

SES PROVIDER CONTACT INFORMATION

PROVIDERS: Please complete this form and return it with your Application for Contract. If the same contact information applies for each category.

NOTE: YOU MAY SEND THIS FORM ELECTRONICALLY AS OFTEN AS NECESSARY IN ORDER TO HAVE THE MOST CURRENT INFORMATION FOR ALL CONTACT PURPOSES. E-MAIL TO: snaste@schools.nyc.gov and klawren@schools.nyc.gov

PROVIDER LEGAL BUSINESS NAME:

BUSINESS ADDRESS:

Information must be the same as listed on your W9 Form for New York City. If you have not completed said W9 form, you can access a copy at:

<http://schools.nyc.gov/Offices/DCP/KeyDocuments/FormsforVendors.htm>

STREET: _____

SUITE/ROOM _____

CITY/STATE/ZIP _____

PHONE:

FAX:

EMAIL ADDRESS:

WEBSITE:

TAXPAYER STATUS (check one): _____ NOT FOR PROFIT NOT _____ FOR PROFIT

SPECIFIC CONTACTS: For each of the following categories, please fill in the contact information. If the same information applies for multiple categories, please repeat the information. Do not leave a category blank.

SES DIRECTOR:

Name:

Phone :

Fax :

Email Address:

SES INSTRUCTIONAL SUPERVISOR (must be a NYS CERTIFIED TEACHER):

Name:

Phone :

Fax :

Email Address:

ADMINISTRATIVE CONTACT FOR PETS-FINGERPRINTING DATABASE

Name:

Phone :

Fax :

Email Address:

PARENT/SCHOOL INFORMATION CONTACT:

Name:

Phone :

Fax :

Email Address:

SECOND ADMINISTRATIVE CONTACT FOR PETS FINGERPRINTING DATABASE:

Name:

Phone :

Fax :

Email Address:

PURCHASE ORDERS/PAYMENT CONTACT:

Name:

Phone :

Fax :

Email Address:

SES COMPLIANCE OFFICER:

Name:

Phone :

Fax :

Email Address:

ADDITIONAL COMMENTS: