How to Register as a Procurement Supplier

Registering as a Procurement SupplierStep 1 – Vendor IdentificationStep 2 – Vendor DetailsStep 3 – Submit Registration FormStep 4 – Create User ID

Registering as a Procurement Supplier

Go to the **PA Supplier Portal** to complete the four-step supplier registration process.

- 1. Open your web browser and enter www.pasupplierportal.state.pa.us.
- 2. Select the Supplier Registration link to begin.



The vendor registration wizard displays. It will assist you with the completion of your registration. Help is available on each page within the *Instructions* area of the wizard.

Vendo	Vendor Registration, Commonwealth of Pennsylvania.				
I Þ	1 2 3 4 Vendor Identification Vendor Details Submit Registration Form Create User ID				
Instru	uctions				
Welcom the proc	me! Thank you for taking the time to register as a Procurement Vendor with the Commonwealth of Pennsy ccess, enter your Employer Identification Number (EIN) or your Social Security Number (SSN), then select	/vania. To begin Next button. the			
Vendo	or Identification				
Employe S	ver Identification Number: OR OR Social Security Number:				



Step 1 – Vendor Identification

1. Enter the Employer Identification Number (EIN) or Social Security Number (SSN) for your business.



Ver	Vendor Registration, Commonwealth of Pennsylvania.					
I > -	1 Vendor Identification	2 Vendor Details	3 Submit Registration Form	Create User ID		
Ins	tructions					
Wel the	come! Thank you for taking t process, enter your Employ	the time to register as a F er Identification Number (Procurement Vendor with the Com (EIN) or your Social Security Numb	monwealth of Pennsylvania. To begin er (SSN), then select the	Next button.	
Ve	ndor Identification					
Emp	loyer Identification Number:	25 37 OR				
	Social Security Number:					
Ne	xt					

2. Select the **Next** button.

Upon entry of an unregistered EIN or SSN, you will proceed to Step 2 where you will provide details about your company.

à	If you are already a registered vendor, you will be asked to enter your assigned				
	 If you do not know your Vendor Number, please contact our Supplier Service Center at (877) 435-7363 and choose option 1 or email: <u>ra-</u> <u>pscsrmportal@pa.gov</u>. 				
	Vendor Identification				
	Employer Identification Number: 25 OR Social Security Number:				
	Vendor exists in the system. Please enter Vendor number Vendor Number:				

Step 2 – Vendor Details

1. Enter the Employer Identification Number (EIN) or Social Security Number (SSN) for your business.

Vendor Registration, Commonwealt	n of Pennsylvania.	
Vendor Identification Vendor Details	3 4 4 4 Submit Registration Form Create User ID	
Instructions		
Complete the registration form below and select the Nex Important: Fields with a * indicate that an entry is require	t button. d.	
Vendor Identification		
Employer Identification Number (EIN): 20	Social Security Number (SSN):	
Address Data		
Disregarded Entity:	⊖Yes ⊙No	
Legal Name: *		
Name of the Company (if different than Legal Name):		
Name of Person Creating Registration: *		This text will appear on the W-9 Form
Business Type: *		
E-Mail Address: *		
Telephone: *		Extension:
Fax:		Extension:
Street Number and Name:		If PO Box is used then Street Number and Name cannot be used

à	There are 11 fields in Step 2 which are required to be completed, as noted with a red asterisk (*):		
	– Legal Name		
	 Name of Person Creating the Registration 		
	 Type of Business 		
	– Email Address		
	– Telephone		
	 Street Number and Name (or PO Box) 		
	 City, State, and Zip Code 		
	– County		
	– Country		

For demonstration purposes, an example of a completed form is shown below.

Address Data		
Disregarded Entity:	⊖Yes ⊙No	
Legal Name: *	Kan Commercial Floors Inc	
Name of the Company (if different than Legal Name):		
Name of Person Creating Registration: *	Angela Eshleman	This text will appear on the W-9 Form
Business Type: *	Individual/Sole proprietor	v
E-Mail Address: *	AESHLEMAN@PA.GOV	
Telephone: *	717-234-1212	Extension:
Fax:	717-234-1213	Extension:
Street Number and Name:	555 Walnut Street	If PO Box is used then Street Number and Name cannot be used
Street 2 (apt. or suite no., room no., floor no. etc.):	7th Floor	
City: *	Harrisburg	County: * DAUPHIN
State: *	Pennsylvania 💌	Zip: ** 17101
Country: *	USA 🔻	
PO BOX:		If Street Number and Name are used then PO Box cannot be used
PO Box Country:	USA 🔻	

The lower portion of the form contains areas to select your product category for delivery, and to confirm the Data Privacy Statement.

- 3. Select the checkbox next to the type(s) of product categories your company can deliver.
- 4. Carefully read the *Data Privacy Statement*; select the checkbox if you accept the terms.
- 5. Select the **Next** button to continue.

51818 ·	EFFITIS VIPATILA	
State.	remayirana	20. 11101
Country: *	USA 💌	
PO BOX:		If Street Number and Name are used then PO Box cannot be used
PO Box Country:	USA -	
Which Product Categories can you Deliver?		
At least one product category must be selected		
Select the language in which you want to send the que	estionnaires: * English 💌	
BUILDING & CONSTRUCT VIATERIALS/SERVIO	ES	
Data Privacy Statement		
Data Privacy Statement Terms must be accepted befor	e being able to move to the next page	
DISCLAIMER: Registering as a Commonwealth SRM ve Commonwealth of Pennsylvania. Further, registering d Commonwealth of Pennsylvania. Registering as a Com industry in Pennsylvania. Your business would need tr	ndor does not guarantee that your bus oes not guarantee that your business monwealth SRM vendor should not be o seek such a license from the approp	iness will be awarded any contract or purchase order to provide supplies to or perform services for the or organization will receive any financial assistance including state or federal grant monies from the construed as applying for any necessary license to deliver supplies or perform services in a regulated riate Commonweath Agency.
DATA PRIVACY: Information provided through the PA Commonwealth agency. Information is retained in acco	Vendor Portal will be used in the purch rdance with existing Commonwealth p	asing and accounting activities of the Commonwealth and will not be limited in its use to one olicy and laws, including the Pennsylvania Right to Know Law, 65 P.S. Section 66.1 et seq.
CERTIFICATION: By submitting information through the of the information submitted is true and correct to the b 18 Pa.C.S. § 4904 (relating to unsworn falsification to a	PA Vendor Portal, you certify that: (i) y est of your knowledge, information, an authorities).	ou are authorized to submit the information for, or on behalf of, the person or entity identified; and, (ii) all In belief. Any false statements made by you on or in the PA Vendor Portal are subject to the penalties of
Yes, I have read the data privacy statement and ac Back Next	cept the terms.	

The supplier	rogistration sys	tom contains a lin	itad Statas Postal Sani	
address validation which verifies:				
 The existence of the address 				
– The +	4 in the zip code	2		
	,			
If applicable	, select the appr	opriate button whe	en presented with the	Address
Validation p	rompt.		-	
	-4:			
Address Valid	ation			
Please rev	iew Address val	idation results		
Address	Original Address	USPS Validated Address		
Apt./Suite	7TH FLOOR	FL 7		
Street/PO Box	555 WALNUT STREET	555 WALNUT ST		
City	HARRISBURG	HARRISBURG		
State	PA	PA		
Zip5	17101	17101		
Zip4		1947		
	Use Entered Address	Use USPS Validated Addres	Change Entered Address	

Step 3 – Submit Registration Form

The completed W-9 Form is displayed for Verification and Electronic Signature. It contains the information entered during Steps 1 and 2.

- 1. Carefully review the information on the W-9 Form.
- 2. If the information is not correct, select the **Back** button and revise the information.

Vendor Registration, Commonwealth of Pennsylvania	
1 2 3 4 Vendor Identification Vendor Details Submit Registration Form Create User ID	
Instructions	
Carefully review the information on the W9 Form. If the information is correct, select the checkbox below to confirm your electronic signature on the W-9 form. The information is not correct, select the Back button and revise the information.	nen select the Submit W9 and Create
Submit Registration form	
By checking this box, I am digitally signing this document. I agree to the terms stated in this document and further certify that checking this submit W9 and Create User D Back	box counts as an electronic signatur
Image: W-9 Form (Rev. December 2011) Department of the Treasury Internal Revenue Service Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.
Name (as shown on your income tax return) Ki n Commercial Floors Inc Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification:	

3. If the information is correct, select the checkbox to confirm your electronic signature.

Submit	egistration form	
✓ By cl	cking this box, I am digitally signing this document. I agree to the terms stated in this document and further certify that checking this box counts as an	electronic signature.
Submit	and Create User D Back	
8	🛅 🔬 🗸 🏀 👍 🐥 🚺 / 4 💿 🖲 88% 🔻 拱 🔂 🥒 Sign 🕶 Find 🗸	
0		▲
	W-9 Request for Taxpayer Give Form to the (Rev. December 2011) Identification Number and Certification Give Form to the Request for Taxpayer Identification Number and Certification Give Form to the	
M	Name (as shown on your income tax return) Ki n Commercial Floors Inc Business name/disregarded entity name, if different from above	
	Sector Check appropriate box for federal tax classification: Sector Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate	

4. Select the **Submit W-9 and Create User ID** button. (Please do NOT select the button multiple times.)

Submit	Registration form					
✓ By cl	necking this box, I a N9 and Create User ID	am dig	jitally signing th i Back	s document. I agree to the terms stated in this document and further certify that checking	y this box counts as a	n electronic signature.
8	🗎 🄬 - 🛛		1	/ 4 💿 🖲 88% 🔹 🥁 🛃 🖉 Sign 👻 Find 🔹		
6						
		Form (Rev. [Departr Internal	W-9 December 2011) ment of the Treasury Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.	
M		e 2.	Name (as shown or Ki n Commer Business name/disr	your income tax return) Cial Floors InC garded entity name, if different from above		
		s on pag	Check appropriate t	ox for federal tax classification: proprietor C Corporation S Corporation Partnership Trust/estate		

The supplier registration system contains a validation with the IRS which verifies the EIN/SSN and supplier name.

- When the match is verified you will move to Step 4

Please allow adequate time for the system to establish a vendor number for your business.

Step 4 – Create User ID

Z

Upon advancement to Step 4, you will receive the unique vendor number established for your business. Retain the vendor number for your records.

Vendor Registration, Commonwealth of Pennsylvania.		
l → 1 _ 2 _ 3 _ 4 _ I		
Vendor Identification Vendor Details Submit Registration Form Create User ID		
Instructions		
Your vendor number 000033 61 was successfully created.		
Complete the form below to create a User ID so that you may conduct business electronically with the Commonwealth of Pennsylvania; then select the Create User ID button. Important: Passwords require a minimum of 7 Characters, 1 Special Character (such as a @ or #), 1 uppercase letter, 1 lowercase letter, and 1 number.		
Create User ID		
User Name: *		
Create User ID		

1. Complete the form to create your company's login credentials.

2. Select the **Create User ID** button.

A

Passwords require a minimum of 7 characters; containing 1 special character (i.e., @ or #), 1 uppercase letter, 1 lowercase letter, and 1 number.

Create User ID	
User Name: *	
Password: *	
Confirm Password: *	
Title: *	
Last Name: *	
Email: *	
Phone: *	
Create User ID	

For demonstration purposes, an example of a completed form is shown below.

Create User ID		
User Name: *	K	
Password: *	•••••	
Confirm Password: *	•••••	
Title: *	Ms. 💌	
First Name: *	Angela	
Last Name: *	Eshleman	
Email: *	aeshleman@pa.gov	
Phone: *	717-234-1212	

A message is displayed confirming the registration and creation of a User ID. For demonstration purposes, an example is shown below.

Congratulations! "K an Commercial Floors Inc" has successfully registered as a Procurement Vendor with the Commonwealth of Pennsylvania. Your vendor number is 00003: 61 and User ID is K AN. You should receive a confirmation email within the next half hour. Please do not attempt to log into the PA Supplier Portal until you have received the confirmation email. If you do not receive the confirmation email within 8 hours, please contact the Commonwealth of PA by phone at 877-435-7363, select Option 1 or email at: email: <u>ra-pscsrmportal@pa.gov</u>.

END