## **DCPS Vendor Application**



Duval County Public Schools Purchasing Services 1701Prudential Drive, RM#322, Jacksonville FL. 32207 Phone # 904-858-4848 Fax# 904-858-4868 www.duvalschools.org/purchasing

Attach IRS W-9 Form (Requ	est for Taxpayer Identification Number and Ce	rtification )
(complet	e vendor application and the requirements for	goods or service)
New	Update Existing	
Vendor	vendor information	
Name or Name of Firm:		
Doing Business as:		
Address for Quotes & Orde		
Street address /P O Box:		
City	State Zip,	/Postal Code
Contact Information: Prima	ry Phone (mandatory) ( )	ext
	Fax: (if available)	X
	URL: (website)	
Cell Phone# ( )		
EMAIL:		
EMA	AIL OF CONTACT	
I WOULD LIKE TO RE	CEIVE PURCHASE ORDER /QUOTE BY EMAILYESNO	8
EMAIL:		
EMAIL TO R	CVD PURCHASE ORDERS /QUOTES	

In accordance with School Board policy 7.71 and Florida State Statue 112.313(3), any Employee of the School Board of Duval County, Florida, that has an ownership interest in a business entity will not be allowed to register as a vendor to do business with Duval County School Board.

IN ACCORDANCE WITH THE CONFL	ICT OF INTEREST PROVISION, THE VENDOR CERTIFIES THE FOLLOW
a There are no identified	d conflicts of interest
bThe following potentia	l conflict of interest has been identified
Name of School District Employe	ee
Relationship to Business	
	(major shareholder/owner/relative/partner)
Print Name:	
A . (	
Authorized Signature:	
Deter	
Date:	ŧ.
MPE Cortification (if applicat	ole , Name of certifying agency
MBE Certification -(II applicat	ne, Name of Certifying agency
(For internal	Luca anlu)
(For internal	use only)
Paguast raturnad: incomplete	, illegible incomplete W-9
request returned. Incomplete	illegible illeomplete w 3
/endor#	Request completed by: Date: