

**Medina County Office of Emergency Management
and Homeland Security
Emergency Event Vendor List Registration Form**

(Return to: Fax: 330-764-8455 or Mail: MCEMA Emergency Vendor Registration, 555 Independence Drive,
Medina, Ohio 44256)

Please fill out this form as completely as possible.

This vendor list is intended for emergency response; it is likely that the service/supplies will be needed on short notice (approximately less than four hours). Services could be required for up to eight weeks or until regular contracting/bidding procedures could be followed. Medina County Emergency Management Agency is the coordinator of this list, while the political jurisdiction requesting the resources will be the paying source.

Companies currently under contract to other agencies should state so in the line provided. Participating on this list does not create an obligation for vendors, but some services require additional arrangements including contracts, bonding, insurance or proof of licensure. Medina County Emergency Management Agency will contact you if that is necessary.

This list is not a documented inventory, but services and information provided should reflect actual capabilities. Additional information (i.e. quantity, size, capacity, personnel available, stock levels, rooms available, current price schedules and copies of all licenses) may be listed on your company letterhead and submitted with your completed form.

Company/Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Email: _____

Business License Numbers: _____

Contractor's License: _____ Business License: _____

Labor & Industries #: _____ Employment Security #: _____

Retail Sales Tax #: _____ Other: _____

Currently under contract with another agency for emergency assistance? Yes No

If, yes, with whom? _____

Is this business a qualified disadvantage business? _____ DBE _____ WBE

Has business ever been suspended or debarred from doing business with government? _____

Note: Please also provide proof of your Employment Security Department Number, if applicable.

Company/Firm Name: _____ Date: _____

24 Hour Emergency Personnel Contact Numbers:

Name & Title: _____

Home Address: _____

Home Telephone: _____ Cellular Phone: _____

Name & Title: _____

Home Address: _____

Home Telephone: _____ Cellular Phone: _____

Name & Title: _____

Home Address: _____

Home Telephone: _____ Cellular Phone: _____

Name & Title: _____

Home Address: _____

Home Telephone: _____ Cellular Phone: _____

Name & Title: _____

Home Address: _____

Home Telephone: _____ Cellular Phone: _____

Emergency Classification List of Supplies, Materials, and Services
(Check all items/services your company/firm offers.)

*may denote additional arrangements

- | | |
|---|--|
| <input type="checkbox"/> Air Monitoring | <input type="checkbox"/> Generators, Portable |
| <input type="checkbox"/> Animal Evacuations | <input type="checkbox"/> Glass Repair * |
| <input type="checkbox"/> Animal Temp Housing | <input type="checkbox"/> Heavy Equipment Services * |
| <input type="checkbox"/> Auto & Truck Tires | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Auto Parts & Repairs | <input type="checkbox"/> Ice |
| <input type="checkbox"/> Barricades, Portable | <input type="checkbox"/> Industrial (Rakes, Shovels, etc.) |
| <input type="checkbox"/> Bridge Construction * | <input type="checkbox"/> Marine Contractors * |
| <input type="checkbox"/> Chain Saws | <input type="checkbox"/> Medical Aid * |
| <input type="checkbox"/> Communications Systems (radios/cell phones/computer) | <input type="checkbox"/> Mobile Tire Services * |
| <input type="checkbox"/> Culvert Pipe | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Debris Removal * | <input type="checkbox"/> Pipe Line Repair * |
| <input type="checkbox"/> Electrical Supplies/Materials | <input type="checkbox"/> Pipe, Various |
| <input type="checkbox"/> Electrical & Utility Contractors * | <input type="checkbox"/> Plumbing * |
| <input type="checkbox"/> Engineering/Inspection | <input type="checkbox"/> Portable Heaters Portable |
| <input type="checkbox"/> Erosion Control Services * | <input type="checkbox"/> Lighting Systems |
| <input type="checkbox"/> Fencing, Rental | <input type="checkbox"/> Portable Showers (emergency workers only) |
| <input type="checkbox"/> Food (for emergency workers) | <input type="checkbox"/> Portable Toilets * |
| <input type="checkbox"/> Fuel (county, city, fire, EMS, SKAT, other) | <input type="checkbox"/> Pumps |
| <input type="checkbox"/> Diesel | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Low Sulfur | <input type="checkbox"/> Refrigerated Truck Rental |
| <input type="checkbox"/> Unleaded | <input type="checkbox"/> Resurfacing/Street |
| <input type="checkbox"/> White | <input type="checkbox"/> Repair/Construction * |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Rock/Screenings/Rip Rap * |
| <input type="checkbox"/> Fumigation/Mold Treatment * | <input type="checkbox"/> Roofing * |
| <input type="checkbox"/> Hazardous Materials Containment* | <input type="checkbox"/> Sand and Gravel |
| <input type="checkbox"/> Generators, Stationary Type | <input type="checkbox"/> Sandbags |
| | <input type="checkbox"/> Scaffolding |

- Sewer/Water Supply Materials
- Signage
- Temporary Facilities (Housing, Restrooms, Offices, Furniture)
- Tent Canopy Delivery and Setup *
- Tree Removal/Trimming Services
- Towing Vehicles

- Vehicles
- Waste Hauling Services
- Water
- Water Monitoring

Other (please list)

Company/Firm Name: _____ Date: _____