



**Bay Metropolitan Transportation Authority  
Vendor Application**

BUSINESS NAME \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

CONTACT PERSON & TITLE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

FEDERAL TAX IDENTIFICATION OR SOCIAL SECURITY NUMBER \_\_\_\_\_

BUSINESS TYPE:  CORPORATION  LLC  SOLE PROPRIETOR  
 OTHER (EXPLAIN) \_\_\_\_\_

BUSINESS DESIGNATION/CLASSIFICATION (check all that apply):

CERTIFIED DBE CERTIFICATION# \_\_\_\_\_ NUMBER OF YEARS IN BUSINESS \_\_\_\_\_

WOMAN-OWNED BUSINESS  SMALL BUSINESS ENTERPRISE (per Federal guidelines)

WHAT DO YOU WANT TO SELL TO BAY METROPOLITAN TRANSPORTATION AUTHORITY?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES:

	FIRM OR ORGANIZATION	CONTACT NAME	PHONE NO.
1.			
2.			
3.			

**SUBMIT APPLICATION TO:**  
Tom Dominowski, Purchasing Agent  
1510 N. Johnson Street, Bay City, MI 48708  
[tdominowski@baymetro.com](mailto:tdominowski@baymetro.com); fax: (989) 894-2621