

Completion of this document is required by new and current suppliers to ensure your supplier information is accurate and up to date.



United States suppliers only: For new supplier registration, attach W-9 to submission

Suppliers – Check Applicable Category

- Supplier without active SAM Registration:
Complete all sections
- Supplier with active SAM Registration:
Complete Sections 2, 4, and 5
- General Update:
Changes only
- Annual Registration Update:
Complete Section 1 and submit applicable changes

FM&T Input Only: Vendor ID #: _____

SECTION 1: CERTIFY SYSTEM FOR AWARD MANAGEMENT (SAM) STATUS

KCNSC encourages suppliers to register in the System for Award Management (SAM) database and maintain an annual status of “active.” The SAM database is the primary government repository for prospective federal awardees and their subcontractors and the centralized government system for contracting records.



How to Register in SAM: missouribusiness.net/ptac/presentations-webinars/

The SAM website: sam.gov

Interim registration for KCNSC suppliers without active SAM registration status

If SAM registration is pending, a company representative is asked to acknowledge and complete the information below indicating that you agree to comply with the following:

- I agree to annually update the representations and certifications in this revision of the KCNSC Supplier Registration Form until active SAM Registration is confirmed.
- I agree that the information submitted is current, accurate, and complete; KCNSC shall rely upon this information in transacting purchases with my firm.
- I understand the designations for business size, socioeconomic business types, and North American Industry Classification System (NAICS) codes in this document supersede information in previously submitted versions of the KCNSC Supplier Registration form.
- I agree to notify KCNSC when a change to information is submitted.

Company name: _____

Company UEI: _____

Company DUNS: _____

Name: _____

Title: _____

Email address: _____

Date: MM/DD/YYYY _____

SECTION 2: COMPANY REGISTRATION

Business name 1 (DBA): _____

Business name 2 (IRS W-9): _____

Abbreviated business name (optional): _____

Unique entity identification (UEI) (12-digit alpha numeric): _____

DUN and Bradstreet number (9-digit number): _____

Parent entity name (if applicable): _____

Parent UEI: _____

Parent entity DUNS number (if applicable): _____

Company website: _____

Company email address: _____

Federal TIN: _____

	Business address (required)	Ship from address (required)
Address line 1		
Address line 2		
Country		
City		
State		
9-digit postal code		
Business phone		
FAX		

	Additional business address (optional)	Additional ship from address (optional)
Address line 1		
Address line 2		
Country		
City		
State		
9-digit postal code		
Business phone		
FAX		

	Remit address (optional)	Other (optional)
Address line 1		
Address line 2		
Country		
City		
State		
9-digit postal code		
Business phone		
FAX		

	Vendor POC (name/title)	Email address	Business phone
Sales			
Electronic orders			
Accounts receivable			
Other			

Does your company accept Visa card purchases

Payment Terms: _____

Shipment Terms:

SECTION 3: SUPPLIER BUSINESS TYPE

Section 3 is only required if you do not have an active SAM registration.

Business Size and Business Categories

Input required for all companies – large or small, and domestic or foreign-owned

Mandatory - select one of the below options:

Annual revenue (five-year average): _____

Number of employees: _____

NAICS Information

		Small business (Y/N)
Primary code (6-digit number)		
Secondary code(s)		
Secondary code(s)		
Secondary code(s)		
Secondary code(s)		

Additional Socioeconomic Business Categories for Small Business Only

Instructions: Select each socioeconomic category that applies to your company.

See sba.gov and FAR 52.219-1 for additional information regarding socioeconomic categories.

- SDB *Small Disadvantaged Business
- 8(a) *8(a) Small Business (SBA Certified)
- WOSB Woman-Owned Small Business
- EDWOSB Economically Disadvantaged Woman-Owned Small Business
- HUBZone HubZone Small Business (SBA Certified)
- VOSB Veteran-Owned Small Business
- SDVOSB Service-Disabled Veteran-Owned Small Business
- HBCU/MI Historically Black Colleges & Universities and Minority Institutions
- LAC Large Alaska Native Corporation
- LIT Large Indian Tribe
- SAC Small Alaska Native Corporation
- SIT Small Indian Tribe

*If Small Disadvantaged Business or 8(a) Small Business (SBA Certified) is selected, indicate which socioeconomic categories apply for the primary owner of the company.

- Asian Pacific American Owned
- Black American Owned
- Hispanic American Owned
- Native American (Alaska Natives, Native Hawaiians, or enrolled members of a federal- or state-recognized Indian Tribe) Owned
- Subcontinent Asian-American Owned

SECTION 4: AUTHORIZATION

Person completing this registration (required for authorization)



By completing this registration form, you hereby acknowledge receipt of the attached [Ethics Letter](#) and [Honeywell Supplier Code of Business Conduct](#) and you agree to comply with the stated policies.

Additionally, you acknowledge receipt of the [HS&E Sustainable Opportunity Policy](#).

The information provided is current, accurate and complete. I agree that KCNSC shall rely upon this information in transacting purchases with my firm. Changes to the information provided shall be made by submitting a new registration form.

Company name	
Name	
Title	
Email address	
Date	

SECTION 5: FINANCIAL REGISTRATION – ACCOUNTING INFORMATION

Electronic Funds Transfer Authorization Form

This section applies to U.S. banks.

Refer all questions concerning this page to KCNSC Accounts Payable at:

accountspayable@kcnscc.doe.gov

Check one of the following options

- ADD - Deposit my net payment with the financial institution(s) and accounts(s) shown below
- CHANGE - Financial institution(s)
- CHANGE - Account number(s) at current financial institution(s)

Financial institution (U.S. banks only)	
Routing number	
Account number	

	Contact name	Email address	Business phone
Payment notification			

Person completing this registration (required for authorization)

Financial Registration, Section II: The information provided is current, accurate and complete. I agree that KCNSC shall rely upon this information in transacting purchases with my firm. Changes to the information provided shall be made by submitting a new registration template or by providing KCNSC notice of any changes.

Company name	
Name	
Title	
Phone number	
Date	

Attn: Accounts Payable
14510 Botts Road
Kansas City, MO 64147
Fax Number (816) 488-5598

Internal Use Only: Modified 06.12.24