

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

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***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.

Signature of U.S. person ▶

Date ▶

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

*Agency Contact Name (Individual submitting this form to OSRAP): Jessica Diez

*Phone: 225-342-7268
 *E-mail: jessica.diez@la.gov
 *Fax: 225-242-3603

Upon completion, fax this form and a Current W-9 to:
AGENCY: Please include the LAGOV 9 digit Vendor number assigned to this Vendor:
Fax: (225) 342-0960

ATTN: OSRAP Vendor Section

