



Commonwealth of Kentucky
FINANCE AND ADMINISTRATION CABINET
OFFICE OF THE CONTROLLER

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Welcome Kentucky Vendors

Thank you for your interest in registering with the Commonwealth of Kentucky's eProcurement & Vendor Self Service (VSS) system.

VSS is used by more than 250 state agencies, local governments and university buyers to announce bidding opportunities.

Along with providing a single source for procurement information, eProcurement provides free access to current, future and past business opportunities online. And through the use of web based technologies' and tools, access to view the various items Kentucky has available on contract.

As a registered eProcurement/VSS vendor, you'll receive real-time notification of bidding opportunities by email (pending valid email and Commodity Code/Category identification). You'll also have access to tools to help you connect with buyers who purchase what you sell. And if you find you need help, we offer a variety of ways to get assistance – call; (1-877-973-4357) or email (Finance.CRCGroup@ky.gov) Finance Customer Resource Center, or visit eProcurement.ky.gov for further documentation and how-to's.

Join the more than 60,000 business offering quality goods and services to the Commonwealth....become an eProcurement/VSS registered vendor today!

The fastest way to register is online at <https://emars311.ky.gov/> click Register. Or complete the attached registration form and return it to the address indicated.

We look forward to receiving your completed registration application. Thank you for your interest in doing business with the Commonwealth of Kentucky.

Sincerely,

Anna Haydon, Acting Director
Customer Resource Center

Commonwealth of Kentucky

Vendor Registration Application – Helpful Information

The following information is provided to assist you in completing your Kentucky Vendor Registration Application.

Select either New Registration or Modification. For Modifications, complete only fields to be updated.

Section A - Company Information

Legal Name on W-9: this is the Legal Name used for 1099 IRS filings. The Commonwealth of Kentucky verifies this information with the taxpayer ID number with the IRS. Vendor records will not be processed unless the Legal Name and TIN match.

1099 TIN Type: If you are registering as an individual entity, you will select **SSN** (Social Security Number) or ITIN (Individual Taxpayer Identification Number). If you are registering as company or a company-like entity, you will select **EIN** (Employer Identification Number).

1099 Classification: Select the appropriate classification that describes your organization.

Section B – Primary Contact

This contact will be the primary point of contact for your entity's vendor account.

Section C – Legal 1099 Address

The Legal 1099 Address is where the Commonwealth will be sending your annual 1099 form, if applicable.

Section D – Payment Information

Address: This address will be used to mail payments to your organization.

Contact: This contact receives all payment correspondence for goods or services delivered by your entity as a result of contracts and/or purchase orders issued by the Commonwealth of Kentucky.

Section E – Ordering Information

Address: This address will be used to issue Purchase Orders and other award documents to your organization.

Contact: This contact receives notifications of orders issued to your entity.

Section F – Billing Information

Address: This address is optional and will only be used if you are Customer of the Commonwealth. A Customer is defined as someone that will be paying the Commonwealth; such as taxes or licenses.

Contact: The point of contact for all billing inquiries.

Section G - Substitute IRS Form W-9 Certification

- **Definition of a U.S. person.** for federal tax purposes, you are considered a U.S. person if you are:
 - An individual who is a U.S. citizen or a U.S. resident alien; A partnership, corporation, company or association created or organized in the United States or under the laws of the United States; An estate (other than a foreign estate); or A domestic trust (as defined in Regulations section 301.7701-7).

Commonwealth of Kentucky

Vendor Registration Application – Helpful Information

- As a part of the KY Vendor Registration, the Commonwealth of Kentucky may collect a signed and dated copy of your company's W-9 form. This form will be kept as an attachment to your entity's account. Registration may not be considered complete unless the W-9 is received, and payments for goods or services may be impacted without a properly executed W-9. Please submit the completed W-9 to the Customer Resource Center if requested. The W-9 is attached as a part of this registration packet.

Commodity Code Information

Buyers search commodity codes to identify suppliers that provide the goods or services they need to purchase. The Commonwealth of Kentucky requires the buyer to use the commodity codes when processing solicitations and orders. Commodity codes can be added to your vendor account by activating your account after confirmation has been received from the Customer Resource Center. To access a list of NIGP commodity codes used by the Commonwealth of Kentucky, please go to eprocurement.ky.gov, then click Doing Business with the Commonwealth and click on the "[COMMODITY CLASS CODES AND DESCRIPTIONS](#)" link.

Please Note: As a courtesy, you will be able to receive automatic email notifications of bid opportunities pertaining to the commodity code(s) you have added to your vendor account. The email pertaining to the commodity codes will be sent to the contact for your Ordering address and the Account Administrator if they are different. However, vendors are still encouraged to browse "Solicitations" to ensure that they are aware of all bid opportunities. You may find that you can provide the goods or services for a solicitation but are not currently registered for that particular commodity. At any time you can update your account profile to add more commodities.

Confirmation of Your Registration

After your completed Kentucky Vendor Registration Application has been received and processed, you will receive a confirmation notice from staff at the Customer Resource Center. The confirmation notice will include further instructions for using and managing your entity's Kentucky Vendor Registration Account.

Customer Resource Center

If you have questions or require additional assistance, please contact the Customer Resource Center by phone (502)564-9641, 1-877-973-4357(toll free) or by email (emars.vendors@ky.gov).

Submission

Please email, fax or mail completed Vendor Registration Application to:

Office of the Controller
Customer Resource Center
702 Capitol Ave, Room 484
Frankfort, KY 40601
emars.vendors@ky.gov
Fax: (502) 564-5319

New Registration

Modification



Commonwealth of Kentucky

Office of the Controller
702 Capitol Ave, Room 484
Frankfort, KY 40601

Vendor Registration Application

(502) 564-9641

(877) 973-4357 Toll Free

<https://emars311.ky.gov>

Fax (502) 564-5319

A Company Information

***Legal Name on W-9:** _____
Legal Name Used for 1099 IRS Filings

Business Name(Alias/DBA): _____
Name Used for Orders and Payments(if different than Legal Name)

Location Name: _____
Physical Street Address

***Taxpayer ID Number (TIN)**

***1099 TIN Type:**
(Select One)

SSN

FEIN

ITIN

DUNS Number (www.dnb.com)

www.

Website Address

***1099 Classification (Select One):**

Individual

LLC filing as Corporation

State Government

Other

Sole Proprietor

LLC filing as Partnership

Other Government

Partnership

LLC filing as Sole Proprietor

Nonresident Alien

Corporation

Trust

Foreign Business Entity

B *Primary Contact

***First Name:** _____

***Last Name:** _____

***Phone:** () _____ **Ext:** _____

Fax: () _____

Email: _____

Fields marked with and asterisk(*) are required. This application cannot be processed without all the required fields.

C***Legal (1099) Address***Note: 1099s will be sent to this address.*

*Address Line 1: _____

Address Line 2: _____

*City: _____ *State: _____ *Zip Code: _____

Country: _____

D**Payment Information***Note: Payments from the Commonwealth will be sent to this address.****Preferred Contact Method(Select One):**

Email

Fax

US Mail

***Payment Address**

Check If Same As:

Legal

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Country: _____

***Name on Check:**

Legal Name

Alias/DBA

Both

***Payment Contact**

Check If Same As:

Primary

First Name: _____

Last Name: _____

Phone: () _____ Ext: _____

Fax: () _____

Email: _____

E**Ordering Information***Note: Orders from the Commonwealth will be sent to this address.****Preferred Contact Method(Select One):**

Email

Fax

US Mail

***Ordering Address**

Check If Same As:

Legal

Payment

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Fields marked with and asterisk(*) are required. This application cannot be processed without all the required fields.

E Ordering Information Continued

*Ordering Contact	Check If Same As:	Primary	Payment
First Name:			Last Name:
Phone:	()	Ext:	Fax: ()
Email:			

F Billing Information *Note: This address is optional and will only be used if you are paying the Commonwealth as a Customer*

Preferred Contact Method(Select One):	Email	Fax	US Mail	
Billing Address	Check If Same As:	Legal	Payment	Ordering
Address Line 1:				
Address Line 2:				
City:		State:		Zip Code:
Country:				
Billing Contact	Check If Same As:	Primary	Payment	Ordering
First Name:			Last Name:	
Phone:	()	Ext:	Fax:	()
Email:				

G Substitute IRS Form W-9 Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. Person (defined in Vendor Registration Application - Helpful Information)

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

For additional information refer to the [IRS website](#) and go to Form W-9.

*Signature of U.S. Person: _____
*Name Printed: _____ *Date: _____

Fields marked with and asterisk(*) are required. This application cannot be processed without all the required fields.

Commonwealth of Kentucky

Vendor Registration – Memorandum of Agreement

By submitting this Commonwealth of Kentucky vendor registration application, you certify under penalties of perjury that the taxpayer identification number and legal name provided are accurate. You also certify that you are duly authorized by the Vendor to: (i) register the Vendor; (ii) file, on behalf of the Vendor, all of the information requested in this registration process; and (iii) enter into this Agreement on behalf of the Vendor. By submitting this vendor registration application, you hereby agree on behalf of the Vendor and for the benefit of each agency and public body that:

1. The Vendor shall be responsible for updating the Vendor's registration information whenever necessary to ensure that the registration information remains accurate and complete at all times.
2. The Vendor hereby warrants that the information provided by the Vendor through the registration application and vendor registration update procedure shall at all times be accurate, complete and current. The Vendor further warrants that each agency and public body shall be entitled at all times to rely conclusively on the currency, accuracy and completeness of the information the Vendor has provided through the registration application and vendor registration update procedure as of that date even if different information is or has been available to or received by agency or public body personnel through means other than the registration application and registration update functionality.
3. The Vendor agrees to use an electronic signature in order to facilitate electronic transactions with state government. The use of an electronic signature is stipulated under KRS 369.101-369.120. There is only one password code given out per vendor and it must be under the sole control of the person using it. This code is used to submit solicitation responses. It is the vendor's responsibility to safeguard the password codes to ensure that the person it is being given to has the authority to enter into a contract with the Commonwealth of Kentucky and/or to make changes to the vendor's record. The password code must not be shared amongst users. The vendor is hereby notified that any electronic solicitation responses or electronic requests to change the vendor's records are legally binding, if authorized using their password code.

This Agreement shall remain in effect for as long as the Vendor is registered as a VSS vendor. All rights are reserved to cancel the Vendor's registration at any time. In the event the Vendor's registration is cancelled, the Vendor shall remain bound to this Agreement in regard to completion of any contract, purchase order or other electronic procurement transaction that was made or administered in whole or in part using VSS.

Company Name:

Company Address:

Applicant's Name:

Signature:

Title:

Date:

Phone Number: ()

Email:

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF VENDOR PAYMENT

1. Enter the following vendor information:

Vendor Information		
Taxpayer ID Number(EIN/SSN): _____		
Vendor Number: _____		
Legal Name: _____		
Street: _____		
City: _____	State: _____	Zip Code: _____
Payment Contact: _____		
Phone: _____	Email: _____	

2. Complete Section A for new enrollments or for financial institution or account changes. NOTE: For new enrollments, this form is not required if the vendor has been previously enrolled by another state agency under the same account
3. Complete Section B to cancel the electronic deposit authorization.

Section A: Enrollment or Change Authorization

Select One: New Enrollment Financial Institution or Account Change

Financial Institution Information		
Bank Name: _____		
Branch: _____		
City: _____	State: _____	Zip Code: _____
Transit/ABA#: _____		
Account #: _____		
Account Type (select one):	Checking Account	Savings Account

I, the undersigned, authorize the Commonwealth of Kentucky to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the Commonwealth of Kentucky received written notice or cancellation.

Signature: _____ Date: _____
Name Printed: _____ Job Title: _____

Section B: Cancellation

I, the undersigned, hereby cancel the authorization for the Commonwealth of Kentucky to originate electronic deposit entries into my checking/savings account. This cancellation is effective as soon as the Commonwealth of Kentucky has reasonable opportunity to act upon it.

Signature: _____ Date: _____
Name Printed: _____ Job Title: _____