



**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:		UC DAVIS VENDOR NUMBER (if applicable):	
ORDERING ADDRESS (if different from W-9):			
REMITTANCE ADDRESS (if different from W-9 or above):			
TELEPHONE NO.:		TOLL FREE NO.:	FAX NO.:
E-MAIL:		WEBSITE:	
PRIMARY CONTACT (if applicable):		TITLE:	
CONTACT'S E-MAIL:		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 the following relationships with the University of California, Davis: UCD employee <input type="checkbox"/> Yes <input type="checkbox"/> No Relative of UCD employee <input type="checkbox"/> Yes <input type="checkbox"/> No UCD retiree <input type="checkbox"/> Yes <input type="checkbox"/> No			
PRINCIPAL OWNERS:		Title	Percent Ownership
Name			%
			%
DUNS NUMBER:		STATE OF INCORPORATION:	
PRIMARY TYPE OF BUSINESS: BROKER _____ DEALER _____ DISTRIBUTOR _____ FABRICATOR _____ MANUFACTURER _____ MANUFACTURER'S AGENT _____ RETAIL _____ SERVICE _____ WHOLESALE _____ OTHER:			
DESCRIPTION OF PRODUCTS & SERVICES (attach sales literature as appropriate)			

PERSON(S) AUTHORIZED TO COMMIT YOUR FIRM TO A CONTRACT:			
Name	Title	Name	Title
Name	Title	Name	Title

BUSINESS TYPE INFORMATION

<p>SPECIAL BUSINESS TYPES: Does this business fit any of the following categories? <input type="checkbox"/> Association, club or society <input type="checkbox"/> Educational (non-government) <input type="checkbox"/> Government agency <input type="checkbox"/> Not for Profit</p>
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SELF-CERTIFICATION

Please mark the business categories that apply.

	<p>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.)</p>
	<p>Alaskan Native Corporation (ANC) (Go to the SBA website, http://www.sba.gov/, for more information.)</p>
	<p>Historically Black Colleges and Universities (HBCU) (Visit http://www.ed.gov/edblogs/whhbcu/ for more information.)</p>
	<p>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.)</p>
	<p>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.)</p>
	<p>Minority Institutions (MI)</p>
	<p>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.)</p>
	<p>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.)</p>
	<p>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.)</p>
	<p>Veteran Owned Business (VBE)</p>
	<p>Veteran-Owned Small Business (VOSB)</p>
	<p>Woman Business Enterprise (WBE) A business that is at least 51% owned by a woman or women who also control and operate it.</p>
	<p>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.)</p>

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.

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

NAME OF BUSINESS: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

FOR U.C. USE ONLY (do not write in this area)		
Reviewed by:	Date	Comments

Send the completed form to vendordesk@ucdavis.edu.