

Contractor Name

Survival Armor, Inc.

Contract #

PC 67149

Dealer/Distributor Information	
Contractor's General Commercial Qualifying Criteria for Dealers/Distributors:	Attach additional sheets, if necessary.
Dealer/Distributor	
(#1) Company Name:	CNY Emergency Vehicles, Inc.
Address:	404 North Midler Ave, Unit 1 Syracuse, NY 13206
FEDERAL ID #:	27-1188646
NYS VENDOR ID#: (if receiving Payments)	1100033670
Contract Administrator Name:	Jeffrey Fortino
Title:	Sales
Telephone Number:	(315) 701-0606
E-mail:	Jeff@cnyemergencyvehicles.com
FAX:	(315) 299-2317
Dealer/Distributor is Authorized to:	<input checked="" type="checkbox"/> Take Orders <input checked="" 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:	Certified Vendor Questionnaire on file

Dealer/Distributor	
(#2) Company Name:	PROMARK International, Inc.
Address:	720 Montauk Highway Coping Use, NY 11926
FEDERAL ID #:	11-3303452
NYS VENDOR ID#: (if receiving Payments)	1000012205
Contract Administrator Name:	Pat Baron
Title:	Manager
Telephone Number:	(631) 226-1541
E-mail:	promarkint@aol.com
FAX:	(631) 226-1259
Dealer/Distributor is Authorized to:	<input checked="" type="checkbox"/> Take Orders <input checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	Certified Vendor Questionnaire on file

Dealer/Distributor	
(#3) Company Name:	New York Police Supply, Inc.
Address:	1460 East Ridge Road Rochester, NY 14621
FEDERAL ID #:	16-1301974
NYS VENDOR ID#: (if receiving Payments)	1000008015
Contract Administrator Name:	Michael Cohn
Title:	President
Telephone Number:	(585) 467-1370 Toll: (800) 262-2832
E-mail:	NYPS@FRONTIERNET.NET
FAX:	(585) 467-2870
Dealer/Distributor is Authorized to:	<input checked="" type="checkbox"/> Take Orders <input checked="" 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:	Certified Vendor Questionnaire on file

Dealer/Distributor	
(#4) Company Name:	Municipal Emergency Services, Inc.
Address:	160 Firemens Way Poughkeepsie, NY 12603
FEDERAL ID #:	65-1051374
NYS VENDOR ID#: (if receiving Payments)	1000048430
Contract Administrator Name:	Randy Cherubino
Title:	Regional Rep
Telephone Number:	(845) 575-6955 Toll: (800) 560-8030
E-mail:	RCherubino@mesfire.com
FAX:	(845) 575-6959
Dealer/Distributor is Authorized to:	<input checked="" type="checkbox"/> Take Orders <input checked="" 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:	Certified Vendor Questionnaire on file

Contractor Name

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Dealer/Distributor	
(#5) (#) Company Name:	<u>Amchar Wholesale, Inc.</u>
Address:	<u>100 Air Park Drive Rochester, NY 14624</u>
FEDERAL ID #:	<u>16-1374334</u>
NYS VENDOR ID#: (if receiving Payments)	<u>1000008113</u>
Contract Administrator Name:	<u>Ted Pinelli</u>
Title:	<u>LE Sales</u>
Telephone Number:	<u>(585) 328-3951 x184</u>
E-mail:	<u>Ted.Pinelli@amchar.com</u>
FAX:	<u>(585) 328-4406</u>
Dealer/Distributor is Authorized to:	<input checked="" type="checkbox"/> Take Orders <input checked="" 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:	<u>Certified Vendor Questionnaire on file</u>

Dealer/Distributor	
(#) 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:	