



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)

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

Submit to one of the following:

Email: Supplier@Ohio.Gov
Fax: 1-614-485-1052
Mail: Ohio Shared Services
Attn: Supplier Operations
P.O. Box 182880 Cols., OH 43218-2880

Questions? Need Help? Please Contact:

Phone: 1-877-OHIO-SS1 (1-877-644-6771)
1-614-338-4781
Website: www.StateSupplier.Ohio.Gov
Email: Supplier@Ohio.Gov

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.