



Interested Vendor Form

By registering your information with the New York State Gaming Commission, you will be added to our interested vendor list and notified when a Request for Proposals (“RFP”) is issued for a product or service relating to the industries you are registered for.

Company Name: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Type of products or services your company provides:

Is your company currently certified with the State of New York as (check all that apply):

NYS Certified Minority Owned Business

NYS Certified Woman Owned Business

NYS Certified Service-Disabled Veteran Owned Business

Company Website: _____

Please complete this form and submit to: RJ.Williams@gaming.ny.gov

Contact Information:

Robert J. Williams, Compliance Specialist

354 Broadway, Schenectady, NY 12305 (518) 388-2134