



FORM **BC-1851(ef)**
(11-19-2002)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

VENDOR REGISTRATION FORM

URGENT

REQUESTING SECTION INFORMATION (For Internal U.S. Census Bureau Use Only)

Division/Section Name	<input type="checkbox"/> Hospital Discharge Survey <input type="checkbox"/> Other – <i>please state name:</i>	VENDOR NO:
Requestor's name	Telephone No.	
Supervisor's signature	Date	Time

VENDOR: If you have signed any type of agreement to do business with and receive payment(s) from the U.S. Census Bureau, you are a Census Vendor and must be registered with the Census Bureau (BOC). The purpose of this form is to provide the Census Bureau with mandatory award and payment information for your company. This information is required as set forth in FAR 52.232-33, *Mandatory Information for Electronic Funds Transfer Payment*, the Debt Collection Improvement Act of 1996, and the Taxpayer Relief Act of 1997. The FAR Subpart 19.202-5 *Data Collection and Reporting Requirements* requires collection of small and disadvantaged business information. The BOC will use the information provided on this Form only for the purposes stated in the references cited above and will restrict access to the data to authorized personnel. If a question does not apply to your organization, write **N/A** (Not Applicable) in that box.

Please Mail or Fax a Completed Vendor Registration Form (VRF) and Internal Revenue Service (IRS) Form W-9 to the address indicated below:

Division/Section _____

Name _____ / _____

Telephone No./Fax No. _____

Table Maintenance Team (TMT)
U.S. Census Bureau, Room 3574, FOB 3
Washington, DC 20233-4400

VOICE: (301) 457-1213
FAX: (301) 457-4722

1. VENDOR PURCHASING INFORMATION

2. VENDOR PAYMENT INFORMATION

a. Full Legal Name of Company/Organization or Individual			h. Full Legal Name of Company/Organization or Individual		
b. Acronym/shortened version of Company/Organization or Individual			i. Acronym/shortened version of Company/Organization or Individual		
c. Address			j. Address		
d. City			k. City		
e. State	ZIP Code	Country	l. State	ZIP Code	Country
f. Contact name			m. Contact name		
g. Telephone No.	Fax No.		n. Telephone No.	Fax No.	

3. VENDOR BUSINESS INFORMATION

<p>a. Mark appropriate box:</p> <p><input type="checkbox"/> New Vendor Registration <input type="checkbox"/> Updated Vendor Information</p> <hr/> <p>b. Legal Entity Type – Mark (X) one:</p> <p><input type="checkbox"/> Individually Owned/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Non-Profit Corporation</p>	<p>d. Category – If you chose "Small Disadvantaged Business" or "Other Small Business" from the Vendor Type list, please select the category(s) that apply:</p> <p><input type="checkbox"/> Woman Owned Business <input type="checkbox"/> Minority Owned Business</p>
<p>c. Vendor Type – What type of Vendor is your company/organization – <i>Mark (X) one:</i></p> <p><input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Other Small Business <input type="checkbox"/> Large Business <input type="checkbox"/> JWOD Non-Profit Agency <input type="checkbox"/> HUBZone Small Business Concern <input type="checkbox"/> Educational Institution <input type="checkbox"/> Hospital <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> State/Local Government <input type="checkbox"/> Foreign Contractor <input type="checkbox"/> Domestic Contractor Performing Outside United States <input type="checkbox"/> Historically Black Colleges & Universities/Minority Institution (HBCU/MI) <input type="checkbox"/> Federal Government*</p> <p>*Federal Agency Code (FAC) _____</p>	<p>e. DUNS (Data Universal Numbering System)</p> <p># _____</p> <hr/> <p>f. Freight On Board (FOB) point:</p> <p><input type="checkbox"/> Shipping point <input type="checkbox"/> Destination</p> <hr/> <p>g. Individual/Sole Proprietorship SSN or TIN:</p> <hr/> <p>h. Corporation/Partnership TIN, FEIN, or EIN:</p> <hr/>

4. VENDOR PAYMENT METHOD

<p>a. Select payment method:</p> <p><input type="checkbox"/> EFT* (Electronic Funds Transfer) <input type="checkbox"/> IPAC (Intra-Governmental Payment and Collection)</p> <p><i>* The Debt Collection Act of 1996 mandates the use of Electronic Funds Transfer (EFT) for all Federal payments after January 1, 1999. If you or your organization are not able to receive payments by EFT, you must contact the Table Maintenance Team to obtain a Waiver Application. Please note that your application is subject to approval and your payment may be delayed.</i></p>	<p>b. All of the following information is required for EFT:</p> <p>1) Financial Institution Name _____</p> <p>2) Name on Account _____</p> <p>3) ABA (American Bankers Association) bank routing number (MANDATORY 9-digit #): _____</p> <p>4) Type of Account:</p> <p><input type="checkbox"/> Checking # _____</p> <p><input type="checkbox"/> Savings # _____</p>
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5. CERTIFICATION

Under penalties of perjury, I certify that the information I have provided on this form is correct.

Signature	Print or Type Name
Title	Date