

**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:		
<b>Are any of the owners or owners' relatives currently employed by the University of California?</b> <b>YES    NO</b> <b>If yes, please provide details on an attached sheet of paper.</b>					
FEDERAL IDENTIFICATION NO. OR SOCIAL SECURITY NUMBER:			DUN & BRADSTREET NUMBER:		
PRIMARY TYPE OF BUSINESS:		BROKER _____	DEALER _____	DISTRIBUTOR _____	
		FABRICATOR _____	MANUFACTURER _____	MANUFACTURERS AGENT _____	
		RETAIL _____	SERVICE _____	WHOLESALE _____	
OTHER _____					
PRINCIPAL OWNERS:			Sex		Percent
Name		Title	(M or F)	Ethnicity	Ownership
					%
					%
THIS IS A PARENT COMPANY: (Name of subsidiaries)			THIS IS A SUBSIDIARY: (Name and location of parent company)		
NUMBER OF YEARS IN BUSINESS	AVERAGE ANNUAL SALES (PRIOR 3 YEARS)	NET WORTH OF BUSINESS	NORMAL INVENTORY VALUE	APPROXIMATE SIZE OF FACILITIES (sq.ft.)	NUMBER OF EMPLOYEES
DESCRIPTION OF PRODUCTS & SERVICES (please include NAICS code if available)					
BANK REFERENCE NAME:			ADDRESS: (Number, City, State, Zip)		
CUSTOMER REFERENCES:		Address		Phone Number	
Name					
PERSON(S) AUTHORIZED TO COMMIT YOUR FIRM TO A CONTRACT:					
Name		Title		Name	
				Title	
Name		Title		Name	
				Title	
INSURANCE: Is your Company Insured?    YES____ NO____					
TYPE OF INSURANCE:    General Liability____ Automobile Liability____ Worker's Compensation____ Other____					
Name of Insurance Provider/Producer _____					
Companies Affording Coverage: _____					
OWNERSHIP OF BUSINESS: (Check One)    Corporation _____ Individual/Sole Proprietorship _____ Joint Venture _____					
Partnership _____ Foreign Ownership _____ Not for Profit _____ Other _____					

**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.

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**SELF-CERTIFICATION**

**Initial the Business Categories That Apply:**

**SMALL BUSINESS ENTERPRISE (SBE)** - an independently owned and operated concern certified, or certifiable, as 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 rely 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 regard 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 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. To qualify as a veteran with a service connected disability, the person must be currently declared by the United States Veterans Administration to be 10% or more disabled as a result of service in the armed forces.

**DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) CALIFORNIA** – Please check this box if you are a DVBE (as described above) and are a resident of the State of California.

**WOMEN-OWNED BUSINESS ENTERPRISE (WBE)** - a business that is at least 51% owned by a woman or women who also control and operate it. "Control" 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.

**VETERAN-OWNED BUSINESS ENTERPRISE (VOBE)** – a business enterprise that is at least fifty-one percent (51%) owned by one or more veterans or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by veterans; and whose management and daily business operations are controlled by one or more veterans.

**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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Ownership Status Categories: (Place an "X" in the boxes that best describe your firm's ownership)									
Type of Business		Asian/Indian Asian/Pacific American	Black African American	Hispanic American	Native American Indian	White Caucasian American	Other	Disabled Veteran	Socially & Economically 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, SWBE, SDVBE, or VOB.

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  
MATERIEL MANAGEMENT DEPT – 056  
3401 WATKINS DRIVE  
RIVERSIDE, CA 92521-0411

FAX: 951-827-5392  
PHONE: 951-827-3008