

JOURNEY TO PROCUREMENT EXCELLENCE

Supplier Self Registration

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In this course you will learn how to **Register as a Supplier** with DeKalb County.



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Step 1

DeKalb County has developed **Training Materials** to assist you with the transition to iSupplier. This link will take you to the website where all of our training material is stored.



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Step 2

In the FIRM NAME field, enter the name of the business you are registering. PLEASE NOTE: You **MUST** enter the business name in **ALL CAPS** to comply with our naming standard.

Here we will enter *HEMINGWAY'S* **BOOKS**.



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Step 3

Next you will need to select a **Tax Country**. Click on the Magnifying Glass Icon to search.



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Step 4

In the Search by field, enter the name of the **Tax Country** in which your business is registered.



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Step 5

Here we will enter *United States* and click on **Go**.



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Step 6

The system will return all countries matching your search criteria.

Locate the appropriate country and click on the **Quick Select** icon.



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Step 7

Next, enter your **MANDATORY** Taxpayer ID. Here we will enter **999-99-9999**.



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Step 8

Next, enter an **email address** for your primary contact for your business. Hint: you will have an opportunity to add other contacts as needed.

Here we will enter *hemingwaybooks@gmail.com*



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Step 9

Enter the First Name of the contact.

Here we will enter Joanna.



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Step 10

Enter the Last Name of the contact.

Here we will enter *Hemingway*.



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Step 11

You can optionally enter a phone number for your contact. First, enter a Phone Area Code.

Here we will enter 404.



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Step 12

Continue entering your contact's phone number.

Here we will enter 222-1212.



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Step 13

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Step 14

Next, you will add address information for your business. Click on the **Create** button to continue.



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bout this Page Privacy Statement			Copyright (c)	2006, Oracle All r	ghts reserved

Step 15

In the Create Address page, you will enter the details about your business' various addresses. Note: if you have separate addresses for your Purchase Orders, Payments and RFQ/ Solicitations, you may create multiple addresses and indicate their respective site purposes.

If you have a single location, you can create a single address and indicate that it is a purchasing and payables site. **Note:** If you leave RFQ Only Site checked, it will override your settings for Purchasing Site and the system will not allow purchase orders to be issued to this site. Please only leave this box checked if it is a true RFQ Only site, and not a combination of RFQ Only and Purchasing site.

For this demo, we will create separate Purchasing and Payment Addresses.

When you create an address, you MUST enter the Address Name in *ALL CAPS*. Here we will enter ATLANTA.



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Step 16

Since this is a Purchasing Address only, we will **uncheck** the *Payment Address* flag.



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Step 17

Next we will uncheck the **RFQ Only Address** box.





Step 18

Enter your address information starting with **Address Line 1**. You can provide additional information in Address Lines 2-4.

Here we will enter 123 Peachtree Road.



eate Address					
ndicates required field				Cancel	Apply
* ADDRESS NAME (Enter in ALL CAPS)	ATLANTA	* State/Region			
	Purchasing Address	Province			
	Payment Address	* Postal Code			
	ERFQ Only Address Uncheck this box if you receive both Purchase RFQs at this location	Orders and Phone Area Code Phone Number			
Country	United States	* Email Address			
Address Line 1	123 Peachtree Road	- Email Address			
Address Line 2					
Address Line 3					
Address Line 4					
* City/Town/Locality					
County					
IP Select on or more address types fro	m the list below			Concel	Annh
				Cancel	Apply
	Close Preferer	nces Diagnostics			
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Step 19

Next, click in the **City/Town/Locality** field. Enter the name of the city where you are located.

Here we will enter Atlanta.



eate Address				Close Preferences		
ndicates required field					Cancel	Apply
* ADDRESS NAME (Enter in ALL CAPS)	ATLANTA	-	State/Region			
	Purchasing Address		Province			
	Payment Address		Postal Code			
	RFQ Only Address Uncheck this bas if you receive b	ooth Purchase Orders and Phor	ie Area Code			
Country	United States		one Number			
Address Line 1	123 Peachtree Road	. [mail Address			
Address Line 2						
Address Line 3						
Address Line 4						
* City/Town/Locality						
County						
TIP Select on or more address types fro					Cancel	Annh
					Cancei	Apply
	Close	e Preferences Diagnostics				
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Step 20

Next, click in the **State/ Region** field. Enter the name of the State where you are located.

Here we will enter GA.



ate Address					
ndicates required field				Cancel	Apply
* ADDRESS NAME (Enter in ALL CAPS)	ATLANTA	* State/Region G	A		
	Purchasing Address	Province			
	Payment Address	* Postal Code			
	RFQ Only Address Uncheck this box If you receive both Purchase Orders at RFQs at this location	nd Phone Area Code			
Country	United States	* Email Address			
* Address Line 1	123 Peachtree Road	- Email Address			
Address Line 2					
Address Line 3					
Address Line 4					
City/Town/Locality					
County					
IP Select on or more address types fro	m the list below			Concel	Annh
				Cancel	Apphy
	Close Preferences D	iagnostics			
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Step 21

Next, click in the **Postal Code** field to enter the zip code where you are located.

Here we will enter 30306.



Indicates required field ADDRESS NAME (Enter in ALL CAPS) ATLANTA ADDRESS NAME (Enter in ALL CAPS) Purchasing Address Payment Address RFQ Only Address Unchack the bate You receive both Purchase Orders and right at the location Country Address Line 1 Address Line 2 Address Line 2	Province * Postal Code Phone Area Code Phone Number	GA 30306	Cancel Apply
Address Line 4 City/Town/Locality County	* Email Address		
TTP Select on or more address types from the list below Close Preferences Diag out this Page Privacy Statement	nostics		Cancel Apply

Step 22

Next, click in the **Email Address** field to enter an email address for this location.

Here we will enter *hemingwaypo@gmail.com.*



Indicates required field * ADDRESS NAME (Enter in ALL CAPS) ATLANTA V Purchasing Address RFQ Only Address Unclust with bear from restrict both Country United States * Address Line 2 Address Line 2	* State/Region GA Province * Postal Code 30306
Address Line 3 Address Line 4	Phone Number - Phone Number - * Email Address hemingwaypo@gmail.com
City/Town/Locality County County TIP Select on or more address types from the list below Close P Ut this Page Privacy Statement	Treferences Diagnostics Copyright (rg 2000, Cascier All rights res

Step 23

Click on **Apply** when you have entered all of your address information.



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Basic	Information		Company Details	Additional Information	Attac	hments
rospective Sup	plier Registration	n: Additional Det	ails			
	Tax Regis	Tax Country stration Number	HEMINGWAY'S BOOKS United States 999-99-999	Save For	Later Back Step	2 of 4 Nex
		Note to Buyer		*		
		Note to Supplier				
Address Book	,	Note to Supplier				
Please click the	Create button belov		mpany address. If you have separate	• addresses for Purchasing, Payments a	nd Solicitations, you will n	eed to enter
Please click the each address se	Create button belov		mpany address. If you have separate	addresses for Purchasing, Payments a	nd Solicitations, you will n	eed to enter
Please click the each address se Create	Create button belov	w to enter your co	mpany address. If you have separate	addresses for Purchasing, Payments a	nd Solicitations, you will n Update	
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Please click the each address se Create ddress Name TLANTA	Create button below parately. Address 123 Peach	w to enter your co Details		Purpose	Update	e Delete
Please click the each address se Create ddress Name TLANTA Contact Direct	Create button below parately. Address 123 Peach	w to enter your co Details		Purpose	Update	e Delete
Please click the each address se Create ddress Name TLANTA Contact Direct	Create button below parately. Address 123 Peach	w to enter your co Details		Purpose	Update	e Delete
each address se Create Address Name ITLANTA Contact Direct Add additional c	Create button below parately. Address 123 Peach	w to enter your co Details		Purpose	ng J	e Delete

Step 24

Next, we will enter another address for our Payables site. Click on the **Create** button to proceed.



Indicates required field * ADDRESS NAME (Enter in ALL CAPS) Purchasing Address RFQ Only Address RFQ Only Address	8	* State/Region		Cancel	Apply
		Province			
Uncheck this box if you RFQs at this location	receive both Purchase Orders and	* Postal Code Phone Area Code Phone Number			
Country United States		* Email Address			
Address Line 2					
Address Line 3					
Address Line 4					
* City/Town/Locality					
County					
TIP Select on or more address types from the list below				Cancel	Apphy
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Step 25

Here we will create a separate Payment Address.

When you create an address, you MUST enter the **Address Name** in **ALL CAPS**. Here we will enter **AP-ATLANTA**.



eate Address					
Indicates required field				Cancel	Apply
* ADDRESS NAME (Enter in ALL CAPS)	and the second se	* State/Region			
	urchasing Address	Province			
	Payment Address	Postal Code			
	RFQ Only Address Uncheck this box if you receive both Purchase Orders and	e Area Code			
Country	RFQs at this location United States	one Number			
* Address Line 1	onited States	mail Address			
Address Line 2					
Address Line 2					
Address Line 4					
* City/Town/Locality					
County TIP Select on or more address types fro					
The Select of or more dudress types inc	in the list below			Cancel	Apph
	Close Preferences Diag	pnostics			
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Step 26

Next we will uncheck the **Purchasing Address** box.



eate Address			
ndicates required field			Cancel Apple
* ADDRESS NAME (Enter in ALL CAPS)	AP-ATLANTA	* State/Region	
	Purchasing Address	Province	
	Payment Address	* Postal Code	
	RFQ Only Address Uncheck this box if you receive both Purchase	Orders and Phone Area Code	
Country	to Us at this location	Phone Number	
* Address Line 1		* Email Address	
Address Line 2			
Address Line 3			
Address Line 4			
* City/Town/Locality			
County			
TIP Select on or more address types fro			
			Cancel Apple
	Close Preferen	ces Diagnostics	
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Step	27
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Next we will uncheck the **RFQ Only Address** box.



Indicates required field Cance ADDRESS NAME (Enter in ALL CAPS) AP-ATLANTA Purchasing Address Portata Code Phone Number Indicate States Address Line 2 Address Line 3 Address Line 4 City/Town/Locality						
Purchasing Address Province Postal Code Postal	ndicates required field				Cancel	Apply
Poyment Address Postal Code Prome Area Code Phone Area Code Phone Area Code Address Line 1 Address Line 2 Address Line 2 Address Line 4	* ADDRESS NAME (Enter in ALL CAPS)	AP-ATLANTA	* State/Region			
Country United States Address Line 1 Address Line 2 Address Line 4 Address Line 4			Province			
Country United States Phone Number Address Line 1 * Email Address Line 2 Address Line 3 Address Line 4			* Postal Code			
Country United States Phone Number Address Line 1 Address Line 2 Address Line 4		ERFQ Only Address Uncheck this box if you receive both Purchase Orders and	d Phone Area Code			
Address Line 1 Constant Consta	Country	RFQs at this location	Chone Number			
Address Line 2 Address Line 3 Address Line 4		Contraction and the second s second second secon				
Address Line 3 Address Line 4						
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IIP Select on or more address types from the list below						
Cano					Cancel	Apply
Close Preferences Diagnostics		Close Preferences Dia	agnostics			
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Step 28

Enter your address information starting with **Address Line 1**. You can provide additional information in Address Lines 2-4.

Here we will enter **599 Dunwoody** *Road*.



eate Address					
Indicates required field				Cancel	Apply
* ADDRESS NAME (Enter in ALL CAPS)	AP-ATLANTA	* State/Region			
	Purchasing Address	Province			
	Payment Address	* Postal Code			
	RFQ Only Address Uncheck this box If you receive both Purchase Orders and RFQs at this location	Phone Area Code			
Country	United States	* Email Address			
Address Line 1	599 Dunwoody Road	- Email Address			
Address Line 2					
Address Line 3					
Address Line 4					
* City/Town/Locality					
County					
TIP Select on or more address types fro	m the list below			Cancel	Annh
				Cancel	Apply
	Close Preferences Dia	pnostics			
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Step 29

Next, click in the **City/Town/Locality** field. Enter the name of the city where you are located.

Here we will enter *Dunwoody*.



ate Address					
ndicates required field				Cancel	Apply
* ADDRESS NAME (Enter in ALL CAPS)	AP-ATLANTA	* State/Region			
	Purchasing Address	Province			
	Payment Address	* Postal Code			
	RFQ Only Address Uncheck this box if you receive both Purchase RFQs at this location	e Orders and Phone Area Code Phone Number			
Country	United States	* Email Address			
* Address Line 1	599 Dunwoody Road	- Email Address			
Address Line 2					
Address Line 3					
Address Line 4					
City/Town/Locality	Dunwoody				
County					
IP Select on or more address types fro	m the list below			Cancel	Anak
				Cancel	Apphy
	Close Prefere	nces Diagnostics			
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Step 30

Next, click in the **State/ Region** field to enter the name of the State where your business is located.

Here we will enter GA.



ate Address				Close	Preferences	Diagnostics	
ndicates required field						Cancel	Apply
* ADDRESS NAME (Enter in ALL CAPS)	AP-ATLANTA		* State/Region	GA		- and a set	- dilet
	Purchasing Address		Province				
	Payment Address		* Postal Code				
	RFQ Only Address Uncheck this box if you receive BFQs at this location	both Purchase Orders and	Phone Area Code		-		
Country		-	Phone Number				
* Address Line 1	599 Dunwoody Road		* Email Address	1			
Address Line 2							
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Address Line 4							
City/Town/Locality	Dunwoody						
County							
TP Select on or more address types fro						Canaal	Annh
						Cancel	Apply
	Clos	se Preferences Diagn	ostics				
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Step 31

Next, click in the **Postal Code** field to enter the zip code where you are located.

Here we will enter 30001.



Step 32

Next, click in the **Email Address** field to enter an email address for this location.

Here we will enter *hemingwayap@gmail.com.*



ate Address ndicates required field						
* ADDRESS NAME (Enter in ALL CAPS) Country * Address Line 1 Address Line 2 Address Line 3 Address Line 4 * City/Town/Locality County	Purchasing Address Poyment Address Propyment Address BRFQ Only Address Uncheck the best frou re Prop at the location United States S99 Dunwoody Road Dunwoody Road Dunwoody D	ceive both Purchase Orders and	* State/Region Province * Postal Code Phone Area Code Phone Number * Email Address	GA 30001 hemingwayap@gmail.com	Cancel	Apply [Ap
TP Select on or more address types fro	om the list below	-1			Cancel	Apply
ut this Page Privacy Statement		Close Preferences Diagn	ostics	Copyright (c)	2006, Oracle, All	rights reserv

Step 33

Click on **Apply** when you have entered all of your address information.



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Address Book			addresses for Purchasing. Payments and Solie	itations, vou will nee	d to enter
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Please click the each address se Create didress Name TLANTA P-ATLANTA Contact Direct Add additional c	Create button below to enter your sparately. Address Details 123 Peachtree Road, Atla 599 Dunwoody Road, Dur tory	company address. If you have separate a nta GA 30306 United States nvoody GA 30001 United States Email	Purpose RFQ Only, Purchasing	Update J	Delete

Step 34

Once you have completed your address set up, you can proceed to create additional **Contacts** and add **Banking** details.

Here we will **scroll down** to proceed.


ile Edit View	Favorites	Note	to Buyer				÷			
Address Book										
Please click the each address se Create		n below to ent	ter your com	npany address.	If you have sepa	rate addresses for	Purchasing, Payme	nts and Solicitations, y	you will nee	d to enter
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Step 35

To add **Banking Details**, click on the **Create** button to continue.



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		Close Preferences Diagnostics
ate Bank Account dicates required field		
lick Here for Printed Instr	uctions on Bank Account Creation ctions on Bank Account Creation	Cancel Apply
	* Country United States *	
nk		Branch
New Bank	Bank Name Bank Number	New Branch Existing Branch Branch Name Routing Number BIC
PAY TO THE DRDER OF	2400 	Branch Type ABA ank Number
	DOLLARS	
122105278	6724301068** 2400**	
Routing Number	Account Number	

Step 36

In this example, we will select a Bank that is already set up in the system. .

Click on the Information (i) bubble to read the **tip** on using a New or Existing Bank.





Step 37

The tip provides details about searching to see if your bank is already set up in the system. When you have finished reading the Tip, Click the **OK** button.



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ank	Branch
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2400 	Branch Type ABA •
For For 1:1221052781: 6724301068* Routing Number Account Number	
ank Account	
* Account Namber Account Name Currency *	Account Status New

Step 38

In this example, we will follow the suggestion in the tip and search for our bank by clicking on the **Existing Bank** option.





Step 39

Click the **Search for Bank Name** button.



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Search					
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Step 40

Click in the Search By field.



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sank Account		m	4 € 90	and the second se	
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Step 41

Enter the Bank Name into the **Search By** field. Here we will enter "bank of america".



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Search			, hereiterichet , he		Cance] Save
To find your item, s	elect a filter item in the pulldown list a	nd enter a value in the text field, th	en select the "Go" button.		
earch By Bank Na		Go			
Results					
elect	Quick Select	Bank Name	Bank Number		
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Step 42

Click on the **Go** button.



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Step 43

Click the **Select** button next to BANK OF AMERICA.



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To find your item, select a	filter item in the pulldown list a	and enter a value in the text field,	then select the "Go" button.			
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Bank Account	* Account Number			Account Status New		
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Step 44

Click the **Select** button.



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nin. Profile Management: Banking Details. > bate Bank Account dicates required field Click Here for Printed Instructions on Bank Account Creation Click Here for Video Instructions on Bank Account Creation		Cance] Save
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POLANS	Bank Number	
11222105278: 6724301068# 2400#		
Routing Number Account Number		

Step 45

Click on the Information (i) bubble to read tip on using a New or Existing Branch.



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			Branch	
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	4 €90% +		Branch Type Branch Details	ABA
ren	068** 2400**			

Step 46

After reading the Tip, Click the **OK** button.



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Click Here for Video Instructions on Bank Account Creation Creation Country United States	
Amk O New Dank D New Dank D New Dank D Store Bank Name Dank Number 2400 91.546/1221 92.546/1221 93.546/122 93.557 93.55 93	Branch
ank Account Number Account Number	Account Status New

Step 47

In this example, we will follow the suggestion in the tip and search for our branch by clicking the In this example, we will follow the suggestion in the tip and search for our branch by clicking the **Existing Branch** option.



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ein: Portfer Management: Banking Delaits. > ate Bank Account diacles: required: field Ilick Herre for Printed Instructions on Bank Account Creation Ilick Herre for Video Instructions on Bank Account Creation	Cancel 5.
" Country United States •	Branch
New Bank Bank Name BANK OF AMERICA Q. Bank Name BANK OF AMERICA Q. Show Bank Details	New Vanch Existing Dranch Dranch Name Routing Number Branch Type Branch Type ABA ▼ Show Branch Details
Routing Number Account Number	

Step 48

Click the **Search for Branch Name** button.





Step 49

To retrieve all branches for the bank selected, click the **Go** button. You can also search by the Branch Name, Number and other fields.



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D	-	ACH 025009593	026009593	BANK OF AMERICA			ABA	och Type ABA	
5	-	ACH 071000039	071000039	BANK OF AMERICA			ABA	Details	
5	-	ACH 111000012	111000012	BANK OF AMERICA			ABA		
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Step 50

Locate and select the correct branch by clicking on the **Select** button.



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Cancel Save	Cance					and are readed of all	
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	ton.	select the "Go" buttor	lue in the text field, then s	ldown list and enter a va	a filter item in the out	your item, select	o find
			Go			Branch Name	
							sult
							Sam
			Real Page	Recent Restore	Report Report	Duish Caluat	ect
Branch Type ABA	ABA	Bank Number	Bank Name BANK OF AMERICA	Branch Number 061000052	Branch Name ACH 061000052	Quick Select	ect
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ABA	ABA		BANK OF AMERICA	111000012	ACH 111000012	-	5
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* 90% -	4 9						_

Step 51

Click the **Select** button.



	- Country United Sta	lies -	Distance of	
ink			Branch	
New Bank Existing Bank (19) Show Bank Details	Barik Name BANK OF AMERICA M	00	Routing Number BIC	ACH 061000052 3 4
PAT TO THE ORDER OF			🗄 Shon, Branch Details	
Routing Number	5 ? 24.30 1058* 24.00* Account Number			
ink Account	* Account Number			
	Account Name	*		
	Account Name	•		
ank Account I Shaw Account Details omments	Account Name	•		

Step 52

Scroll down to the **Account Number** field.



	- country - united states -	
nk		Branch
New Bank Existing Bank (D) Bank N Show Bank Details		New Branch Existing Branch Branch Name Routing Rumber Bic Branch Type Ala.
ner Ter me Deben or	2400 	Show Branch Details
	.30 10 58** 2400**	
nk Account		
	Account Name Currency	
Show Account Details		
Show Account Details		

Step 53

Next we will enter a dummy **account number**, 122105278672



mk.					Branch		
New Bank Existing Bank D	Bank Name Bank Number	BANK OF AMERIC				ing Branch 🚇	 @
			91-548/122	1	⊞ <u>Show</u>	Branch Details	
CRIME OF			S POLLAMS				
Routing Number	6 7 24 30 k			- 1			
				- 1			
Routing Number		iber		-	Account Ste	tus New	
Routing Number	Account Num * Account Number Account Name	iber 122105278672		-	Account Ste	tus New	

Step 54

After you have added any additional information you would like DeKalb County to know about your bank, **scroll** up to the top of the page.



	🖥 Navigator 🔻 📴 Favorites 🐨 Home Logout Preferences
in. Profile Management: Banking Details. >	A particular a recent and a rec
ate Bank Account dicates required field	
lick Here for Printed Instructions on Bank Account Creation	Cance Save
lick Here for Video Instructions on Bank Account Creation	
Country United States •	
nk	Branch
New Bank 🔟	New Branch Existing Branch
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Show Bank Details	BIC
2400	Branch Type ABA =
	Show Branch Details
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Step 55

Click on the **Save** button when you are finished.



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Address Book				, v			
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Please click the Create Create ddress Name	arately. Addres	Note to Supplier low to enter your or s Details		Pi	urpose	Update	Delete
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Step 56

With the Bank Details populated, click on **Next** to proceed.



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Indicates required field			Save For Later	Back Step 3 of 4 Next
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upplier Registration Information (For	n #16)			
upplier Registration Information (Form	n#16)			
		S		
Enter Parent F	irm's Name, if applicable			* Select your Organ
= Ye	our Organization Type is:	•		
If In	corporated, which state?	× 9		* Primary
1	Business License Number			
		If you have a business license, you must submit a copy of it with your other attachments.		Professional Licens
Business License Issu	ing City, County or State			Professional License Issuin
If Business License is NOT required, prov	ide City, County or State		Té Drafaggiagal Liganga in	NOT required, please provid
* DeKalb County Emp	ployees - Current or Past	•	a Professional License is	720
		Are you a DeKalb County Former Employee or are any officers within your organization a former		Are you Are you submitting Co
		employee? (To participate in doing business with DeKalb County, you have to be a former employee		Are you submitting Co
	and the second second second	equal to or greater than two years)		
	Enter Employee Name			
		If you answered yes to the question above, please provide the name of the employee.		
		provide die name of die employees		
: Last Date of employment with Del	alb County Government:	(ecample: 28-Nov-2017)		

Step 57

On this page, we need to collect various pieces of information about your business, including your 1099 category, organization type and whether your organization has officers who were formerly employed by DeKalb County.

To select an **Organization Type** click on the drop down arrow.





Step 58

Select the Corporation (LLC/LLP/INC) option from the drop down.



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upplier Registration Information (form #16)				
upplier Registration Information (Form#16)				
Enter Parent Firm's Nam	e, if applicable			* Select your Orga
* Your Organi		ration (LLC/LLP/ING)		
If Incorporated	and the second s	Q.		* Primar
	cense Number			
	If you h	ave a business license, you must submit a		
Business License Issuing City, C		t with your other attachments.		Professional Licen
If Business License is NOT required, provide City, C				Professional License Issu
DeKalb County Employees - 0		a.	If Professional License	is NOT required, please provi
Dekald County Employees - C	Service of Const	a DeKalb County Former Employee or are		= Are y
		ers within your organization a former e? (To participate in doing business with		Are you submitting C
	DeKalb (county, you have to be a former employee or greater than two years)		
Enter Fr	mployee Name	or greater than two years)		
	If you a	swered yes to the question above, please		
: Last Date of employment with DeKalb Count		the name of the employee.		
. case over of employment mer bekelb count		: 28-Nov-2017)		

Step 59

To select the **State** where your company is incorporated, click on the magnifying glass icon.



Search and Select I	list of Values - Windows Internet Explore	er provided by DeKalb County		
http://itr12tstap.d	cg.dekalb.loc.8002/OA_HTML/cabo/jsps	/a.jsp?_t=fredRC&enc=US-ASCII&_minWi	dth=750&_minHeight=550&configName=C	AConfi Diagnostics
Search and Selec	ct: If Incorporated, which state?			0
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Step 60

Click in the Search By field and enter **Georgia**.



	lorer provided by DeKalb County		
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search and Select: If Incorporated, which state?			0
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To find your item, select a filter item in the pulldown	a list and enter a value is the test field at	the select the Trail button	Step 5 of 4
		hen select the "Go" button.	-
Search By Display Name - Georgia	Go		
Results			
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Step 61

Click on the **Go** button.



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To find your item.	select a filter item in the	pulldown list and enter a value in the to	ext field, then select the "Go" button.	
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			yes to the question above, please	* 100% *

Step 62

When the system returns results meeting your seach criteria, locate the desired State and click on the **Quick Select** icon.



	er Portal				ces Diagnostics
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Basic Information	Company Details		Additional Infe	maller	Attachments
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				Save for tater	Baca Step 3 of 4 Hoat
pplier Registration Information (Form #16)				
pplier Registration Information (Form#16)				
Enter Pare	ent Firm's Name, if applicable	1			Select your Organi
	" Your Organization Type is:	Corporation (LLC/I	LLP/INC) 🔻		
	If Incorporated, which state?	Georgia	y 🔍		Primary
	Business License Number				
		If you have a business li copy of it with your othe	cense, you must submit a		Professional Licens
Business License	Issuing City, County or State				Professional License Issuin
If Business License is NOT required,	provide City, County or State				
DeKalb County	Employees - Current or Past			If Professional License	s NOT required, please provid
		Are you a DeKalb Count any officers within your	ty Former Employee or are		* Are you
		employee? (To participat			* Are you submitting Co
		equal to or greater than	two years)		
	Enter Employee Name	1	distance and a second second		
		If you answered yes to t provide the name of the	he question above, please employee.		
: Last Date of employment with	DeKalb County Government:	0			
		(example: 28-Nov-2017)			

Step 63

The next several questions pertain to whether or not any officers in your company are former employees for DeKalb County. To participate in business with DeKalb County, you cannot be employed by the county within the last two years.

Click on the **DeKalb County Employees - Current or Past** drop down to proceed.



	r Portal			Close Preferen	ces Diagnostics
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Basic Information	Company Details		Additional Infor	mation	Attachments
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pplier Registration Information (Form#16)				
Enter Par	ent Firm's Name, if applicable	<u> </u>			* Select your Orga
	* Your Organization Type is:	Corporation (LLC/LLP/INC)			
	If Incorporated, which state?	Georgia			* Prima
	Business License Number	Georgia	<u> </u>		
	business License number	If you have a business license, you copy of it with your other attachm	v must submit a		Professional Lice
Business License	Issuing City, County or State				
If Business License is NOT required,	provide City, County or State	[1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	Professional License Iss
* DeKalb County	Employees - Current or Past	-		If Professional License	is NOT required, please pro-
		DeKalb County Former			* Are
		* within your organizati (To participate in doing	business with		* Are you submitting
		No unity, you have to be a equal to or greater than two years	former employee		
	Enter Employee Name				
		If you answered yes to the question provide the name of the employee			
: Last Date of employment with	DeKalb County Government:				
		(example: 20-Nov-2017)			

Step 64

Here we will select **Yes** from the drop down list.



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			Close Preferences	Diagnostics
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pplier Registration Informati	(10000000000000000000000000000000000000			
ppmer kegistration informati	on (Form#16)			
		<u> </u>		
Enter	Parent Firm's Name, if applicable			Select your Organ
	Your Organization Type is:	Corporation (LLC/LLP/INC) ·		
	If Incorporated, which state?	Georgia 🚽 🔍		* Primar
	Business License Number	If you have a business license, you must submit a		
		copy of it with your other attachments.		Professional Licen
Business Lic	ense Issuing City, County or State		1	Professional License Issui
	ired, provide City, County or State		If Professional License is NO	T required, please provi
DeKalb Co	ounty Employees - Current or Past	Yes -		* Are v
		Are you a DeKalb County Former Employee or are any officers within your organization a former		* Are you submitting C
		employee? (To participate in doing business with Defails County, you have to be a former employee		
	Enter Employee Name	equal to or preater than two years)		
	circer cripioyee name	If you answered yes to the question above, please		
. Last Date of employment	with DeKalb County Government:	provide the name of the employee.		
. cast pare or employment	what behald county dovernment:	(ecample: 28-Nov-2017)		

Step 65

Since we indicated that one of our officers is a former Dekalb County Employee, we must provide the employee's name. Here we will enter Martin Jones.



			Close Preferences	s Diagnostics
0	0			0
Basic Information	Company Details	Additional Inf	ormation	Attachments
pplier Profile Attributes				
Indicates required field			Save For Later B	ack Step 3 of 4 Next
upplier Registration Information (Form #16)				
upplier Registration Information (Form#16)				
Enter Parent Firm's Na	ame, if applicable			Select your Organi
" Your Orga	inization Type is:	Corporation (LLC/LLP/INC) ·		
If Incorpora	ted, which state?	Georgia		Primary
Business	License Number			
		If you have a business license, you must submit a copy of it with your other attachments.		
Business License Issuing City	, County or State	copy of it with your other attachments.		Professional Licens
If Business License is NOT required, provide City	. County or State			Professional License Issuin
DeKalb County Employees		Yes -	If Professional License is M	IOT required, please provid
		Are you a DeKalb County Former Employee or are		* Are you
		any officers within your organization a former employee? (To participate in doing business with		* Are you submitting Co
		Dettaib County, you have to be a former employee equal to or greater than two years)		
Enter	Employee Name	Martin Jones		
		If you answered yes to the question above, please provide the name of the amployee.		
Last Date of employment with DeKalb Cou	inty Government:			
		(example: 27-Jun-2017.)		

Step 66

Next, we need to provide the last date of employment for the individual we named above. Here we will click on the Calendar Icon to proceed.





Step 67

To select the month of our employee's last date of employment with the County, click on the **Month** drop down.





Step 68

Here we will select **January** from the drop down list.





Step 69

To select the year of our employee's last date of employment with the County, click on the **Year** drop down.





Step 70

Here we will select **2012** from the drop down list.




Step 71

To select the date of our employee's last date of employment with the County, click on the date from the calendar. Here we will select **23**.





Step 72

Scroll to the right to proceed.



	Close Preferences Diagnostics		
Additional Info	mation Attachments		
	Save For Later Back Step 3 of 4 Negt		
rporation (LLC/LLP/INC) 👻	Select your Organization's	Sel	ot Applicable
rgia	Primary Busine Date B		ortable, otherwise select 'Not Applicable'
ou have a business license, you must submit a y of it with your other attachments.	Professional License City,		ample: 27-Jun-2017)
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	If Professional License is NOT required, please provide City,	County or State	
s •	* Are you subm	itting W9 form?	-
you a Dekalls County Former Employee or are officers within your organization a former loyee? (To participate in doing business with als County, you have to be a former employee il to or greater than two years) rtin Jones	* Are you submitting Conflict o	Co	mpleted Conflict of Interest form is required to cress your application. If you do not submit a npieted form with your application, approval of ur registration may be delayed.
u answered yes to the question above, please ide the name of the employee.			

Step 73

To select a **Primary Business Classification** click on the drop down arrow.



	Close Preferences Diagnostics	
🍛 Additional Infor	nation Attachments	
	Save For Later Back Step 3 of 4 Negt	
orporation (LLC/LLP/INC) •	* Select your Organization's 1099 Category	Not Applicable
teorgia to fave a business itomse, you must submit a py of it with your other attachments. es voi a textaib County Former Employee or are porting to the power of the text of text of the text of	* Primary Business Clossification Date Business Started Professional License City, County or State Professional License Essuing City, County or State Professional License is NOT required, please provide City, County or State If Professional License is NOT required, please provide City, County or State are you submitting Conflict of Interest form?	Court Supplier Distributor Freight Carrier Great Mathematical Agency Man-Professional Association Scienced Browlder Completed Confest of Internet form is resulted for Scienced Browlder completed form with your application, seproval of your registration may be delayed.

Step 74

Select the appropriate value from the drop down for your **Primary Business Classification** from the drop down. Here we will select **Service Provider**.



	Close Preferences Diagnostics	
Additional Info	rmation Attachments	
	Save For Later Back Step 3 of 4 Negt	
		Not Applicable
Corporation (LLC/LLP/INC) -	Select your Organization's 1099 Category	Not Applicable Select appropriate value if your Organization is 1099 reportable, otherwise select 'Not Applicable'
eorgia 🚽 🔍	Primary Business Classification	Service Provider
	Date Business Started	(example: 27-Jun-2017)
	Professional License City, County or State	
	Professional License Issuing City, County or State	
es 🔹 e you a DeKalb County Former Employee or are	If Professional License is NOT required, please provide City, County or State	
y officers within your organization a former ployee? (To participate in doing business with	* Are you submitting W9 form?	
Kalb County, you have to be a former employee gual to or greater than two years)	* Are you submitting Conflict of Interest form?	Completed Conflict of Interest form is required to
lartin Jones		process your application. If you do not submit a
you answered yes to the question above, please ovide the name of the employee.		completed form with your application, approval of your registration may be delayed.
3-Jan-2012		
xample: 27-3un-2017)		

Step 75

Next we must indicate whether we are including a W-9 form. Click on the drop down **arrow**.



	Close Preferences Diagnostics	
 Additional Info 	mation Attachments	
	Save For Later Back Step 3 of 4 Negt	
orporation (LLC/LLP/INC) -	Select your Organization's 1099 Category	Not Applicable - Select appropriate value if your Organization is 1099
orgia	Primary Business Classification	reportable, otherwise select 'Not Applicable' Service Provider
	Date Business Started	
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	Professional License Issuing City, County or State	I
s 🔻	If Professional License is NOT required, please provide City, County or State	
you a DeKalb County Former Employee or are officers within your organization a former	* Are you submitting W9 form?	
ployee? (To participate in doing business with Calb County, you have to be a former employee all to or greater than two years)	* Are you submitting Conflict of Interest form?	
artin Jones		Conflict of Interest form is required to No jur application. If you do not submit a
ou answered yes to the question above, please wide the name of the employee.		completed form with your application, approval of your registration may be delayed.
Jan-2012		
emple: 17-3un-2017)		

Step 76

Here we will select **Yes** from the drop down list. A W-9 form must be provided to register with the county.



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		Save For Later	Back Step	3 of 4 Negt			
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orgia	<u> </u>				Business Started		
ou have a business license	, you must submit a					(example: 27-3un-2017	5
y of it with your other at	achments.			fessional License City			
			Professiona	I License Issuing City	, County or State		
		If Professional Licen	se is NOT required	l, please provide City		1	
you a DeKalb County Fo	rmer Employee or are					Yes 🔻	
officers within your orga loyee? (To participate in alb County, you have to al to or greater than two	doing business with be a former employee		* Are yo	u submitting Conflict	of Interest form?	process your application	Interest form is required to m. If you do not submit a our application, approval of
rtin Jones						your registration may	
ou answered yes to the quide the name of the employed							

Step 77

Select the appropriate value from the drop down to indicate whether you are submitting a **Conflict of Interest form**. If you are applying for the first time, this must be submitted for a timely approval of your application. Click on the drop down to proceed.



	Close Preferences Diagnostics	
ی Additional Info	mation Attachments	
	Save For Later Back Step 3 of 4 Negt	
	Select your Organization's 1099 Category	Not Applicable
Corporation (LLC/LLP/INC) 🔹	* Primary Business Classification	reportable, otherwise select 'Not Applicable' Service Provider
	Date Business Started	(example: 27-Jun-2017)
f you have a business license, you must submit a opy of it with your other attachments.	Professional License City, County or State	(example: 27-501-2017-7
	Professional License Issuing City, County or State	
	If Professional License is NOT required, please provide City, County or State	
Yes Yes Yes Yes Yes Yes Yes Yes	* Are you submitting W9 form?	-
wy officers within your cognitiation a former mployee? (To participate in doing business with eKalb County, you have to be a former employee qual to or greater than two years)	* Are you submitting Conflict of Interest form?	Conflict of Interest form is required to No ur application. If you do not submit a composet form with your application, approval of
Martin Jones		your registration may be delayed.
you answered yes to the question above, please rovide the name of the employee.		
mample: 27-3un-2017)		

Step 78

Here we will select **Yes** from the drop down list. A Conflict of Interest form must be provided to register with the county.



		Close Preferences Diagnostics	
	Additional Inform	nation Attachments	
		Save For Later Back Step 3 of 4 Negt	
		" Select your Organization's 1099 Category	Not Applicable
orporation (LL	C/LLP/INC) -	Select your organization's 1999 Category	Select appropriate value if your Organization is 1099 reportable, otherwise select 'Not Applicable'
eorgia	, Q	Primary Business Classification	Service Provider •
		Date Business Started	
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		Professional License Issuing City, County or State	
		If Professional License is NOT required, please provide City, County or State	
es •		* Are you submitting W9 form?	Yes •
	sunty Former Employee or are our organization a former spate in doing business with	* Are you submitting Conflict of Interest form?	Completed Conflict of Interest form is required to process your application. If you do not submit a completed form with your application, approval of
ny officers within ye mployee? (To partic	have to be a former employee tan two years)		
ny officers within yo nployes? (To partic Halb County, you gual to or greater the Martin Jones	have to be a former employee tan two years) to the question above, please		your registration may be delayed.

Step 79

Scroll to the left to proceed.



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зарряет недостатов лиотиватов (тотивято)			
Business License Numbe	If you have a business license, you must submit a copy of it with your other attachments.	Profession	and Licone
Business License Issuing City, County or State		Professional Licen	
If Business License is NOT required, provide City, County or State		If Professional License is NOT required, pleas	
* DeKalb County Employees - Current or Pas	Yes Are you a Devails County Former Employee or are any officers within your organization a former employee? (To participate in doing business with Devails County, you have to be a former employee equal to or greater than two years)		= Are yo
Enter Employee Name	Don Hemingway If you answered yes to the question above, please provide the name of the employee.		
: Last Date of employment with DeKalb County Government			
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Step 80

Under the NIGP code list section, you can add codes that describe the goods and services you can provide DeKalb County.

Click on **Add Another Row** to start populating your NIGP codes.



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Business License Number	If you have a business license, you must submit a copy of it with your other attachments.		
Business License Issuing City, County or State			rofessional Licer
If Business License is NOT required, provide City, County or State		Professio	inal License Issu
DeKalb County Employees - Current or Past	the second se	If Professional License is NOT requi	red, please prov
	Are you a bekab County Former Employee or are any officers within your organization a former employee? (To participate in doing business with bekab County, you have to be a former employee equal to or greater than two years)	= Are	* Are y you submitting
Enter Employee Name	Don Hemingway If you answered yes to the question above, please provide the name of the employee.		
: Last Date of employment with DeKalb County Government:			
GP Codes			
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P Codes- To remove a code, please enter an end date; do n GP Code List I Code	Start Date 07-Apr-2017 (example: 23 Mar. 2017) omplete after registration approval.		9
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Step 81

Click on the **Search** (flashlight) icon to search for *NIGP Codes*.



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dicitation Contact	Solicitation Contact Email Address			

Step 82

In the Search screen, enter part of an NIGP code in the **Search by** field.

Here we will enter **%Consulting** and click on **Go.**



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To find	your item, select	a filter item in the pulldown list and enter a value in the text field, then select the "Go" button.		
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elect	Quick Select	Display Name		
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0		918-06 - Administrative Consulting		
0	-	918-09 - Agricultural Consulting		
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	-	918-12 - Analytical Studies and Surveys (Consulting)		1
0		918-13 - Asbestos Consulting	-	
0	-8	™ * ,100% ▼		

Step 83

The system will bring back all NIGP codes meeting your search criteria.

Here we will **scroll** to locate the correct code.



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0	-	918-26 - Business Consulting, Small	
0	-	918-25 - Compliance Consulting, American Disabilities Act (ADA)	
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	and the data in	III Joc8002/OA HTML/OA.jsp?region=/oracle/apps/ego/lov/webui/EGOEXTFWKDATALOV®ionCode=/oracle & 100% -	

Step 84

Here we will select **918-27-Community Development Consulting** by clicking on the Quick Select icon.



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Step 85

When you have selected your code, the system will return you to populate a Start Date.

If the date you want to use is the current date, accept the default in the **Start Date** field.



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	employee? (To participate in doing business with Detab County, you have to be a former employee equal to or present than two years)	= Are yo	ou submitting (
Enter Employee Name	Martin Jones If you answered yes to the question above, please provide the name of the employee.		
Last Date of employment with DeKalb County Government:	23-Jan-2012 (example: 17-Jun-2017.)		
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Step 86

You can enter as many NIGP Codes as required.

When you have finished entering your NIGP codes, **scroll** to the right to proceed.



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	Additional Information	Attachments	
	Save	For Later Back Step 3 of 4 Host	
Corporation (L	LC/LLP/INC) -	Select your Organization's 1099 Category	Not Applicable - Select appropriate value if your Organization is 1099 reportable, otherwise select Not Applicable'
Georgia If you have a busic copy of it with you	ness loense, you must submit a in other attachments.	* Primary Business Classification Date Business Started Professional License City, County or State Professional License Issuing City, County or State	Service Provider
Yes •	If Profe	ssional License is NOT required, please provide City, County or State	
Are you a DeKalb C any officers within employee? (To part DeKalb County, yo equal to or greater	County Former Employee or are your organization a former ticipate in doing business with u have to be a former employee than two years)	* Are you submitting W9 form? * Are you submitting Conflict of Interest form?	Yes Yes Yes Completed Conflict of Interest form is required to process your application. If you do not submit a completed form with your application, approval of
Martin Jones If you answered yo provide the name of 21 Jan 2012	es to the question above, please of the employee.		your registration may be delayed.

Step 87

When you have finished making all your updates, click on **Next** to proceed.



Basic Information your application to be processed, you r voided blank check or bank letter with	nust provide:	Company Details	,	Additional Information	Subm	Attachme	nts
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Step 88

In the Attachments step, you will attach your **MANDATORY** *W-9 form, Conflict of Interest Form* and *Copy of a Blank Check*.

There are links that will take you to the location of our **Conflict of Interest** and **W-9 Forms** that are required. Please **click on the links to download** the documents if you have not already done so.



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Step 89

Click on the **Add Attachment** button to start to upload your voided check, Conflict of Interest form, W-9 Form and business license (if required).



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Step 90

You can optionally enter a **Title** for your attachment so the person processing your application will know what the attachment is.

Here we will enter "Voided Check'.



Add Another Apply
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Step 91

To upload a file, click on the **Browse** button.





Step 92

Navigate the folder where your forms are saved and select the correct file by clicking on the file, then **Open**



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Step 93

To add a second attachment, click on the **Add Another** button.



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Step 94

The system will confirm that your attachment has been added succesfully. It will not be commited until you are finished with all attachments and click on Apply.

To proceed, optionally enter a **Title** for your attachment so the person processing your application will know what the attachment is.

Here we will enter Conflict of Interest.



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Step 95

To upload a file, click on the **Browse** button.





Step 96

Navigate the folder where your forms are saved and select the correct file by clicking on the file, then **Open**



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Step 97

To add a fourth attachment, click on the **Add Another** button.



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Step 98

The system will confirm that your attachment has been added succesfully. It will not be commited until you are finished with all attachments and click on Apply.

To proceed, optionally enter a **Title** for your attachment so the person processing your application will know what the attachment is.

Here we will enter Business License.



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Step 99

To upload a file, click on the **Browse** button.





Step 100

Navigate the folder where your forms are saved and select the correct file by clicking on the file, then **Open.**



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Step 101

When you have finished uploading attachments, click on the **Apply** button.



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Step 102

With all of your information and attachments complete, you may click on the **Submit** button to complete your registration.





Step 103

Upon submission, you will receive a **confirmation message** stating that you will be notified of your registration status via email in two business days.





Step 104

CONGRATULATIONS! You have now completed the training for Supplier Self Registration.