



## Supplier Information Form: DOT01 - Right of Way

### Section 1 - Please Provide Supplier Information

Legal Business or Individual Name:  
(Must match W-9 or W-8ECI Form) \_\_\_\_\_

Business Name, Trade Name, Doing Business As:  
(If different than above) \_\_\_\_\_

Federal Employer ID (EIN) or Social Security Number (SSN): 

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### Section 2 - Remit To Address

Contact Name \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Section 3 - Additional Addresses - Optional (if more than 2 addresses, include on a separate sheet)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

### Section 4 - Supplier Administrator (For definitions and more information please see the FAQs at [www.StateSupplier.Ohio.Gov](http://www.StateSupplier.Ohio.Gov))

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Choose a User ID Name: \_\_\_\_\_  
(Case sensitive, no spaces, at least eight characters)

**Section 5 - Purchase Order Distribution - Other than USPS Mail - Optional** (only applicable to those receiving POs)

Email or Fax Number: \_\_\_\_\_

**Section 6 - Required Attachments** (make sure these documents are also submitted along with this form)

- IRS W-9 Form
- Authorization Agreement for Direct Deposit of EFT Payments
- Bank Verification (Voided Check or Bank Letter)

**Section 7 - Sign and Date**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hand written signatures are required.  
Please print, sign, and then fax or scan & email

**Section 8 - State of Ohio Agency Contact - OPTIONAL** (for state agencies who are receiving payments)

Agency Contact Name: \_\_\_\_\_

Agency Contact Phone: \_\_\_\_\_ Agency Contact Email: \_\_\_\_\_

Comments

**Submitting the Form to the Office of Budget and Management**

All sections must be completed (unless labeled as optional) or the form will not be processed. Incomplete forms will be returned.  
All information must be legible. Ensure this is the latest version of the form at [www.StateSupplier.Ohio.Gov](http://www.StateSupplier.Ohio.Gov)

<b>Submit to one of the following:</b>	<b>Questions? Need Help? Please Contact:</b>
Email: Supplier@Ohio.Gov	Phone: 1-877-OHIO-SS1 (1-877-644-6771)
Fax: 1-614-485-1052	1-614-338-4781
Mail: Ohio Shared Services	Website: <a href="http://www.StateSupplier.Ohio.Gov">www.StateSupplier.Ohio.Gov</a>
Attn: Supplier Operations	Email: Supplier@Ohio.Gov
P.O. Box 182880 Cols., OH 43218-2880	

**NOTE:** This document contains sensitive information. Sending via non-secure channels, including email and fax, can be a potential security risk. Pursuant to 26 USC 6109, the state is required to collect TIN / EIN / SSN and to use the numbers in its annual report to the IRS on the amount the state has paid each supplier.