

Procurement Department
1350 E. 17th Street
Kansas City, MO 64108
(816) 346-0254

APPLICATION

REVISION

INITIAL

PLEASE PRINT OR TYPE (READ INFORMATION, INSTRUCTIONS AND DEFINITIONS)

Persons or concerns wishing to be placed on the Kansas City Area Transportation Authority's Registered Vendors List for supplies and services shall file a properly completed and certified Vendor Registration Form together with such other lists as may be attached to the application form, with the office of the Director of Procurement. Applicants shall confine their product list to those materials and services for which they are prime distributors to include an adequate supply of replacement parts and a prompt service capability in accordance with the needs of the Authority. The application shall be submitted and signed by the principal as distinguished from an agent, however constituted. Submittal of this Vendor Registration Form will place your firm on our Registered Vendors List, but does not guarantee a solicitation for bid.

After placement on the Registered Vendors List, a supplier's repeated failure to respond to Invitations for Bid will be understood by the Authority to indicate a lack of interest and the supplier's name will be removed from the list for the items concerned. If you wish to remain on the Registered Vendors List, but do not wish to offer a bid, return the bid with a notation "NO BID" or send a notice stating that you are unable to bid but wish to remain on the list. The list will be periodically purged. If you do not receive bid solicitations, inquire to confirm that your firm remains on our list.

1. Name of Firm _____
Business Location _____ Phone No. (____) _____
City _____ State _____ Zip Code _____ Fax No. (____) _____
Email Address _____ Website Address _____
2. Mailing Address (If Different) _____ Phone No. (____) _____
City _____ State _____ Zip Code _____ Fax No. (____) _____
3. Remit to Address (If Different) _____ Phone No. (____) _____
City _____ State _____ Zip Code _____ Fax No. (____) _____
4. Structure of Organization: ____ INDIVIDUAL ____ PARTNERSHIP ____ CORPORATION
If Incorporated, in which State _____ Federal Tax ID No. _____
5. Year this Firm started doing business under "Name of Firm" shown on Question #1: _____
6. Annual Gross Receipts (For the last three years):
Current Year \$ _____ Last Year \$ _____ Previous Year \$ _____
7. Name and Title of Person(s) who is (are) authorized to sign bids in behalf of the Firm:
Name _____ Title _____
Name _____ Title _____
8. Affiliated Businesses (Name and address): _____
DEFINITION OF AFFILIATED BUSINESSES: Business concerns are affiliates of each other when either directly or indirectly: 1) one concern controls or has the power to control the other; or 2) a third party controls or has the power to control both. In determining whether concerns are independently owned and operated, and whether or not affiliation exists, consideration is given to all appropriate factors including common ownership, common management, and contractual relationship.
9. Standard Invoice Terms: DUE DAYS _____ DISCOUNT DAYS _____ PERCENT _____ %

Describe the Primary Business Activity of This Firm:						
NAICS CODE(S): _____ SIC CODE(S): _____						
Identify number of personnel employed by the firm in the following categories:						
Administrative	Sales	Management	Construction	Manufacturing	Consulting	Other (Specify)

The following questions address equal employment opportunity provisions, and completion is required before your firm can be considered in compliance with KCATA guidelines.

Assistance from the KCATA's DBE Office for compliance with Affirmative Action/DBE requirements is available. Please contact the DBE Manager at (816) 346-0224 or via email at dbradshaw@kcata.org.

1. Does your firm have a written Affirmative Action Plan? If YES, submit a copy to our office immediately.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ENCLOSED
2. Does your firm have a current Certificate of Compliance that has been issued by a governmental agency? If YES, submit in lieu of an Affirmative Action Plan.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ENCLOSED
3. Does your firm have twelve (12) or fewer employees? If YES, submit a notarized letter requesting exemption from preparation of a written Affirmative Action Plan and list all employees by name, race, sex, job position and salary range.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ENCLOSED
4. Is your firm a Disadvantaged Business Enterprise (DBE) within the meaning of the following definition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ENCLOSED

DEFINITION OF DISADVANTAGED BUSINESS ENTERPRISE: For-profit small business concern which is: 1) at least 51 percent owned by one or more socially or economically disadvantaged individuals, or in the case of a corporation, at least 51 percent of the stock is owned by one or more such individuals; and 2) whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it. Socially and economically disadvantaged individuals means individuals who are U.S. citizens, or lawfully admitted permanent residents, who are Black Americans, Hispanic Americans, Asian-Pacific Americans, Subcontinent Asian Americans, women, or any additional group whose members are designated as socially and economically disadvantaged by the SBA, or who has been determined to be socially and economically disadvantaged on a case-by-case basis.

REF: Federal Register 49 CFR, Part 26.

CERTIFICATION: I certify that information supplied herein (including all pages attached) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as known, is now debarred or otherwise declared ineligible from bidding for furnishing materials, supplies, or services to the Kansas City Area Transportation Authority or declared ineligible to participate in federally funded projects.

Signature

Date

Name and Title of Person Signing (Please Type or Print)

Return completed questionnaire to Kansas City Area Transportation Authority,
Procurement Department, 1350 East 17th Street, Kansas City, MO 64108.