# UNIVERSITY OF CALIFORNIA, RIVERSIDE SUPPLIER BUSINESS INFORMATION FORM

SUPPLIER OF GOODS OR SERVICES ONLY To be completed by ALL FIRMS OR INDIVIDUALS PROPOSING TO DO BUSINESS WITH THE UNIVERSITY OF CALIFORNIA, RIVERSIDE (regardless of commodity, service, or product offered.) COMPANY NAME: CONTACT PERSON: (Indicate Ms., Mr., etc.) STREET ADDRESS: MAILING ADDRESS (if different from street address): TELEPHONE NO.: ( TOLL FREE NO.: ( FAX NO.: ( E-MAIL: HOME PAGE ADDRESS: Are any of the owners or owners' relatives currently employed by the University of California? If yes, please provide details on an attached sheet of paper. FEDERAL IDENTIFICATION NO. OR SOCIAL SECURITY NUMBER: **DUN & BRADSTREET NUMBER:** PRIMARY TYPE OF BUSINESS: BROKER DEALER DISTRIBUTOR MANUFACTURER FABRICATOR\_ MANUFACTURERS AGENT\_ RETAIL SERVICE WHOLESALER **OTHER** Sex PRINCIPAL OWNERS: Percent Name Title (M or F) Ethnicity Ownership % % THIS IS A SUBSIDIARY: (Name and location of parent company) THIS IS A PARENT COMPANY: (Name of subsidiaries) NUMBER OF AVERAGE ANNUAL NET WORTH OF **APPROXIMATE NORMAL** NUMBER OF **YEARS** SALES **BUSINESS** INVENTORY SIZE OF **EMPLOYEES** IN BUSINESS (PRIOR 3 YEARS) **VALUE** FACILITIES (sq.ft.) DESCRIPTION OF PRODUCTS & SERVICES (please include NAICS code if available) BANK REFERENCE NAME: ADDRESS: (Number, City, State, Zip) CUSTOMER REFERENCES: Name Address Phone Number PERSON(S) AUTHORIZED TO COMMIT YOUR FIRM TO A CONTRACT: Title Name Name Title Name Title Name INSURANCE: Is your Company Insured? YES NO TYPE OF INSURANCE: General Liability Automobile Liability\_ Worker's Compensation\_ Name of Insurance Provider/Producer Companies Affording Coverage:

### **INSURANCE REQUIREMENTS:**

Partnership

OWNERSHIP OF BUSINESS: (Check One)

Foreign Ownership

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.

Other

Individual/Sole Proprietorship

Joint Venture

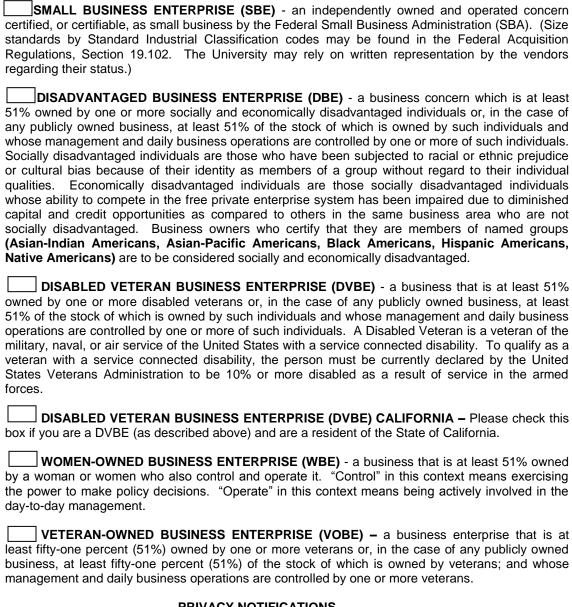
Corporation

Not for Profit

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#### **SELF-CERTIFICATION**

Initial the Business Categories That Apply:



### **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 (except Social Security Number) 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.

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Type of Business		Asian/Indian Asian/Pacific	Black African	Hispanic American	Native American	White Caucasian	Other	Disabled Veteran	Socially & Economically
	•	American	American		Indian	American			Disadvantaged
LARGE BUSINESS	Woman Owned								
	Male Owned								
SMALL BUSINESS	Woman Owned								
	Male Owned								

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, SDVBE, or VOBE.

INFORMATION FURNISHED BY:	(Print or Type Name of Owner and/or Principal)	
NAME OF BUSINESS:		
NAME:	TITLE:	
SIGNATURE:	DATE:	

PLEASE RETURN THIS FORM TO:

SMALL BUSINESS COORDINATOR UNIVERSITY OF CALIFORNIA PROCUREMENT SERVICES DEPT. ACCOUNTING OFFICE -002 RIVERSIDE, CA 92521

FAX: 951-827-3314 PHONE: 951-827-3008