**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:	
Shoemobile (Truck) Services	
Is Dealer/Distributor a NYS certified Minority and	
Women-owned Business	
Enterprise (M/WBE)	
Is Dealer/Distributor a	
NYS certified Service-Disabled	_
Veteran-Owned Business	
(SDVOB)	
Qualifying Criteria Applicable to	
this Dealer/Distributor:	
Dealer/Distributer	
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	☐ Take Orders ☐ Ship Direct ☐ Receive Payment
to:	
Shoemobile (Truck) Services	
Is Dealer/Distributor a	
NYS certified Minority and	☐ YES ☐ NO
Women-owned Business	
Enterprise (M/WBE) Is Dealer/Distributor a	
NYS certified Service-Disabled	
Veteran-Owned Business	
(SDVOB)	
Qualifying Criteria Applicable to	
this Dealer/Distributor:	

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Contractor Name	Contract
Doolor/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	Take Orders	Ship Direct Receive Payment	
to:		_ · · _ ·	
Shoemobile (Truck) Services			
Is Dealer/Distributor a			
NYS certified Minority and	☐ YES	□ NO	
Women-owned Business		_	
Enterprise (M/WBE)			
Is Dealer/Distributor a			
NYS certified Service-Disabled	☐ YES	□ NO	
Veteran-Owned Business			
(SDVOB)			
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	☐ YES	□ NO	
Women-owned Business		_	
Enterprise (M/WBE)			
Is Dealer/Distributor a			
NYS certified Service-Disabled	☐ YES	□ NO	
Veteran-Owned Business			
(SDVOB)			
Qualifying Criteria Applicable to			
this Dealer/Distributor:			

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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	☐ YES	□ NO	
Women-owned Business			
Enterprise (M/WBE)			
Is Dealer/Distributor a	_	_	
NYS certified Service-Disabled	☐ YES	☐ NO	
Veteran-Owned Business			
(SDVOB)			
Qualifying Criteria Applicable to			
this Dealer/Distributor:		_	
D 1 /D: 4 11 4			
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	□ VEC		
NYS certified Minority and	☐ YES	∐ NO	
Women-owned Business			
Enterprise (M/WBE) Is Dealer/Distributor a			
NYS certified Service-Disabled	☐ YES	□ NO	
Veteran-Owned Business		□ 110	
(SDVOB)			
Qualifying Criteria Applicable to			
	1		
this Dealer/Distributor:			

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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	☐ YES	□ NO	
Women-owned Business			
Enterprise (M/WBE)			
Is Dealer/Distributor a			
NYS certified Service-Disabled	☐ YES	□ NO	
Veteran-Owned Business			
(SDVOB)			
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	III VEC	I I NO	
	☐ YES	☐ NO	
Women-owned Business	I LES	□ №	
Women-owned Business Enterprise (M/WBE)	LIES	NO	
Women-owned Business Enterprise (M/WBE) Is Dealer/Distributor a			
Women-owned Business Enterprise (M/WBE) Is Dealer/Distributor a NYS certified Service-Disabled	☐ YES	□ NO	
Women-owned Business Enterprise (M/WBE) Is Dealer/Distributor a NYS certified Service-Disabled Veteran-Owned Business			
Women-owned Business Enterprise (M/WBE)  Is Dealer/Distributor a NYS certified Service-Disabled Veteran-Owned Business (SDVOB)			
Women-owned Business Enterprise (M/WBE) Is Dealer/Distributor a NYS certified Service-Disabled Veteran-Owned Business			

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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	☐ YES ☐ NO
Women-owned Business	
Enterprise (M/WBE)	
Is Dealer/Distributor a	
NYS certified Service-Disabled	☐ YES ☐ NO
Veteran-Owned Business	
(SDVOB)	
Qualifying Criteria Applicable to	
this Dealer/Distributor:	
D 1 /D: / 11 /	
Dealer/Distributor	
(#10) Company Name:	
Address:	
FEDERAL ID#:	
NYS VENDOR ID#:	
(if receiving Payments)	
Contract Administrator Name:	
Title:	
Telephone Number:	

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☐ NO

☐ NO

E-mail: FAX:

(SDVOB)

☐ YES

☐ YES

**Dealer/Distributor is Authorized** 

Shoemobile (Truck) Services
Is Dealer/Distributor a

NYS certified Minority and Women-owned Business Enterprise (M/WBE) Is Dealer/Distributor a

**NYS certified Service-Disabled** 

**Qualifying Criteria Applicable to** 

**Veteran-Owned Business** 

this Dealer/Distributor: