

# Vendor Participation Application for the Nebraska Specialized Telecommunications Equipment Program

(Please Print)

## A. Business Information:

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
(Number and Street Name, or PO Box)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER – VOICE: (     ) \_\_\_\_\_ PHONE NUMBER - TTY: (     ) \_\_\_\_\_

PHONE NUMBER – FAX: (     ) \_\_\_\_\_

**FEDERAL EMPLOYER IDENTIFICATION NUMBER** (Please do not provide your social security number if you have a federal employer ID number or unless you are a sole proprietor or partnership):

(FEIN No.): \_\_\_\_\_ - \_\_\_\_\_ (Social Security No.): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Any questions regarding this application should be referred to:

VENDOR CONTACT NAME AND TITLE: \_\_\_\_\_

PHONE NUMBER – VOICE/TTY/BOTH: (     ) \_\_\_\_\_

## B. Description of Product(s) Offered (attach additional sheets if necessary):

Please provide a summary description of the product(s) you are offering (Note: The product(s) description will be noted on the vendor listings provided to applicants and the website): \_\_\_\_\_

## C. Summary of Vendor Informational Filing Requirements:

The vendor's authorized representative undersigned in Section D agrees to adhere to the following requirements:

- 1) This completed Vendor Participation Application shall be submitted as Attachment One;
- 2) A W-9 Form is to be submitted as Attachment Two;
- 3) A "Returns and Exchange Policy" to be submitted as Attachment Three with this application;
- 4) An Equipment Description and Price List to be submitted as Attachment Four;
- 5) All other requirements in the "Vendor Informational Filing Requirements" have been satisfied;
- 6) The vendor is committed to provide a drug free work place environment;
- 7) Setup of equipment and instructional guidance will be offered to all applicants and the actual costs of such to be billed to the Nebraska Public Service Commission on the same invoice as the equipment sale. The invoice amount for setup may include all reasonable costs of equipment setup;
- 8) The vendor has read the Public Service Commission's "Nebraska Specialized Telecommunications Equipment Program ("NSTEP") Policies and Procedures" statement (enclosed) and will adhere to same.

**D. AUTHORIZED REPRESENTATIVE'S CERTIFICATION**

*(To be completed by authorized representative)*

I attest that I am the agent authorized to make representations on behalf of the business firm indicated in Section A and agree to the aforementioned statements made in this document (information here will be used on our vendor approval list):

*(Please Print)*

**NAME:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** (        ) \_\_\_\_\_ **FAX:** (        ) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **WEB ADDRESS:** \_\_\_\_\_

**X** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(Authorized Agent's Signature) (Title)*

*(Please mail application, including all attachments to: Nebraska Public Service Commission, Attn: Steven Stovall, P.O. Box 94927, Lincoln, NE 68508).*

**INTERNAL USE ONLY**

Vendor Approved

Vendor Denied

*(Please Print)*

**COMPLETED BY:**

**NAME:** \_\_\_\_\_ **AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER:** (        ) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**X** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(NSTEP Coordinator's Signature)*