



VENDOR INFORMATION SHEET (PLEASE PRINT OR TYPE)

LEGAL NAME (as shown on tax return) <hr/>	BUSINESS NAME/DBA (if different from Legal Name) <hr/>
ACCOUNTING CONTACT/REMIT TO ATTN: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ FAX: _____ E-MAIL ADDRESS: _____	ORDER ENTRY CONTACT ATTN: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ FAX: _____ E-MAIL ADDRESS: _____
TYPE OF ORGANIZATION (CHECK <u>ONE</u> & ATTACH W-9) <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR/SINGLE MEMBER LLC <input type="checkbox"/> C CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> NON PROFIT/GOVERNMENT <input type="checkbox"/> FOREIGN (IF CHECKED, ATTACH W-8) <input type="checkbox"/> LLC (ENTER TAX CLASSIFICATION (C=CORPORATION, S=S CORPORATION, P=PARTNERSHIP): _____) <input type="checkbox"/> OTHER: _____	TAX IDENTIFICATION NUMBER (TIN) Enter your TIN in the space provided below. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). SSN: _____ EIN : _____ REPORT CALIFORNIA SALES TAX: <input type="checkbox"/> YES <input type="checkbox"/> NO
GENERAL INDUSTRY CLASSIFICATION <input type="checkbox"/> PROFESSIONAL/CONSULTING SERVICES <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> SUPPLIES <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> OTHER	DISADVANTAGED BUSINESS ENTERPRISES INFORMATION DBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO <u>If "YES", certificate must accompany this application form</u> CERTIFYING AGENCY: _____
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. <p><i>The Internal Revenue Service does not require you consent to any provision of this document other than the certifications required to avoid backup withholding.</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature _____ Printed Name </div> <div style="width: 45%;"> _____ Title _____ Date </div> </div>	
DO NOT WRITE BELOW THIS LINE - NCTD USE ONLY	
DBE CERTIFICATION CODE: _____ CALTRANS CERTIFICATION: <input type="checkbox"/> YES <input type="checkbox"/> NO DBE CERTIFICATION ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO DBE CERTIFICATION VERIFICATION BY: _____ (INITIAL)	CHIEF OF PROCUREMENT & CONTRACT APPROVAL: _____ (INITIAL) DATE: _____ INPUT COMPLETED BY: _____ DATE: _____ VENDOR ID NUMBER: _____