</sup>

- All information must be provided in order to complete your registration.
- The NIGP class codes are three (3) digit codes for categories of goods and services. You may select one (1) primary class code and up to six (6) secondary class codes that your company can provide.
- You must provide a Federal Tax ID number or Social Security number.
- The remit to address is where you would like to have all payments sent. You must indicate if your remit to address is the same as your regular mailing address. If different you must provide the remit to address.
- Please provide a fax number and e-mail address if available. You must provide one or the other.
- Select a company diversity class if applicable.
- Select a preferred method of receiving purchase orders and provide a fax number, e-mail address or mailing address. The method you select will be the way APS sends you purchase orders.
- The vendor is responsible for notifying APS if there are any changes to the information submitted on the Vendor Registration Form. Changes may be mailed or faxed to the address or fax number listed above.
- **PLEASE NOTE** – You must read the "[Illegal Immigration Reform and Enforcement Act of 2011](#)" and complete all the necessary forms. Your registration request will *not* be accepted unless all of the necessary forms are complete.

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COMPANY NAME\*: \_\_\_\_\_

COMPANY ADDRESS\*: \_\_\_\_\_

CITY\*: \_\_\_\_\_ STATE\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_

COUNTRY\*: \_\_\_\_\_ CONTACT NAME\*: \_\_\_\_\_

TELEPHONE\*: \_\_\_\_\_ FAX\*: \_\_\_\_\_ E-MAIL\*: \_\_\_\_\_

*(Please provide a fax and/or email are required field where applicable)*

1. NIGP Class Code Primary (Please use the 3-digit Commodity Code): \_\_\_\_\_

2. NIGP Class Code Secondary (Please use the 3-digit Commodity Code):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Federal Tax ID Number/Social Security Number: \* \_\_\_\_\_

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<sup>1</sup> Items marked with an asterisk are required fields. Forms will not be accepted unless all mandatory fields are completed.

4. Are you a 1099-Recipient (if yes, complete form attached)?\* YES  NO
5. Are you or any member of your family an employee of Atlanta Public Schools? YES  NO
6. Optional for data purposes only: African American \_\_\_\_ Asian American \_\_\_\_ Female \_\_\_\_ Hispanic American \_\_\_\_ Native American \_\_\_\_
7. Preferred method of Purchase Order delivery (select one) FAX  E-MAIL  MAIL
8. Is the remit to address the same as above? If no, please provide fax number, e-mail address or mailing address where Purchase Order should be sent:

You must accept the terms of this Agreement in order to register as a vendor with APS. By submitting this vendor registration, you certify and warrant that you are duly authorized, by the Vendor to: (i) register the Vendor; (ii) file, on behalf of the Vendor, all of the information requested in this registration process; and (iii) enter into this Agreement on behalf of the Vendor. By submitting this electronic vendor registration, you hereby agree on behalf of the Vendor and for the benefit of each agency and public body that:

1. The Vendor shall use APS vendor registration update functionality to update the Vendor's registration information whenever necessary to ensure that the registration information remains accurate and complete at all times.
2. The Vendor hereby warrants that the information provided by the Vendor through the APS registration process shall at all times be accurate, complete and current. The Vendor further warrants that each agency and public body shall be entitled at all times to rely conclusively on the currency, accuracy and completeness of the information the Vendor has provided through the APS registration process as of that date even if different information is or has been available to or received by agency or public body personnel through means other than the APS registration process.
3. I agree that (a) I am a U.S. person (including a U.S. resident alien) or a representative of a U.S. entity; and (b) The number shown in this form is the correct taxpayer identification number for my/our organization. This Agreement shall remain in effect for as long as the Vendor is registered as an APS vendor. ALL RIGHTS ARE RESERVED TO CANCEL THE VENDOR'S REGISTRATION AT ANY TIME. In the event the Vendor's registration is cancelled, the Vendor shall remain bound to this Agreement in regard to completion of any contract, purchase order or other electronic procurement transaction that was made or administered in whole or in part using APS.\*

Agree  Disagree

Signature of authorized company representative:\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date