



## State of Alaska Vendor Self Service (VSS) Create a New Account

This document provides the instructions for how to create a new account. The individual you chose to initiate this process will become a Primary Account Administrator giving them full access to your account information. They will be able to add, delete or modify any of your information including adding additional users to your account.

For additional assistance select the “View Frequently Asked Questions” or “Help” link, or contact the Help Desk.

**Note:** *The activation process requires you to create a user id and password that will be used to log into your account. Remember to save your user id and password before you click next in Step 5.*

### 1. To start the process, select the “Register” button.

### 2. Accept the terms.

## FAQ page

3. Write down any information on this page that applies to you as you may need it to complete the registration process.

**Registration Tips**

Welcome to the State of Alaska's Vendor Self Service (VSS) Website

Already registered? Click [here](#) to login. However, if you are any of the following:

- Foreign vendor
- State of Alaska employee
- Fish and Game license vendor
- Lease vendor with the Department of Administration, Division of General Services (DGS)
- Subsidized Adoption/Guardianship, Foster Parent with the Department of Health and Social Services, Division of Office of Children Services (OCS)
- OPA Contract Attorney

**If you have already registered (created log in credentials) click here.**

Please read your specific **"SPECIAL NOTICE"** section below BEFORE continuing with the registration process.

Before you access your account, it will be helpful to gather the following information:

- Tax ID Number
- Legal Business name
- DUNS Number (if applicable)
  - Issued by Dun & Bradstreet for each business location
  - Call toll free at 888-814-1430 to obtain/verify your number
  - Indicate that you are doing business with a Government entity
- Contact Information for each business location (name, address, email, phone and fax)
  - Identify your account administrator (person responsible for your account)
  - Identify headquarters if you have multiple locations
  - Ordering address
  - Payment Address
- NIGP commodity codes and business types can be accessed at <http://doa.alaska.gov/dofirs/vendor.html> under the "General Information" section

**Suggested information to gather before proceeding with registration process. You may select commodity codes and business types now or after you have completed the registration process.**

**"SPECIAL NOTICE" for Foreign Vendors:**

VSS is not available to foreign entities or non-U.S. citizens due to U.S. Internal Revenue Service (IRS) tax documentation requirements. Your vendor record will be created by State of Alaska personnel after we receive accurately completed W-9 IRS forms and any other necessary documents from you or your company.

Please visit the following IRS website to obtain the appropriate W-9 form(s) to complete: <http://www.irs.gov/pub/irs-soi/13/form981instructions.html>. A list of W-9 forms and who should use them is provided in the table below for reference.

Form:	For Use By:
W-9BEN	Individuals (or single owners of a business)
W-9BEN-E	Entities (Corporations, Partnerships, Foundations, etc.)
W-9SCE	Expatriates to Waive Treaty Benefits
W-9ECI	A Foreign Person's Claim that Income is Effectively Connected with the Conduct of a Trade or Business within the United States
W-9SEIP	Foreign Governments or other Foreign Organizations to claim exemption from United States tax withholding on certain types of income
W-9MNY	Foreign Intermediaries, Foreign Flow-Through Entities, or certain US Branches of a foreign bank or insurance company
R233	Individuals Claiming Exemption for Independent Personal Services

The State of Alaska advises foreign entities and non-US citizens to contact their tax accountant if there are questions regarding which W-9 form to complete and how to complete the W-9 form.

Please mail or fax your completed W-9 form. Our mailing address is:

Department of Administration/Division of Finance  
 PO Box 110204  
 Juneau AK 99811-0204

Our fax number is: 907-465-2169

Please DO NOT email the form to the State of Alaska. Email is not a secure means of transmission of sensitive information. You will be contacted if more information is needed to set up your vendor record correctly. We thank you for your assistance.

Note that the State of Alaska may advise you to contact a tax accountant if you have questions regarding which W-9 form to complete or more in-depth questions regarding a W-9 form. Any other questions, you may email us at [doa.vendor.auth@alaska.gov](mailto:doa.vendor.auth@alaska.gov) or call us at 907-465-2462.

**"SPECIAL NOTICE" for State Employees:**

Please email the DOA DOP Vendor Authorization Team at [doa.vendor.auth@alaska.gov](mailto:doa.vendor.auth@alaska.gov) to be set up as a vendor in IRIS for travel reimbursement. Please provide your legal name, mailing address, and employee number.

Per AAM 60.210, state employees who choose a non-electronic payment method for travel reimbursement must provide their personal mailing address. Departments exempt from AAM 60.210 are paralegals/attorneys with the Dept. of Law, all employees with the Dept. of Corrections, and troopers with the Dept. of Public Safety.

If you have additional questions regarding AAM 60.210, please contact your department's State Finance Officer at this link: [http://doa.alaska.gov/dofac/resource/State\\_Finance\\_Officers.pdf](http://doa.alaska.gov/dofac/resource/State_Finance_Officers.pdf).

**"SPECIAL NOTICE" for Fish and Game License Vendors:**

Fish and Game License Vendors must be set up in the IRIS Financial System by Fish and Game Licensing prior to using VSS. Please contact Fish and Game Licensing at 907-465-2375 or email [afg.licens@alaska.gov](mailto:afg.licens@alaska.gov) to be set up in the IRIS Financial System.

**"SPECIAL NOTICE" for Lease Agreement Vendors with the Department of Administration, Division of General Services:**

If you have a lease agreement with DGS, during the registration process, you MUST select Business Type "General Services Lease Vendor" to identify yourself as a vendor with a lease agreement on file with DGS. If you don't have a lease agreement on file with DGS at the time of registration, but later do so, you must update your account information and select Business Type "General Svcs Lease Vendor". This is to ensure information in your lease agreement is in sync with information that is on file in VSS. If you have questions regarding this process, please contact DGS at 907-259-8466.

**"SPECIAL NOTICE" for Subsidized Adoption/Guardianship and Foster Parents:**

If you are someone who receives a monthly foster care payment or other reimbursement for the care of a child in the custody of the State of Alaska, or who receives a monthly adoption or guardianship subsidy, you MUST select Business Type "Adopt/Guardian/Foster Parent" to identify yourself as a vendor with OCS. This is to ensure information in your information in VSS. If you have questions regarding this process, please contact Provider Payments at [ProviderFrug@alaska.gov](mailto:ProviderFrug@alaska.gov) or their toll free number at 1-877-465-2215.

**"SPECIAL NOTICE" for OPA Contract Attorneys:**

OPA contracted attorneys will continue to use Practice Manager Web to record time and case management activity to allow existing management controls to remain in effect for payment invoicing. VSS may be used to track and reconcile payments along with maintaining vendor information.

4. Enter your search criteria, using the company or individual search. For company search, use your Taxpayer Identification Number or legal business name. For individual search, use your legal last name and last four digits of your SSN. Wildcard search characters auto fill when you select search.

**Search for an Existing Account/Results Found**

To activate your account you must have a vendor code. This page will help you determine whether or not you have one. You will not be able to create a new code if one already exists. If the account exists it will be designated as a company or individual based on the information you previously provided.

Please select one of the search options below to determine if you already have a vendor code.

**Company Search**

To see if you have a vendor code and have an Employer Identification Number (EIN) on file, first search by TIN.

Taxpayer Identification Number  OR Legal Business Name "alaska power"

**Individual Search**

To see if you have a vendor code and have a Social Security Number (SSN) on file enter your Last Name and last four digits of your Social Security Number.

Last Name  AND Last 4 digits of SSN

The following exists for the information you entered:

Vendor Number	Legal Business Name	Alias/DBA Name	Activated?
	ALASKA		No <a href="#">Click here to activate your account</a>
	ALASKA		No <a href="#">Click here to activate your account</a>
	ALASKA		No <a href="#">Click here to activate your account</a>
	ALASKA		No <a href="#">Click here to activate your account</a>
	SOUTHEAST ALASKA		No <a href="#">Click here to activate your account</a>
	ALASKA		No <a href="#">Click here to activate your account</a>

**Has your account been found and listed above?**

Yes, but it is already registered → Click the "Contact your Administrator" link to determine who you need to contact for access.

Yes, but it is not yet registered → Click the "Click here to activate your account" link to begin the process for activating your account.

Yes, but not my business location → Click the "Add Business Location" link to add your business location.

Yes, but the registration is already in progress → Click the "Click to continue registration" link to login and continue activating your account.

No, register now. → Click the "New Registration" button to create a vendor code and account. **New Registration**

**Search results shown here. If you are listed here, refer to the "Activate an Existing Account" document. If you are not listed here, begin the "New Registration" process.**

5. Enter the required information – **STOP** – write down your user id and password before moving to the next step. This user is a Primary Account Administrator.

**My User Information**

Welcome, New

Create your user ID here. You will be assigned the role of Primary Account Administrator. Please see the Frequently Asked Questions for additional details about the Primary Account Administrator role.

**General Information**

User ID (case sensitive): powersupply  
(User ID should be between 2 and 16 characters in length.)

\*First Name: Tom  
 \*Last Name: Brown  
 \*Email: vid.bohna@alaska.gov  
 \*Re-enter Email: david.bohna@alaska.gov  
 \*Phone: 907-465-1234  
 \*Fax: 300-XXX-XXXX

**Password**

Password requirements when setting up your password:  
 - Should be between 8 and 16 characters in length  
 - Must have at least one numeric character (0-9)  
 - Must have at least one upper case letter (A-Z)  
 - Must have at least one lower case letter (a-z)  
 - Must have at least one symbol flag (@, \$%)  
 - Can't contain your User ID  
 - Can't contain the word 'password'

\*Password (case sensitive):  
 \*Re-enter Password:  
 \*Security Question: Where were you born?  
 \*Security Answer (case sensitive):  
 \*Re-enter Security Answer:

I agree to the privacy policy.

Cancel Registration | Back | Next

click here

6. You must select “Next” to receive the email.

**Verify Email Address**

Welcome, New

To continue your VSS registration, we must verify your email address. When you receive the email we send you, follow the link provided or copy the link into your browser. Make sure your own security setting will not block receipt of this email. To prevent the email from being blocked, add the following address to your email contacts: Host@Advantage.com

After you click the Next button, an email will be sent to the following address: david.bohna@alaska.gov

Additional Resources & Information:

As you complete each step and move to the next step, the system will check for errors. If there are errors:

- A notification message will be displayed at the top of the page.
- You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions accessible from the left hand navigation bar.

Cancel Registration | Back | Next

click here

**Thank You!**

A verification email was sent to you.

- Open the email
- Click the link provided in the email

Cannot click the link in the email?

- Copy the link from the email
- Paste it into your browser

Have not received a Verification Email?

- Login to VSS as an Activated User using your User ID and Password
- Correct your email address and click Next
- Click Next again to verify your email address

Click here to complete this process and close the browser. Do not bookmark this page, a link will be provided in the verification email to continue the registration process.

Close Browser

7. You will receive an email verifying the email address you provided in Step 5. The email also includes a link to continue with the registration process.

From: Host@Advantage.com  
 To: Bohna, David F. (DOA)  
 Cc:  
 Subject: ADVMAIL: STATE OF ALASKA VSS NOTIFICATION: PLEASE VERIFY YOUR EMAIL ADDRESS

Sent: Mon 5/11/2015 11:28 AM

Tom Brown:

This is to notify you that an additional action is required to complete your State of Alaska Vendor Self-Service (VSS) system registration. By clicking the link below, you are verifying the email address that you have created for your VSS user information. This email address will be used as a primary method of correspondence.

If you cannot click on the link below, you may copy and paste it into your browser.

<https://iris-advnp.alaska.gov:1443/webapp/TSTVSS1J1/AltSelfService?EmailToken=00871747103816081513>

Click here to continue with the registration process.

8. You are now able to log into the site to complete the registration process.

**Login**

To continue activation, enter your User ID and Password.

User ID: powersupply  
 Password: \*\*\*\*\*

Login

click here

- Select the tax identification and the classification type that applies to your business or individual vendor account. If you select the first “TIN Type” option, be sure to also select whether you have a SSN or ITIN.

Welcome, Tom

View Frequently Asked Questions

New Account Info.  
 My Business Info.  
 Addresses & Contacts  
 Additional Business Information  
 Registration Summary

**Add Business Location - New Account Registration**

Save and Close Cancel Registration Next

Please choose one of the following options to describe how you plan on doing business and select the Next button to continue.

**TIN Type**

I will use a Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN). Please select one of the following: SSN  ITIN   
 I will use my entity's Employer Identification Number (EIN).

**Classification**

I plan to do business using the following classification.

Select	Classification
<input type="radio"/>	Individual
<input type="radio"/>	Sole Proprietor
<input type="radio"/>	Partnership
<input checked="" type="radio"/>	Corporation
<input type="radio"/>	Trust
<input type="radio"/>	Foreign Business Entity
<input type="radio"/>	Non-Profit Org
<input type="radio"/>	Employee
<input type="radio"/>	Estate
<input type="radio"/>	LLC filing as Partner
<input type="radio"/>	LLC filing as Sole Prop
<input type="radio"/>	Personal Service Corp
<input type="radio"/>	Government Entity

**Question**

If you need assistance select the Submit Question button to send us your questions.

Submit Question

Save and Close Cancel Registration Next

- You will see information auto fill from previous pages but there is additional information that is required. In the example below, the “Verify My Locations by” field was completed with a “Create My Own” option. You can also use your TIN or DUNS number for account verification.

**Note:** If you receive an error stating that your Taxpayer ID Number already exists for another account, select the “Cancel Registration” button and contact the Help Desk for assistance.

Welcome, Tom

View Frequently Asked Questions

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**Step 2: My Business Information**

Save and Close Cancel Registration Back Next

Please enter the general information below. Fields with a red asterisk (\*) indicate required fields. Some of the fields are populated with data gathered from the questions you previously answered. Please review all information carefully before proceeding. You must select the Save and Close button prior to exiting. If you do not, you will have to re-enter all data again.

**Location Verification**

This section will be used to establish the verification code that other locations within your company will be required to use when registering a new location for your company.

Verify My Locations by: Create My Own

The below fields are required only if you selected "Create My Own" above.

Vendor Verification Based on: POWERSUPPLY

Vendor Verification Password: \*\*\*\*\*

Confirm Verification Password: \*\*\*\*\*

**Organization Information**

Organization Type: Company Change

Foreign Tax ID: \_\_\_\_\_

Ordering DUNS: 323747939

Internet Catalog: \_\_\_\_\_

Location Web Address: \_\_\_\_\_

Number of Employees: 51 - 100

Annual Income: < 1 million

Preferred Ordering Method: Electronic

PCARD Acceptance Level: No PCARD

**Legal Name Information**

Legal Name on W-9: Alaska Power Supplies Business Name (Alias/DBA): \_\_\_\_\_ Name on Check: Legal Name

**1099 TIN Information**

Create Taxpayer ID Number: \_\_\_\_\_ Taxpayer ID Number: 555113233

Re-enter Taxpayer ID Number: \_\_\_\_\_ Taxpayer ID Number Type: EIN 1099 Reportable: No

Registration Summary

**Legal (1099) Address Information**

Street 1: 320 Cedar St

City: Anchorage

State/Province: Alaska

Zip/Postal Code: 99501

**EFT Information**

ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_ Routing ID Number: \_\_\_\_\_

Remittance Advice Transmission Mode: \_\_\_\_\_

**Discount Information**

If appropriate, please enter any Discount Terms you offer for prompt payment of invoices.

Number of Days	Discount Percent
Number of Days 1: _____	Discount Percent 1: _____
Number of Days 2: _____	Discount Percent 2: _____
Number of Days 3: _____	Discount Percent 3: _____
Number of Days 4: _____	Discount Percent 4: _____

Save and Close Cancel Registration Back Next

- You have the option to create separate addresses for each of the following types: Administrative, Ordering, Payment, and Billing or you can use the legal address for each of the address types. If you answer “No” to any of the selections, additional pages will open to collect information for each address type. You can choose to create the address types at this time or you can finish the registration process as is and wait to create addresses once you have access to your account.

**Note:** You must always have at least an active payment and ordering address.

**Add Business Location - Address Information Questionnaire**

Please enter the following information about your Administrative, Ordering, Payment, and Billing addresses.

**Legal Address Information**

Address : 820 Cedar St  
 City : Anchorage  
 State : AK  
 Zip/Postal Code : 99501-1213

**Address Questions**

Should your legal address listed above be used for any other type of address (Administrative, Ordering, Payment or Billing)?  No  Yes

Is your address information the same for Administrative, Ordering, Payment, and Billing addresses?  No  Yes

Do you have the same contact for all address types (Administrative, Ordering, Payment, or Billing)?  No  Yes

- You will see information auto fill from previous pages but there is additional information that is required. We are encouraging everyone to provide email addresses as a means of communication

**Note:** The Billing address information is optional.

**Step 3: Addresses and Contacts**

Based on the answers you provided on the previous page, additional information is required to capture address and contact details for each of your different address types. If you wish to enter the same address and contact combination for each type, enter all of the required fields below related to your Administrative, Ordering, Payment, and Billing address and select the Next button to proceed. Please note that your Billing address information is optional. If you do have separate address and contact combinations for each address type, you may go back to the previous page and change the answers you provided in order to fill out all the address and contact information on multiple pages.

\*Administrative  
 \*Ordering  
 \*Payment  
 Billing \*Entering a Billing Address is optional. Please uncheck this box prior to clicking 'Next' if you would prefer to enter a Billing Address at a later time.

**Address Information**

\*Street 1 : 820 Cedar St  
 Street Address, P.O. Box, Company Name, etc.  
 Street 2 :  
 Street Address, P.O. Box, Company Name, etc.  
 \*City : Anchorage  
 \*State/Province : Alaska  
 Zip/Postal Code : 99501-1213  
 Country : United States  
 \*Phone : 907-465-1234 Ext. :  
 XXX-XXX-XXXX  
 Additional Address Info :  
 Division/Department :

**Contact Information**

For the address type shown above, please enter a contact person.

\*Principal Contact : Tom Brown Fax :  
 \*Phone : 907-465-1234 Fax Extension :  
 Phone Extension : Alternate Fax :  
 Alternate Phone : Alternate Fax Extension :  
 Alternate Phone Extension : Email : vid.bohna@alaska.gov  
 English Spoken :  Correspondence Type : Email

13. You can choose to enter the following information at this time or complete the registration process and enter the information once you have access to your account. If you do not select commodity/service codes, you will still be able to respond to a solicitation but you will not receive an email notification that a solicitation matching your codes has been published in VSS. If you want to use a spreadsheet for the key word search the codes are available in a spreadsheet on the Vendor Landing Page: <http://doa.alaska.gov/dof/iris/vendor.html>. Select the business types for the Alaska procurement preferences that you qualify for and the following types of vendors if applicable: Adoption/Guardian & Foster Parents, Division of General Services Lease Vendors, Office of Public Advocacy Contract Attorney, and Fish and Game License Vendors.

**Step 4: Additional Business Information**

Welcome, Tom

[View Frequently Asked Questions](#)

New Account Info

My Business Info

Addresses & Contacts

Additional Business Information

Registration Summary

**Commodities**

Select the commodity codes/classes that describe the goods and services that your organization provides.

**click here**

Commodity/Service Code	Commodity Description
First	Prev Next Last

**Business Types**

Click the "Add" button to identify the appropriate business types for your organization. This information is optional except for the following business types: Select "Adopt/Guardian/FosterParent" as a business type if you receive foster care, subsidized adoption, or guardianship payments from the State of Alaska. Select "General Govt Lease Vendor" if you have a lease agreement on file with Division of General Services. After selecting a Business Type, the Certification Number, Certification Start Date and Certification End Date are displayed and disabled. The State of Alaska is not requesting this information here at this time.

**click here**

Business Type ID	Certification Number	Certification Start Date	Certification End Date
First	Prev Next Last		

**Choose**

Welcome, Tom

[View Frequently Asked Questions](#)

New Account Info

My Business Info

Addresses & Contacts

Additional Business Information

Registration Summary

Select one or more commodity codes or classes that describes the goods and services that your organization provides by clicking the checkbox next to the commodities you want to add. To search for a specific commodity code, class, or description, enter a valid value in the Commodity/Service code or Commodity Description search field and click the "Browse" link. Once your selection is made, click the "OK" button to add the selected commodities to your organization. Click the "Cancel" button to cancel your changes and return to the Commodities page.

**click here for results.**

Commodity Description	Commodity/Service Code
<input type="checkbox"/> RADIO COMMUNICATION EQUIPMENT, ACCESSORIES AND SUPPLIES	726
<input type="checkbox"/> RADIO COMMUNICATION, TELEPHONE, AND TELECOMMUNICATION	725
<input type="checkbox"/> PUMPING EQUIPMENT AND ACCESSORIES	720
<input type="checkbox"/> PUBLICATIONS, AUDIOVISUAL MATERIALS, BOOKS, TEXTBOOKS	715
<input type="checkbox"/> PROSTHETIC DEVICES, HEARING AIDS, AUDITORY TESTING	710
<input type="checkbox"/> PRINTING PLANT EQUIPMENT AND SUPPLIES (EXCEPT PAPER)	700
<input checked="" type="checkbox"/> POWER TRANSMISSION EQUIPMENT (ELECTRICAL, MECHANICAL, AIR)	691
<input checked="" type="checkbox"/> POWER GENERATION EQUIPMENT, ACCESSORIES, AND SUPPLIES	690
<input type="checkbox"/> POULTRY EQUIPMENT AND SUPPLIES	685
<input type="checkbox"/> POLICE AND PRISON EQUIPMENT AND SUPPLIES	680

**click here**

**Scroll through the page.**

**Choose**

Welcome, Tom

[View Frequently Asked Questions](#)

New Account Info

My Business Info

Addresses & Contacts

Additional Business Information

Registration Summary

Select one or more Business Types to associate to your organization by clicking the checkbox next to the Business Type you want to add. Select "Adopt/Guardian/FosterParent" as a business type if you receive foster care, subsidized adoption, or guardianship payments from the State of Alaska. Select "General Govt Lease Vendor" if you have a lease agreement on file with Division of General Services.

To search for a specific Business Type, enter a valid business type in Business Type search field and click the "Browse" link. Once your Business type(s) have been selected, click the "OK" button to add the selected records to the Business Types Enter/Update page where additional information can be entered for the selected business types. Click the "Cancel" button to cancel your changes and return to the Business Types page.

**click here for results.**

Business Type
<input checked="" type="checkbox"/> Alaska Bidder Preference
<input type="checkbox"/> Alaskans w/Disabilities Pref
<input type="checkbox"/> Alaska Employment Program Pref
<input type="checkbox"/> Alaska Domestic Insurer Pref
<input type="checkbox"/> Alaska Local Ag & Fish Pref
<input type="checkbox"/> Alaska Products Pref Class I
<input type="checkbox"/> Alaska Products Pref Class II
<input type="checkbox"/> Alaska Products Pref Class III
<input type="checkbox"/> Alaska Recycled Pref
<input checked="" type="checkbox"/> Alaska Veteran Preference

**click here**

**Scroll through the page.**

**Step 4: Additional Business Information**

Welcome, Tom

[View Frequently Asked Questions](#)

New Account Info

My Business Info

Addresses & Contacts

Additional Business Information

Registration Summary

**Commodities**

Select the commodity codes/classes that describe the goods and services that your organization provides.

Commodity/Service Code	Commodity Description	Delete
691	POWER TRANSMISSION EQUIPMENT (ELECTRICAL, MECHANICAL, AIR)	<input type="button" value="Delete"/>
690	POWER GENERATION EQUIPMENT, ACCESSORIES, AND SUPPLIES	<input type="button" value="Delete"/>

**Business Types**

Click the "Add" button to identify the appropriate business types for your organization. This information is optional except for the following business types: Select "Adopt/Guardian/FosterParent" as a business type if you receive foster care, subsidized adoption, or guardianship payments from the State of Alaska. Select "General Govt Lease Vendor" if you have a lease agreement on file with Division of General Services. After selecting a Business Type, the Certification Number, Certification Start Date and Certification End Date are displayed and disabled. The State of Alaska is not requesting this information here at this time.

**We will not be using these fields. They will be grayed out at go-live.**

Business Type ID	Certification Number	Certification Start Date	Certification End Date	Delete
Alaska Bidder Preference				<input type="button" value="Delete"/>
Alaska Veteran Preference				<input type="button" value="Delete"/>

**click here**

- “Registration Summary” – is your opportunity to review the information you have entered. Once submitted, your information will be reviewed by the Division of Finance. After review and verification of your information you will receive an email confirmation that your account is fully functional. Until then, you will be able to use the system except to receive an award document or process a payment. In the last screen shot you will see your new vendor code, please write this down.

**Registration Summary**

The summary below is based on the information you entered. If changes are needed, please select the Update Information link. This will navigate you back to the appropriate screen for you to make your change.

Navigation: [Save and Close](#) | [Cancel Registration](#) | [Back](#) | [Student Registration](#) | [Print This Page](#)

**Organization Information**

Organization Type: Company  
 1999 Classification: Corporation  
 Location Name: [Blank]  
 Location (Mail Address): [Blank]  
 Number of Employees: 1 - 100  
 Annual Income: < 1 million

Foreign Tax ID: [Blank]  
 Ordering DUNS #: 323747939  
 Internet Catalog: [Blank]  
 Preferred Ordering Method: Electronic  
 Fraud Acceptance Level: No PCARD

**Legal Name Information**

Legal Name: Alaska Power Supplies  
 Business Name (Alias/DBA): [Blank]  
 Name Control: ALAS

First Name: [Blank]  
 Middle Name: [Blank]  
 Last Name: [Blank]  
 Name on Check: Legal Name

**1099 TIN Information**

Taxpayer ID: 955113233  
 Taxpayer ID Number: [Blank]  
 Taxpayer ID Number EIN Type: [Blank]

Detailed TIN Type: 1099 Reportable: No

**Legal (1099) Address Information**

Street 1: 820 Cedar St  
 City: Anchorage  
 State/Province: Alaska  
 Zip/Postal Code: 99501-1213

State/Province: Alaska  
 Zip/Postal Code: 99501-1213

**EFT Information**

ABA Number: [Blank]  
 Bank Name: [Blank]  
 Account Type: [Blank]

Account Number: [Blank]  
 Routing ID Number: [Blank]  
 Remittance Advice Transmission Mode: [Blank]

[Update Information](#)

**Discount Information**

Number of Days 1: [Blank] Discount Percent 1: [Blank]  
 Number of Days 2: [Blank] Discount Percent 2: [Blank]  
 Number of Days 3: [Blank] Discount Percent 3: [Blank]  
 Number of Days 4: [Blank] Discount Percent 4: [Blank]

**Administrative Address**

**Address Information**

Street 1: 820 Cedar St  
 Street 2: [Blank]  
 City: Anchorage  
 State/Province: Alaska  
 Zip/Postal Code: 99501-1213  
 Division/Department: [Blank]

Country: United States  
 County: [Blank]  
 Phone: 907-465-1234  
 Phone Extension: [Blank]  
 Additional Address: [Blank]  
 Info: [Blank]

**Contact Information**

Principal Contact: Tom Brown  
 Phone: 907-465-1234  
 Phone Extension: [Blank]  
 Alternate Phone: [Blank]  
 Extension: [Blank]  
 Fax: [Blank]

Fax Extension: [Blank]  
 Alternate Fax: [Blank]  
 Alternate Fax Extension: [Blank]  
 Email: david.bohna@alaska.gov  
 Correspondence Email Type: [Blank]  
 English Spoken: No

[Update Information](#)

**Ordering Address**

**Address Information**

Street 1: 820 Cedar St  
 Street 2: [Blank]  
 City: Anchorage  
 State/Province: Alaska  
 Zip/Postal Code: 99501-1213  
 Division/Department: [Blank]

Country: United States  
 County: [Blank]  
 Phone: 907-465-1234  
 Phone Extension: [Blank]  
 Additional Address: [Blank]  
 Info: [Blank]

**Contact Information**

Principal Contact: Tom Brown  
 Phone: 907-465-1234  
 Phone Extension: [Blank]  
 Alternate Phone: [Blank]  
 Extension: [Blank]  
 Fax: [Blank]

Fax Extension: [Blank]  
 Alternate Fax: [Blank]  
 Alternate Fax Extension: [Blank]  
 Email: david.bohna@alaska.gov  
 Correspondence Email Type: [Blank]  
 English Spoken: No

**Payment Address**

**Address Information**

Street 1: 820 Cedar St  
 Street 2: [Blank]  
 City: Anchorage  
 State/Province: Alaska  
 Zip/Postal Code: 99501-1213  
 Division/Department: [Blank]

Country: United States  
 County: [Blank]  
 Phone: 907-465-1234  
 Phone Extension: [Blank]  
 Additional Address: [Blank]  
 Info: [Blank]

**EFT Information**

ABA Number: [Blank]  
 Bank Name: [Blank]  
 Account Type: [Blank]

Account Number: [Blank]  
 Routing ID Number: [Blank]  
 Remittance Advice Transmission Mode: [Blank]

**Contact Information**

Principal Contact: Tom Brown  
 Phone: 907-465-1234  
 Phone Extension: [Blank]  
 Alternate Phone: [Blank]  
 Extension: [Blank]  
 Fax: [Blank]

Fax Extension: [Blank]  
 Alternate Fax: [Blank]  
 Alternate Fax Extension: [Blank]  
 Email: david.bohna@alaska.gov  
 Correspondence Email Type: [Blank]  
 English Spoken: No

[Update Information](#)

**Billing Address**

**Address Information**

Street 1: 820 Cedar St  
 Street 2: [Blank]  
 City: Anchorage  
 State/Province: Alaska  
 Zip/Postal Code: 99501-1213  
 Division/Department: [Blank]

Country: United States  
 County: [Blank]  
 Phone: 907-465-1234  
 Phone Extension: [Blank]  
 Additional Address: [Blank]  
 Info: [Blank]

**Contact Information**

Principal Contact: Tom Brown  
 Phone: 907-465-1234  
 Phone Extension: [Blank]  
 Alternate Phone: [Blank]  
 Extension: [Blank]  
 Fax: [Blank]

Fax Extension: [Blank]  
 Alternate Fax: [Blank]  
 Alternate Fax Extension: [Blank]  
 Email: david.bohna@alaska.gov  
 Correspondence Email Type: [Blank]  
 English Spoken: No

**Commodities**

Commodity/Service Code	Commodity Description
999	POWER TRANSMISSION EQUIPMENT (ELECTRICAL, MECHANICAL, AIR)
999	POWER GENERATION EQUIPMENT, ACCESSORIES, AND SUPPLIES

**Business Types**

Business Type ID	Certification Number	Certification Start Date	Certification End Date
ADP	[Blank]	[Blank]	[Blank]
ADP	[Blank]	[Blank]	[Blank]

[Update Information](#)

Navigation: [Save and Close](#) | [Cancel Registration](#) | [Back](#) | [Student Registration](#)

**Thank You!**

Congratulations, you have completed the registration process. You may now login to State of Alaska Vendor Self-Service using the User ID and Password you just created.

Your Vendor Code is: V5000004

**Write down your new vendor code.**

[Download Substitute W-9 Certification Form](#)  
 Click the link above to print the Substitute W-9 Certification form. Sign the form and mail or fax it to the address or fax number indicated on the form.

[Vendor Registration Application](#)  
 A PDF version of your registration application is available. You may want to print or save a copy of this document for your reference.

[EFT Registration Form](#)  
 If you have not provided EFT information during the registration process and would like to register for EFT payments, you may download the EFT Registration Form above.

You may login to your VSS account to view and/or update your account information. Click [here](#) to login.

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