

Authorized Dealer/Distributor Information	
Contractor's General Commercial Qualifying Criteria for Dealers/Distributors:	Attach additional sheets, if necessary.
Dealer/Distributor	
(#1) Company Name:	
Address:	
FEDERAL ID #:	
NYS VENDOR ID#: (if receiving Payments)	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Dealer/Distributor is Authorized to:	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
Shoemobile (Truck) Services	
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is Dealer/Distributor a NYS certified Service-Disabled Veteran-Owned Business (SDVOB)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	

Dealer/Distributor	
(#2) Company Name:	
Address:	
FEDERAL ID #:	
NYS VENDOR ID#: (if receiving Payments)	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Dealer/Distributor is Authorized to:	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
Shoemobile (Truck) Services	
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is Dealer/Distributor a NYS certified Service-Disabled Veteran-Owned Business (SDVOB)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	

Dealer/Distributor	
(#3) Company Name:	
Address:	
FEDERAL ID #:	
NYS VENDOR ID#: (if receiving Payments)	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Dealer/Distributor is Authorized to:	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
Shoemobile (Truck) Services	
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is Dealer/Distributor a NYS certified Service-Disabled Veteran-Owned Business (SDVOB)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	

Dealer/Distributor	
(#4) Company Name:	
Address:	
FEDERAL ID #:	
NYS VENDOR ID#: (if receiving Payments)	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Dealer/Distributor is Authorized to:	
Shoemobile (Truck) Services	
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is Dealer/Distributor a NYS certified Service-Disabled Veteran-Owned Business (SDVOB)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	

Contractor Name _____

Contract _____

Dealer/Distributor	
(#5) Company Name:	
Address:	
FEDERAL ID #:	
NYS VENDOR ID#: (if receiving Payments)	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Dealer/Distributor is Authorized to:	
Shoemobile (Truck) Services	
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is Dealer/Distributor a NYS certified Service-Disabled Veteran-Owned Business (SDVOB)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	

Dealer/Distributor	
(#6) Company Name:	
Address:	
FEDERAL ID #:	
NYS VENDOR ID#: (if receiving Payments)	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Dealer/Distributor is Authorized to:	
Shoemobile (Truck) Services	
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is Dealer/Distributor a NYS certified Service-Disabled Veteran-Owned Business (SDVOB)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	

Contractor Name _____

Contract _____

Dealer/Distributor	
(#7) Company Name:	
Address:	
FEDERAL ID #:	
NYS VENDOR ID#: (if receiving Payments)	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Dealer/Distributor is Authorized to:	
Shoemobile (Truck) Services	
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is Dealer/Distributor a NYS certified Service-Disabled Veteran-Owned Business (SDVOB)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	

Dealer/Distributor	
(#8) Company Name:	
Address:	
FEDERAL ID #:	
NYS VENDOR ID#: (if receiving Payments)	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Dealer/Distributor is Authorized to:	
Shoemobile (Truck) Services	
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is Dealer/Distributor a NYS certified Service-Disabled Veteran-Owned Business (SDVOB)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	

Contractor Name _____

Contract _____

Dealer/Distributor	
(#9) Company Name:	
Address:	
FEDERAL ID #:	
NYS VENDOR ID#: (if receiving Payments)	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Dealer/Distributor is Authorized to:	
Shoemobile (Truck) Services	
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is Dealer/Distributor a NYS certified Service-Disabled Veteran-Owned Business (SDVOB)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	

Dealer/Distributor	
(#10) Company Name:	
Address:	
FEDERAL ID #:	
NYS VENDOR ID#: (if receiving Payments)	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Dealer/Distributor is Authorized to:	
Shoemobile (Truck) Services	
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is Dealer/Distributor a NYS certified Service-Disabled Veteran-Owned Business (SDVOB)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	