



Consumer Affairs

GENERAL VENDOR WAITING LIST APPLICATION FORM

Last Name	Suffix <i>(e.g., Jr., Sr., Esq.) (optional)</i>	First Name	Middle Name <i>(optional)</i>
Birth Date (MM-DD-YYYY) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>Under the NYC Charter and Administrative Code, the City of New York requests SSN or ITIN to maintain and update City databases, to carry out the powers and duties of the Department, and for other purposes necessary to promote the general welfare. By providing your SSN or ITIN, you give the City permission to use SSN or ITIN for these purposes.</p>	
Contact Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i> NOTE: The Department of Consumer Affairs (DCA) will mail the notice with your waiting list number (i.e., position) to this address.			
City	State	ZIP Code	Country/Region
Phone 1 <i>(Primary)</i> ()		Phone 2 <i>(Alternate)</i> ()	
Email <i>(optional)</i> <p>By providing your email address, you consent to receive communications electronically from DCA, and you affirm that the email listed is a reliable form of communication for you.</p>			