



**NEW YORK STATE TEACHERS' RETIREMENT SYSTEM**  
**10 Corporate Woods Drive, Albany, NY 12211-2395**  
**[purchasing@nystrs.org](mailto:purchasing@nystrs.org)**

## BIDDER FORM

Thank you for your interest in working with NYSTRS. Please provide the following information to be added to NYSTRS' master bidder database.

Legal Business Name

DBA Name *(if any)*

Is your firm a New York resident business?

YES

NO

NYS Certified Service-Disabled Veteran-Owned Business Enterprise  
*(If yes, attach a copy of your current New York State certification letter.)*

YES

NO

NYS Certified Minority-Owned Business Enterprise  
*(If yes, attach a copy of your current New York State certification letter.)*

YES

NO

NYS Certified Women-Owned Business Enterprise  
*(If yes, attach a copy of your current New York State certification letter.)*

YES

NO

Does your firm purchase goods or services or subcontract with any  
 New York State certified minority- or women-owned enterprises?

YES

NO

Please indicate the products and/or services for which you want to be considered.

Company Address

Contact Name

Email Address

Company Website

Phone Number

Fax Number