



### 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:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**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 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 (SBPI)  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 #:**

**PA Vendor #:**

**CAGE Code:**

**North American Industry Classification System (NAICS) code(s):**

**Federal Supply Codes (FSC) / Product Service Code (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:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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