



SUPPLIERS OF GOODS AND SERVICES ONLY

TO BE COMPLETED BY ALL FIRMS OR INDIVIDUALS PROPOSING TO DO BUSINESS WITH THE UNIVERSITY OF CALIFORNIA

COMPANY NAME:		CONTACT PERSON			
STREET ADDRESS					
MAILING ADDRESS (If different from street address)					
TELEPHONE NO.		FAX NO.		TOLL FREE NO.	
E-MAIL:			HOME PAGE ADDRESS:		
Are any of the owners or owner' relatives currently employed by the University of California?				If YES please provide details on an attached sheet of paper. Include Company Name, Relationship, Campus Location	
				YES NO	
FEDERAL IDENTIFICATION NO. OR SOCIAL SECURITY NO.			DUN & BRADSTREET NO.		
PRIMARY TYPE OF BUSINESS:					
<input type="checkbox"/> BROKER		<input type="checkbox"/> DISTRIBUTOR		<input type="checkbox"/> RETAILER	
<input type="checkbox"/> DEALER		<input type="checkbox"/> MANUFACTURER		<input type="checkbox"/> WHOLESALER	
				<input type="checkbox"/> SERVICE	
				<input type="checkbox"/> FABRICATOR	
				<input type="checkbox"/> MANUFACTURES AGENT	
				<input type="checkbox"/> OTHER	
PRINCIPAL OWNER(S) NAME:		TITLE	% OWNERSHIP	STATE OR LOCAL LICENSING #	
				ARE YOU CERTIFIED BY ANY AGENCY YES NO	
				IF SO ATTACH A COPY OF ALL CERTIFICATIONS	
THIS IS A PARENT COMPANY: (Name of subsidiaries)			THIS A SUBSIDIARY OF: (Name and location of parent co.)		
NUMBER OF YEARS IN BUSINESS	AVERAGE ANNUAL SALES (PRIOR THREE YEARS)	NET WORTH OF BUSINESS	NORMAL INVENTORY VALUE	APPROXIMATE SIZE OF FACILITIES	NUMBER OF EMPLOYEES
DESCRIPTION OF PRODUCT OR SERVICE (attach sales literature as appropriate)					
BANK REFERENCE NAME:			ADDRESS (Number, City State, Zip)		
CUSTOMER REFERENCES:		ADDRESS		PHONE	
NAME OF PERSON(S) AUTHORIZED TO COMMIT YOUR FIRM TO A CONTRACT:		TITLE	NAME	TITLE	

INSURANCE: IS YOUR COMPANY INSURED ? YES NO

TYPE OF INSURANCE: GENERAL LIABILITY AUTOMOBILE LIABILITY WORKER'S COMPENSATION OTHER

INSURANCE PROVIDER/PRODUCER: _____

COMPANIES AFFORDING COVERAGE: _____

** (See Insurance Requirements page 3)
GSA SF 254 A/E or related service questionnaire may be required

OWNERSHIP OF BUSINESS: SOLE PROPRIETOR CORPORATION FOREIGN OWNERSHIP NON-PROFIT

JOINT VENTURE PARTNERSHIP STATE / LOCAL / FEDERAL GOVERNMENT AGENCY EDUCATIONAL

Owner Status-Business is at least 51% Owned, Controlled, and Actively Managed by (circle all business categories that apply, see Page 2 for definitions):

SBE DBE WBE DVBE

Ownership Status Categories: (Place an "X" in the boxes that best describes your firm's ownership)

TYPE OF BUSINESS			Native American Indian	Asian/Pacific Asian/Indian American	Black African American	White American	Hispanic American	Disabled Veteran	Socially & Economically Disadvantaged	Other
	LARGE BUSINESS	SMALL BUSINESS								
	Woman Owned									
	Male Owned									
	Woman Owned									
	Male Owned									

X _____ Title _____ Date _____
Signature of Principal or Owner

BUSINESS CATEGORY

SELF-CERTIFICATION

(Initial the Business Categories that Apply):

_____ SMALL BUSINESS ENTERPRISE (SBE) - an independently owned and operated concern certified, or certifiable, as a small business by the Federal Small Business Administration (SBA). (Size standards by Standard Industrial Classification codes may be found in the Federal Acquisition Regulations, Section 19.102. The University may reply on written representation by the vendors regarding their status).

_____ DISADVANTAGED BUSINESS ENTERPRISE (DBE) - a business concern which is at least 51% owned by one or more socially and economically disadvantaged individuals or, in the case of any publicly owned business, at least 51% of the stock of which is owned by such individuals and whose management and daily business operations are controlled by one or more of such individuals. Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias because of their identity as members of a group without regards to their individual qualities. Economically disadvantaged individuals are those socially disadvantaged individuals whose ability to compete in the free private enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same business area who are not socially disadvantaged. Business owners who certify that they are members of named groups (Asian-Indian Americans, Asian-Pacific Americans, Black Americans, Hispanic Americans, Native Indian Americans) are to be considered socially and economically disadvantaged.

_____ DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) - a business that is at least 51% owned by one or more disabled veterans or, in the case of any publicly owned business, at least 51% of the stock of which is owned by such individuals and whose management and daily business operations are controlled by one or more of such individuals. A disabled Veteran is a veteran of the military, naval, or air service of the United States with a service connected disability, who is a resident of the State of California. To qualify as a veteran with a service connected disability, the person must be currently declared by the United States Veteran Administration to be 10% or more disabled as a result of service in the armed forces.

_____ WOMEN-OWNED BUSINESS ENTERPRISE (WBE) - a business that is 51% owned by a woman or women who also control and operate it. Controlled in this context means exercising the power to make policy decisions. Operate" in this context means being actively involved in the day-to-day management.

PRIVACY NOTIFICATION

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 Article IX, Section 9 of the California Construction code. The social security number is used to verify your identity.

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 required 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 according with Federal Small Business Administration criteria and Federal Acquisition Regulations, FAR 19, pertaining to small, disadvantaged, women, disabled veteran small and disadvantaged, and women-owned business enterprises. I understand that falsely certifying the status of this business, obstructs, 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 of 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.

NAME OF BUSINESS _____

Name _____ Title _____ Signature _____
(Print or Type Name of Owner and/or Principal)

Reviewed by:	(DO NOT WRITE IN THIS AREA) FOR U.C. USE ONLY	Date:
Comments:		

INSURANCE REQUIREMENTS

The University selects insurance requirements based on degree of risk, rather than dollar value of the contract.

All insurance policies required shall be subject to review and approval by the University.

Seller shall at its expense obtain, keep in force and maintain insurance to cover its performance under the order as follows:

TYPES OF INSURANCE

Seller shall at its expense obtain, keep in force and maintain insurance to cover its performance as follows:

- 1) General Liability Insurance: (Comprehensive or Commercial Form): Shall provide ** \$5,000,000 coverage for each of the following: Each Occurrence, Products/Completed Operations Aggregate, Personal and Advertising Injury, and General Aggregate.
- 2) Business Automobile Liability Insurance: (Commercial) For owned, scheduled, non-owned, or hired automobiles, with a combined single limit of no less than ** \$1,000,000 per occurrence.
- 3) Worker's Compensation: As required under State of California law.
- 4) Professional Liability Insurance: Required by Consultants who will be preparing design and construction documents. Amount of coverage required is determined by size of project;
- 5) Professional Medical and Hospital Liability with limits of: ** \$3,000,000 per occurrence and ** \$10,000,000 General Aggregate.

ADDITIONAL INSURANCE REQUIREMENTS

- 1) Insurance company must complete University's Certificate of Insurance form. This form provides that Consultant/Seller's insurance shall be the primary insurance as respects to the University and that any insurance or self-insurance maintained by the University shall be in excess of and non-contributory with Consultant/Seller's insurance.
- 2) Coverage may not be canceled within 30 days' advance written notice to the University.
- 3) If insurance is canceled for non-payment, University reserves the right to maintain policies in effect by continuing to make the policy payment; cost of so maintaining the policies will be assessed against Consultant/Seller.
- 4) The General Liability Insurance policy and Business Automobile Liability Insurance policy must name The Regents of the University of California as additional Insured.
- 5) All insurance Policies shall apply to the negligent acts or omissions of Consultant, its officers, agents, and employees, and to Consultant/Seller's legal responsibility for the negligent acts or omissions of its subcontracts and anyone directly or indirectly under the control, supervision, or employ of Consultant/Seller or Subcontractor.
- 6) If contracted for goods or services, suppliers must instruct carrier to issue certificate of insurance naming The Regents of the University of California as additional insured.

** As required; depending on scope of work (UC minimum liability)

UNIVERSITY OF CALIFORNIA DIRECTORY

BERKELEY CAMPUS

Office of Small Business Development
Materiel Management
Berkeley, CA 94720-5600
(510) 642-8602 FAX (510) 642-8604

IRVINE MEDICAL CENTER

Materiel Management
Route 10
2040 S. State College Blvd.
Anaheim, CA 92806-6116
(714) 456-5418 FAX (714) 978-9091

RIVERSIDE CAMPUS

Materiel Management-056
3401 Watkins Drive
Riverside, CA 92521-0411
(909) 787-3009 FAX (909) 787-5392
* <http://purchased4.ucr.edu.mmhome.htm>

SAN FRANCISCO CAMPUS

MEDICAL CENTER
Affirmative Action/Equal Opportunity
145 Irving Street, Suite 102
San Francisco, CA 94143-0988
(415) 476-1019 FAX (415) 476-6299
Hot Line (415) 476-4752
* <http://www.ucsc.edu>

E. O. LAWRENCE BERKELEY NATIONAL LABORATORY

1 Cyclotron Road
Building 69, Room 201
Berkeley, CA 94720-0528
(510) 486-4506 FAX (510) 486-4380

DAVIS CAMPUS/HEALTH SYSTEM

Materiel Management
Purchasing Department
1441 Research Park Dr.
Davis, CA 95616-8690
(916) 757-8705 FAX (916) 757-8720
* <http://www.matmgr.ucdavis.edu>

LOS ANGELES CAMPUS

Small Business Development Office
Purchasing Department
10920 Wilshire Blvd., Suite 650
Los Angeles, CA 90024-6508
(310) 794-6021 FAX (310) 794-8020
* <http://www.purchasing.ucla.edu>

SAN DIEGO CAMPUS

Purchasing Division
9500 Gilman Drive, 0914
La Jolla, CA 92093-0914
(619) 534-3080 FAX (619) 534-5803
* <http://www.ucsc.edu>

SAN FRANCISCO

MATERIEL MANAGEMENT
612 Forbes Blvd., Box 0910
South San Francisco, CA 94080-2020
(415) 502-3041 FAX (415) 502-3031

SANTA CRUZ CAMPUS

Materiel Management/Purchasing
Office of Small Business Development
Santa Cruz, CA 95064-1077
(408) 459-3343 FAX (408) 459-3300
* <http://www.ucsc.edu>

LAWRENCE LIVERMORE NATIONAL LABORATORY

P.O. Box 5012-L-650
Livermore, CA 94551-9900
(510) 424-5873 FAX (510) 422-3253

IRVINE CAMPUS

Materiel Management
250 Public Service Building
Irvine, CA 92717-4530
(714) 856-5942 FAX (714) 824-4115
Hot Line: (714) 824-3755
* <http://www.uci.edu>

LOS ANGELES MEDICAL CENTER

Materiel Management
West Medical Building
1010 Veteran Avenue, Suite 3312
Los Angeles, CA 90095-1711
(310) 206-5026 FAX (310) 206-8825

SAN DIEGO MEDICAL CENTER

Purchasing Department
7197 Convoy Court, Suite 10
San Diego, CA 92111
(619) 543-2544 FAX (619) 543-3969

SANTA BARBARA CAMPUS

Purchasing Department
Santa Barbara, CA 93106-1150
(805) 893-4073 FAX (805) 893-8639
* <http://www.ucsb.edu>

LOS ALAMOS NATIONAL LABORATORY

Business Operations Division
P.O. Box 1663-Mail Stop P274
Los Alamos, NM 87545-0045
(505) 667-2015 FAX (505) 667-9819
Toll Free 1-800-472-9861

CONTACT THE ABOVE LISTED UNIVERSITY LOCATION(S) YOU WISH TO DO BUSINESS WITH.

* F OR MORE INFORMATION ABOUT OUR CAMPUS, VISIT OUR WEB SITE AT:

