



Service Disabled Veteran Owned Business
BIDDERS LIST FORM

Name:

Company Name/Type

Phone Number: Fax Number:

Address:

City: State: Zip Code

E-mail:

Please briefly describe nature of business:

Please indicate with a check mark if you are a NYS certified MBE and/or WBE

Please indicate with a check mark which Region(s) of the State you wish to receive notices for:

REGION	COUNTIES SERVED
<input type="checkbox"/>	1 Nassau & Suffolk
<input type="checkbox"/>	2 Bronx, Kings, Queens, New York City & Richmond
<input type="checkbox"/>	3 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster & Westchester
<input type="checkbox"/>	4 Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schoharie & Schenectady
<input type="checkbox"/>	5 Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren & Washington
<input type="checkbox"/>	6 Herkimer, Jefferson, Lewis, Oneida & St. Lawrence
<input type="checkbox"/>	7 Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga & Tompkins
<input type="checkbox"/>	8 Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne & Yates
<input type="checkbox"/>	9 Allegany, Cattaraugus, Chautauqua, Erie, Niagara & Wyoming