

Dealer/Distributor Information	
Contractor's General Commercial Qualifying Criteria for Dealers/Distributors:	Attach additional sheets, if necessary.
Dealer/Distributor	
(#1) Company Name:	New York Police Supply
Address:	1460 Ridge Road East Rochester, New York 14621
FEDERAL ID #:	16-1301974
NYS VENDOR ID#: (if receiving Payments)	1000008015
Contract Administrator Name:	Michael Cohn
Title:	President
Telephone Number:	585/467-1370
E-mail:	nyps@frontiernet.net
FAX:	585/467-2870
Dealer/Distributor is Authorized to:	<input checked="" type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	Lot 1 & Lot 2

Dealer/Distributor	
(#2) Company Name:	Lombardi & Assoc., LLC
Address:	210 County Rd 37 Guilford, New York 13780
FEDERAL ID #:	16-1484957
NYS VENDOR ID#: (if receiving Payments)	1000016063
Contract Administrator Name:	Phil Lombardi
Title:	President
Telephone Number:	607/764-8238
E-mail:	607/764-8238
FAX:	goodthings@citlink.net
Dealer/Distributor is Authorized to:	<input checked="" type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	Lot 1 & Lot 2

Dealer/Distributor	
(#3) Company Name:	Strack Tactical Solutions
Address:	410 Albacore Drive Yorktown, Virginia 23692
FEDERAL ID #:	45-5122582
NYS VENDOR ID#: (if receiving Payments)	1100139979
Contract Administrator Name:	Stephanie Strack
Title:	Owner
Telephone Number:	757-898-7281
E-mail:	stephanie@strack-inc.com
FAX:	Strack Tactical Solutions
Dealer/Distributor is Authorized to:	<input checked="" type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	Lot 1 & Lot 2

Dealer/Distributor	
(#4) Company Name:	
Address:	
FEDERAL ID #:	
NYS VENDOR ID#: (if receiving Payments)	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Dealer/Distributor is Authorized to:	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	