



For Office Use Only		
New	Renew	Update
Vendor #:	_____	
Tracking #:	_____	
CSRA Ref #:	_____	

Vendor License Application *(Incomplete applications will not be accepted)*

Company/Vendor Name: _____

DBA (If Applicable): _____

Federal Identification / Tax Identification Number / Social Security #: _____

North American Industry Classification Systems (NAICS) Code*: _____

*Visit <https://www.naics.com/search/> to identify your business industry code. FAQs are also available online.

Primary Contact (Name of Representative): _____

Phone: _____ E-Mail Address: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Provide who your company representative is primarily working with to establish an Oneida Nation vendor license:

Oneida Nation Contact: _____ Oneida Nation Department: _____

Description of Products/Services to be Provided:

Technology Solution Products/Services Vendors: If you answer YES to any of the following four (4) questions, a Digital Security Cyber Risk Assessment (CSRA) is required.

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Do you currently provide, or plan to provide, any technology products or services such as software, hardware, applications, or mobile apps? | Yes | No |
| 2. Will your technology solution need access to the Oneida Nation network? | Yes | No |
| 3. Will your technology solution process Oneida Nation's employees, members or customers sensitive information, including but not limited to personal information, health information, financial data, or similar confidential material? | Yes | No |
| 4. Will your technology solution be required to comply with any regulatory standards or data protection laws (such as GDPR or HIPAA)? | Yes | No |

For any questions about the CSRA requirements, please email csra@oneidanation.org.

Other Contact Info: <i>(Indicate if same as Primary Contact)</i>	
Remittance To <i>(Payments, W-9, Finance)</i>	
Contact: _____	Address: _____
Email: _____	City: _____ State: _____ Zip: _____
Vendor Payment Terms: _____ (Default Payment Terms – NET 30. All payments are ACH.)	
Vendor License Compliance Contact	
Contact: _____	Address: _____
Email: _____	City: _____ State: _____ Zip: _____

Other Contact Info Continued			
Certificate of Insurance (COI)			
Contact: _____	Address: _____		
Email: _____	City: _____	State: _____	Zip: _____

Please answer the following questions that are required to process an Oneida Nation vendor license:

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 5. Is your company at least 51% Native American Owned? | Yes | No |
| 6. Is your company primarily doing business with gaming? | Yes | No |
| 7. Are you a current employee of the Oneida Nation? If yes, please provide an approved Independent Contractor agreement from the Oneida Law Office | Yes | No |
| 8. Are you currently debarred from SAM.GOV? | Yes | No |
| 9. Are you now, or have you ever been engaged in a lawsuit with the Oneida Nation? | Yes | No |
| 10. Has your Oneida Nation Vendor License ever been revoked? | Yes | No |

Read Carefully Before Signing: Under penalty provided by law, the undersigned states that the above information is accurate and each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signee hereby acknowledges and agrees to adhere to the Oneida Nation Code of Ethics Law. The Oneida Nation reserves the right to deny, revoke, or terminate vendor licensing for non-compliance.

(Primary Contact (Name of Representative))

 (Signature)

 (Date)

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COI Approved: _____	Expiration Date: _____	Ins Notes: _____
COI Exempted: _____	COI Denied: _____	Denial Reason: _____
Risk Management Reviewed by: _____		Date: _____
Licensing Received by: _____		Rec'vd Date: _____
Fee Received: Yes _____	Exempt _____	If Exempt, Category: _____
COI Received: Yes _____	No _____	Notes: _____
If Applicable:	Independent Contract Agreement: _____	Law Office Review #: _____
	Digital Security Risk Assessment Form: _____	Acceptance Form: _____
License Approved: _____	License Denied: _____	Denial Reason: _____
Date License was Issued: _____ / _____ / _____	License Expiration Date: _____ / _____ / _____	
Notes: _____		