

**State of Louisiana  
Office of Statewide Reporting & Accounting Policy  
VENDOR INFORMATION**

VENDOR INFORMATION

**\*Name Used for IRS Filings:**

**\*Trade Name/DBA:**

**\*Taxpayer ID Number (TIN):**

**\*Company Type (Select Only One)**

- Individual   
  Sole Proprietorship   
  Corporation   
  Partnership   
  Governmental  
 Limited Liability Company (LLC)  
 If LLC, please choose LLC Classification:  
  Corporation   
  Partnership   
  Disregarded Entity  
 Non-Profit  
 If Non-Profit, please choose a Tax Exemption Code:  
  501(a) Tax Exempt  
  501(c)(3) Tax Exempt  
  Other

**Select if Applicable:**

- Legal Services                     
  Louisiana State Agency                     
  Federal Agency  
 Medical Services                     
  LA Local Government                     
  Other Government

**\*Primary Contact:**

\*First Name:                                     
 \*Last Name:  
 \*Phone: (    )                      Ext:                     
 \*Fax: (    )                      \*Email:

**\*Physical Address:**

Address Line 1:  
 Address Line 2:  
 City:                                      State:                                      ZIP Code:

**\*Payment/Remittance Address:** Check If Same As:  Physical

Address Line 1:  
 Address Line 2:  
 City:                                      State:                                      ZIP Code:

**\*Payment/Remittance Contact:** Check if Same As:  Physical

\*First Name:                                     
 \*Last Name:  
 \*Phone: (    )                      Ext.                     
 \*Fax: (    )                      \*Email:

CERTIFICATION

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.

<b>Signature of U.S. person</b>	<b>Date</b>
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Vendor, please return this completed form to the State Agency you are doing business with.  
Fields marked with an asterisk (\*) are required.

AGENCY INFORMATION

*Agency Name: Department of Natural Resources - Office of Coastal Management - Fisherman's Gear Compensation Fund	*Agency Number: 435
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\*Agency Contact Name (Individual submitting this form to OSRAP): Jordan Cobbs

*Phone: 225-342-7268	*E-mail: jordan.cobbs2@la.gov	*Fax: 225-242-3603
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<b>Upon completion, fax this form and a Current W-9 to: Fax: (225) 342-0960</b>	<b>AGENCY: Please include the LAGOV 9 digit Vendor number assigned to this Vendor:</b>
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**ATTN: OSRAP Vendor Section**

