



PTAC CLIENT ENROLLMENT FORM

This form must be submitted by any business seeking government contracting assistance. Occasional updates may be requested by the PTAC.

Company General Information

Company Name: _____

Physical Address: _____
Street Address City State and ZIP Code

Mailing Address: _____
(if different from above) Street Address City State and ZIP Code

County: _____ **Municipality:** _____

Phone: _____ **Alternate Phone:** _____

Email: _____ **Website:** _____

Business Type:

- Manufacturer/Producer
- Service Establishment
- Retail Dealer
- Wholesale Dealer
- Construction Concern
- Research/Devel.
- Surplus Dealer
- Not in Business

Organization Type:

- Individual
- Partnership
- Non-profit Org.
- Corporation
- Limited Liability Co.
- Sub S Corporation

Incorporated? Yes No

State of Incorporation: _____

of Full-Time Employees: _____

of Part-Time Employees: _____

Total Annual Sales: _____

Annual Government Sales: _____

Product or Service Description and/or Keywords: *(attach additional sheet if necessary)*

Company Point of Contact

Who will be the primary point of contact when working with the PTAC? This individual will be added to our mailing list to receive our announcements & newsletters as well as our quarterly contract reporting & annual satisfaction surveys.

POC Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Alternate/Additional Email(s): _____

President: _____ **Vice Pres.:** _____

Company Ownership Information

Owner(s) Name(s): _____

Ethnic Group:

- Native American/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander
- Black/African American
- White
- Hispanic

Gender:

- Male-owned
- Female-owned
- Male & Female owned

Military Status:

- None
- Veteran
- Vietnam-Era Vet.
- Disabled Veteran
- Service-Disabled Veteran

Business Status Information

Business Status: In business Pre-venture **Home-based Business?** Yes No

Business Established Date: _____ [NOTE: *Businesses with limited experience may be asked to meet with their local Small Business Development Center (SBDC) and have a minimum of 2 years of experience before entering the Government Contracting Program due to program requirements. Program Manager will evaluate each case carefully before acceptance into the program.*]

Certifications/Verifications:

- Woman-Owned Business Enterprise 8(a) Pennsylvania Small Business (SB) Verified Veteran-Owned
 Minority-Owned Business Enterprise HUBZone Certified Woman-Owned Small Business Verified Service Disabled Veteran-Owned

Company Registrations and Codes

FEIN/SSN: _____ **DUNS # and/or SAM UEI #:** _____

PA Vendor #: _____ **CAGE Code:** _____

North American Industry Classification System code(s) -- NAICS: _____

Federal Supply Codes (FSC) and/or Product Service Codes (PSC): _____

Other Information

Referral From:

- Accountant Client / Word-of-Mouth Local EDC SBDC Other PTAC
 Advertising/Marketing College / University Media – TV / Radio SCORE Other NW Commission Program
 Bank Government Agency Newspaper Yellow Pages Other Source: _____
 Chamber of Commerce Legal Counselor SBA Training Seminar/Workshop/Conference

International Trade / Exporting: Yes No I would like more information.

Other Comments / Notes:

Acknowledgement and Approval

MUST BE SIGNED BY A COMPANY OWNER OR OTHER AUTHORIZED SIGNATORY

I request business management assistance from the Regional Procurement Technical Assistance Center (PTAC). **I agree to cooperate should I be selected to participate in surveys designed to evaluate the Regional PTAC's services, including Contract Reporting and Customer Satisfaction Surveys.** I authorize the center to furnish relevant information to the assigned management counselor(s), although I expect that information to be held in strict confidence by him/her.

I further understand that all counselors have agreed not to 1) recommend goods or services from sources in which they have an interest, and 2) accept fees or commissions developing from this counseling relationship.

By my signature below, and in consideration of the center's furnishing of management or technical assistance, I waive all claims against the center's personnel and its host organization.

I understand that there are no warranties or assurances in connection with the counseling assistance.

Name: _____ **Title:** _____

(Please remember to sign & date below)

Signature: _____ **Date:** _____

Please return completed form to a Northwest Commission PTAC staff member by email, fax or mail:

Phone: 814-677-4800 | Fax: 814-677-7663 | nwptac@northwestpa.org | 395 Seneca Street, Oil City, PA 16301

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