



NEW VENDOR REGISTRATION FORM

DATE

COMPANY NAME

ADDRESS

CITY, STATE, ZIP CODE

AREA CODE/TELEPHONE #

FAX #

YEARS IN BUSINESS

NUMBER OF EMPLOYEES

DUN & BRADSTREET RATING

\$ ANNUAL SALES VOLUME (OPTIONAL)

CONTACT NAME & TITLE

CONTACT EMAIL ADDRESS

ARE YOU A MINORITY OWNED BUSINESS (MBE)? YES* NO

***Ethnicity:**

Asian/Pacific American

African American

Hispanic American

Native American

Other (Please specify) _____

Gender:

Male

Female

ARE YOU A WOMAN OWNED BUSINESS ENTERPRISE (WBE)?

YES NO

ARE YOU A DISABLED VETERAN OWNED BUSINESS ENTERPRISE? (DVBE)

YES NO

IF YOU ARE ONE OF THE ABOVE 3 TYPE BUSINESS ENTERPRISES, ARE YOU CERTIFIED BY THE CPUC CLEARINGHOUSE AS SUCH?*

YES NO

IF NOT, WOULD YOU CONSIDER BECOMING CERTIFIED?

YES NO

SMALL BUSINESS ADMINISTRATION DESIGNATION (IF ANY)

LARGE, SMALL, HUB Zone

PLEASE LIST ANY OTHER CERTIFICATIONS*

*Please attach a copy of your certification

CATEGORY OF WORK

1. DO YOU PROVIDE A PRODUCT OR SERVICE _____

TYPE(S) OF PRODUCT PROVIDED OR SERVICE PERFORMED:

2. PLEASE PROVIDE THE STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE ASSOCIATED WITH YOUR BUSINESS: _____

3. BUSINESS LICENSES

License Number

Definition**

Expiration Date

** Return a copy of license with registration form

CLIENT REFERENCES

Company Name: _____

Contact Person: _____

Address: _____

Telephone No.: _____

Email Address: _____

Project: _____

Company Name: _____

Contact Person: _____

Address: _____

Telephone No.: _____

Email Address: _____

Project: _____

CLIENT REFERENCES

Company Name: _____

Contact Person: _____

Address: _____

Telephone No.: _____

Email Address: _____

Project: _____

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