

**The University of the State of New York  
New York State Education Department  
Office of Adult Career and Continuing Education Services (ACCES-VR)**

**VENDOR REQUEST FORM**

VR-400A

Email completed form to [VRSupport@nysed.gov](mailto:VRSupport@nysed.gov) with VR-400A in subject line

Updated March 2023

Requester: [ ] BOM: [ ] Date: [ ]

Vendor Name: [ ] District Office: [ ]

**NEW VENDOR in AWARE**

Did you use Aware to verify business or individual is not already on file? <select an answer>

**New Individual**  
SSN Required [ ]

**New Business**  
FEIN Required [ ]  
W-9 Included <select an answer>

**EXISTING VENDOR in AWARE**

Vendor Number in Aware [ ] - [ ] - [ ]

**Reactivate** (vendor shows as Inactive)

**Add Service Location** (as listed below)

**Add/Remove Service Subcategories**

**Inactivate**  
Reason: <select a reason>

**SERVICE LOCATION**

Business Name: [ ]	email: [ ]
Business/DBA: [ ]	Contact: [ ]
Individual Name: [ ] Last [ ]	First [ ]
Address Line 1 [ ]	Telephone # [ ]
Address Line 2 [ ]	Fax # [ ]
City [ ]	State [ ] County [ ] ZIP [ ]

**PAYMENT LOCATION**

Business Name: [ ]	email: [ ]
Business/DBA: [ ]	Contact: [ ]
Individual Name: [ ] Last [ ]	First [ ]
Address Line 1 [ ]	Telephone # [ ]
Address Line 2 [ ]	Fax # [ ]
City [ ]	State [ ] County [ ] ZIP [ ]

**SERVICE SUBCATEGORIES**

**Remove:** [ ]

**Add:** [ ]

Reason for changes: [ ]

<i>Central Office Use</i>	Aware Vendor Number (if not listed above)
Reviewer: [ ]	[ ] - [ ] - [ ]
Date of SFS Changes: [ ]	Date Entered in Aware: [ ] Date Office Notified: [ ]