



DEPARTMENT  
OF  
PURCHASING and CONTRACTING

DEKALB COUNTY SUPPLIER REGISTRATION PACKAGE

Date Application Submitted:

Please return this registration package by fax, e-mail or postal mail to:

DeKalb County Department of Purchasing and Contracting  
1300 Commerce Drive  
Decatur, Georgia 30030

For information, telephone: 404-371-7051  
Fax: 404-371-7006  
E-mail: [pcadmin-ops@dekalbcountyga.gov](mailto:pcadmin-ops@dekalbcountyga.gov)

Initial Application:  Initial Application:

Enter Full Legal Name of Firm	
<hr/>	
Enter Parent Firm's Name, if applicable	
<hr/>	
Enter Your DBA name, if applicable	
<hr/>	
Enter Federal Tax ID Number (EIN): _____	
<b>OR</b>	
Enter Social Security Number if applicable: _____	
<b>Required by the Internal Revenue Service for reporting purposes. Your firm cannot be added to our Supplier Master File without either a Federal Tax ID Number or Social Security Number.</b>	
<b>Primary Business Classification (check only <u>ONE</u>)</b>	
1. Distributor <input type="checkbox"/>	5. Court Supplier (Recorder, Judge, Attorney, interpreter, expert witness) <input type="checkbox"/>
2. Service Provider <input type="checkbox"/>	6. Manufacturer <input type="checkbox"/>
3. Freight Carrier <input type="checkbox"/>	7. Non-Profit <input type="checkbox"/>
4. Government Agency <input type="checkbox"/>	8. Professional Association <input type="checkbox"/>
Is your Organization 1099 reportable? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you checked "Yes" above, please circle ONE appropriate category:	
1. Attorney <input type="checkbox"/>	1. Individual <input type="checkbox"/>
2. Medical Facility or Physician <input type="checkbox"/>	2. Proprietorship <input type="checkbox"/>
3. Other Non-employee Compensation <input type="checkbox"/>	3. Partnership <input type="checkbox"/>
	4. Corporation (LLC/LLP/INC) <input type="checkbox"/>
If incorporated, which state? _____	Date Business Started <input type="text"/>

**DeKalb County Supplier Registration Package (Department of Purchasing and Contracting Form # 16)**

<b>Business or Professional License</b>	
If a business of Professional License is required in your jurisdiction or profession a copy of that license should be on file with DeKalb County	
<b>Business License Number</b> _____	<b>Issuing City, County or State</b> _____
<b>Professional License Number</b> _____	<b>Issuing City, County or State</b> _____
Check here if a Business License IS NOT required for this type of firm in this City County, or State. <input type="checkbox"/>	
City, County, or State _____	
Check here if a Professional License IS NOT required for this type of firm in this City County, or State. <input type="checkbox"/>	
City, County, or State _____	

**NOTE: Please attach listing of any additional addresses not included below:**

**Corporate Address (Purchasing Site) where Purchase Orders are sent)**

<b>Street Address:</b> _____ _____ _____		
<b>County:</b> _____		
<b>City</b> _____	<b>State/Province</b> _____	<b>Postal Code</b> _____
<b>Email Address</b> _____		

**RFQ/Bid Address (RFQ Only Site) where sealed bids are to be sent**

<b>Street Address:</b> _____ _____ _____		
<b>County:</b> _____		
<b>City</b> _____	<b>State/Province</b> _____	<b>Postal Code</b> _____
<b>Email Address</b> <b>Required Field to Receive RFP and ITB notices automatically</b>		

DeKalb County Supplier Registration Package (Department of Purchasing and Contracting Form # 16)

Billing or Remit to Address (Pay Site)

Street Address: _____ _____ _____		
County: _____		
City	State/Province	Postal Code
Email Address		

**\*DeKalb County will send Solicitation Notices via email. If you wish to receive Notices at a different email address rather than the one provided, please enter that email address below.**

Email: \_\_\_\_\_

**CONTACTS:**

First Contact Person's Name _____	Second Contact Person's Name _____
First Contact Person's Title _____	Second Contact Person's Title _____
First Contact Person's Phone _____	Second Contact Person's Phone _____
First Contact Person's E-Mail _____	Second Contact Person's E-Mail _____
<b>Required Field</b>	<b>Required Field</b>

(NOTE: Please attach any additional contact information)	



**LOCAL SMALL BUSINESS ENTERPRISE ORDINANCE**

The DeKalb County Government has a **Local Small Business Enterprise Ordinance**. The Ordinance requires prime contractors to make a good faith effort to use LSBEs for twenty percent (20%) of the total contract award on all qualified sealed solicitations.

To qualify for certification with DeKalb County Government as a LSBE, your business must operate and be located in the ten (10) county Atlanta Metropolitan Statistical Area (MSA) for at least one year prior to the submission of your application for certification. The MSA includes the following Georgia Counties: *Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Henry, Gwinnett, and Rockdale.*

There are two (2) types of LSBE certifications: (1) **LSBE-DeKalb** and (2) **LSBE-MSA**.

Certified LSBEs located within DeKalb County (**LSBE-DeKalb**) and prime contractors utilizing them shall receive **ten (10) percentage points** in the initial evaluation of their response to any Request for Proposal and a **ten (10) percent preference** on all responses to any Invitation to Bid.

Certified LSBEs located outside of DeKalb County but within the MSA (**LSBE-MSA**) and prime contractors utilizing them shall receive **five (5) percentage points** in the initial evaluation of their response to any Request for Proposal and a **five (5) percent preference** on all responses to any Invitation to Bid.

Applications for certification as a Local Small Business Enterprise (LSBE) are available online. Please feel free to contact the LSBE Program by email at [applications@dekalblsbe.info](mailto:applications@dekalblsbe.info) or by telephone at (404) 371-4770 with any questions pertaining to the LSBE Ordinance or certification.

I am interested in being certified as a: (please check one)

**LSBE-DeKalb**

**LSBE-MSA**

Contact Person: \_\_\_\_\_

Contact me by email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Has your firm been certified as an MBE in another jurisdiction? (Yes / No)

If yes, what jurisdiction? \_\_\_\_\_

Has your firm been certified as a WBE in another jurisdiction? (Yes / No)

If yes, what jurisdiction? \_\_\_\_\_

**Potential Conflict Disclosure**

Does any current or former DeKalb County Board of Commissioners, CEO, Officer, or Employee hold an interest of 5% or more, or any other interest, in the business or in any of the business subcontractors? (“Interest” as used herein also includes membership on the board of directors of “for-profit” corporations.)

Yes  No  Unsure

If Yes or Unsure, please provide the following information:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Business/Subcontractor: \_\_\_\_\_

Interest Owned: \_\_\_\_\_

Does any member of the immediate family of any current or former DeKalb County Board of Commissioners, CEO, Officer, or Employee hold an interest of 5% or more, or any other interest, in the business or in any of the business subcontractors? (“Interest” as used herein also includes membership on the board of directors of “for-profit” corporations.)

Yes  No  Unsure

If Yes or Unsure, please provide the following information:

Name of Relative: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of DeKalb County Personnel or Employee: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DeKalb County also reserves the right not to do business with anyone related by blood or marriage to anyone in the categories of persons listed above when the relationship has the appearance of a “conflict-of-interest”. Is the business aware of any relationships, not identified above, that may create the appearance of a “conflict-of-interest”?

Yes  No  Unsure

If Yes or Unsure, please describe (use a separate sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Former DeKalb County employees shall be separated from DeKalb County for two (2) years before becoming a supplier and doing business with DeKalb County.

**YOU MUST COMPLETE** the Federal Form W-9 from the link below  
or **WE CANNOT** add your firm to our Supplier Master file. The Internal Revenue Service requires us to maintain this information.

**THE W-9 CANNOT BE SUBMITTED ELECTRONICALLY. THE IRS  
REQUIRES A PHYSICAL SIGNATURE. THE W-9 MUST BE COMPLETED,  
PRINTED, SIGNED AND EITHER MAILED OR FAXED TO COMPLETE  
THE SUPPLIER REGISTRATION PROCESS!**

**<http://www.irs.gov/pub/irs-pdf/fw9.pdf>**

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**Authorized Signature**

I hereby swear or affirm that the information given on this Supplier Information Questionnaire is true and correct to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals to perform work for DeKalb County.

If there is a change in status that affects the information provided in this Questionnaire, the undersigned agrees to provide notice of change to DeKalb County Department of Purchasing and Contracting within ten (10) days after said change.

FIRM: \_\_\_\_\_

BY: \_\_\_\_\_

(Signature)

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

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FOR USE BY THE DeKalb County DEPARTMENT OF PURCHASING AND CONTRACTING ONLY

First Follow-up Date: \_\_\_\_\_ Final Follow-up Date: \_\_\_\_\_