

UNIVERSITY OF CALIFORNIA, DAVIS BUSINESS INFORMATION FORM

To be completed by ALL FIRMS OR INDIVIDUALS PROPOSING TO BECOME A SUPPLIER OF GOODS OR SERVICES TO THE UNIVERSITY OF CALIFORNIA. A signed W-9 will be requested if you are added to our vendor database.

BUSINESS NAME:		Ü	DAVIS VENDOR NUMBE	R (if applicable):			
ORDERING ADDRESS							
REMITTANCE ADDRESS (if different from above)							
TELEPHONE NO.: TOLL FREE		NO.:	D.: FAX NO.:				
E-MAIL:		WEBSITE:					
PRIMARY CONTACT (if applicable):		TI	TITLE:				
CONTACT'S E-MAIL:		CC	CONTACT'S PHONE:				
Please attach, on a separate sheet, any additional contact information that you think we should have.							
Please indicate if any of	the owners have any of th	e following rel	ationships with the Unive	rsity of California, Davis:			
UCD employee	Yes No						
Relative of UCD employe	ee Yes No						
UCD retiree Yes No							
PRINCIPAL OWNERS: Name					Percent Ownership		
					%		
					%		
DUNS NUMBER:			STATE OF INCORPORATION:				
PRIMARY TYPE OF BUSINESS:	BROKER	DEA	ALER DISTRIBUTOR				
	FABRICATOR	MAN	UFACTURER MANUFACTURER'S AGEN		ENT		
	RETAIL	SER	VICE	WHOLESALER			
	OTHER:						
DESCRIPTION OF PRODUCTS & SERVICES (attach sales literature as appropriate)							
PERSON(S) AUTHORIZED TO COMMIT YOUR FIRM TO A CONTRACT:							
PERSON(S) AUTHORIZ Name	ZED TO COMMIT YOUR F Title	IRM TO A CO	NTRACT: Name	Title			

Name

Name

Title

Title

BUSINESS TYPE INFORMATION

SPECIAL BUSINESS TYPES: Does this business fit any of the following	ng categories?			
Association, club or society	Educational (non-government)	Government agency	Not for Profit	

SELF-CERTIFICATION

Please mark the business categories that apply.

AbilityOne (JWOD)			
75% of total direct labor hours must be performed by people who are blind or have other significant			
disabilities. (Visit http://www.abilityone.org/ for more information.)			
Alaskan Native Corporation (ANC)			
(Go to the SBA website, http://www.sba.gov/ , for more information.)			
Historically Black Colleges and Universities (HBCU)			
(Visit http://www.ed.gov/edblogs/whhbcu/ for more information.)			
Historically Underutilized Business Zone Small Business (HUBZone SB)			
A small business in a qualifying area where at least 35% of employees also live in an underutilized			
district. (Go to http://www.sba.gov/hubzone/ for more information.)			
Minority Business Enterprise (MBE)			
A small business where at least 51% is owned and controlled by a member(s) of a recognized minority.			
(Go to http://www.mbda.gov/ and/or http://www.sba.gov/ for more information.)			
Minority Institutions (MI)			
Service-Disabled Veteran-Owned Small Business (SDVOSB)			
A small business with at least 51% ownership and control by a veteran with a service-connected			
disability. (Go to the SBA website, http://www.sba.gov/ , for more information.)			
Small Disadvantaged Business (SDB)			
A small business that is at least 51% owned and controlled by socially or economically disadvantaged			
person(s). (Go to http://www.sba.gov/content/disadvantaged-businesses for more information.)			
Small Business Enterprise (SBE)			
An independently owned and operated concern certified, or certifiable, as small business by the Federal			
Small Business Administration (SBA). (Go to the SBA website, http://www.sba.gov/ , for size standards.)			
Veteran Owned Business (VBE)			
Veteran-Owned Small Business (VOSB)			
Woman Business Enterprise (WBE)			
A business that is at least 51% owned by a woman or women who also control and operate it.			
Woman-Owned Small Business (WOSB)			
A small business at least 51% owned and controlled by one or more women, and primarily managed by			
one or more women. (Go to http://www.sba.gov/content/women-owned-small-business-program for			
details.)			

INSURANCE REQUIREMENTS

The University selects insurance requirements based on degree of risk, rather than the dollar value of the contract. All insurance policies required shall be subject to review and approval by the University.

PRIVACY NOTIFICATIONS

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that the disclosure of your social security number is voluntary. This record keeping system was established pursuant to the authority of The Regents of the University of California under Art. IX, Sec. 9 of the California Constitution. The social security number is used to verify your identify.

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University of California to provide the following information to individuals who are asked to supply information about themselves:

The principal purpose of requesting the information on this form is to evaluate your qualifications as a supplier to the University and for reporting purposes in accordance with state law and University policy.

Furnishing all information requested on this form is mandatory; failure to provide all requested information will delay or may prevent evaluation of your firm's ability to do business with the University.

I hereby certify under penalty of perjury under the laws of the State of California that I have read this application and know the contents thereof, and that the business category and ethnicity indicated above reflect the true and correct status of the business in accordance with Federal Small Business Administration criteria and Federal Acquisition Regulations, FAR 19, pertaining to small, disadvantaged, woman, disabled veteran, small and disadvantaged, and small and woman-owned business enterprises. I understand that falsely certifying the status of this business, obstructing, impeding or otherwise inhibiting any University of California official who is attempting to verify the information on this form may result in suspension from participation in University of California business contracts for a period up to 5 years and the imposition of any civil penalties allowed by law. In addition, I understand that this business must notify the University of California in writing 30 days in advance of any changes in size, ownership, control, or operation which may affect this business's continued eligibility as a SBE, DBE, WBE, DVBE, SDBE, SWBE or SDVBE.

IN CRAWATION OR OR OTHER BIT. (I'I	int or Type I tame or Owner and/or T	morpar)					
NAME OF BUSINESS:							
NAME:	TITLE:	TITLE:					
SIGNATURE:	DATE:	DATE:					
FOR U.C. USE ONLY (do not write in this area)							
Reviewed by:	Date	Comments					

INFORMATION FURNISHED BY: (Print or Type Name of Owner and/or Principal)

Send the completed form to businessoffice@gsm.ucdavis.edu