



Solano Community College District

Purchasing Office

4000 Suisun Valley Road

Fairfield, CA 94534

Phone (707) 864-7167 E-fax (707) 646-2097

PLEASE RETURN COMPLETED VENDOR APPLICATION TO: **PURCHASING OFFICE**

VENDOR APPLICATION

<input type="checkbox"/> New Application	<input type="checkbox"/> Change Application	<input type="checkbox"/> Date: _____																																
<div style="display: flex;"><div style="flex: 1; padding: 5px;">1. MAIN ADDRESS (Legal Name and Address of Entity) _____ _____ _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____</div><div style="flex: 1; padding: 5px;">2. REMIT-TO ADDRESS (Mailing Address for Payments <i>COMPLETE ONLY IF DIFFERENT FROM MAIN ADDRESS</i>) _____ _____ _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____</div></div>																																		
3. CONTACT INFORMATION																																		
CONTACTS	NAME/TITLE	EMAIL	TELEPHONE	FAX																														
Sales (Primary):																																		
Sales (Secondary):																																		
President/VP:																																		
Other Contact:																																		
4. TYPE of FIRM (Check One) <input type="checkbox"/> Goods Only (Taxable) <input type="checkbox"/> Services Only (Non-Taxable) <input type="checkbox"/> Education or Government																																		
5. TYPE of ORGANIZATION (Check One) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Education or Gov't																																		
6. TAX INFORMATION (Check One and Provide Number) <input type="checkbox"/> Federal Tax ID _____ - _____																																		
7. TYPE of CONTRACTOR (Please specify the type that best depicts your company. <u>ONLY Check One TYPE</u>) <table style="width: 100%;"><tr><td><input type="checkbox"/> A&E</td><td><input type="checkbox"/> Advertising</td><td><input type="checkbox"/> Asphalt/Concrete</td><td><input type="checkbox"/> Automobile</td><td><input type="checkbox"/> Construction</td></tr><tr><td><input type="checkbox"/> Consultant</td><td><input type="checkbox"/> Electrical</td><td><input type="checkbox"/> Electronics</td><td><input type="checkbox"/> Employee/Student</td><td><input type="checkbox"/> General Contractor</td></tr><tr><td><input type="checkbox"/> Goods</td><td><input type="checkbox"/> Hardware</td><td><input type="checkbox"/> Instrumentation</td><td><input type="checkbox"/> Mechanical</td><td><input type="checkbox"/> Painter</td></tr><tr><td><input type="checkbox"/> Plumber</td><td><input type="checkbox"/> Printer/Copying</td><td><input type="checkbox"/> Roofer</td><td><input type="checkbox"/> Scientific</td><td><input type="checkbox"/> Security</td></tr><tr><td><input type="checkbox"/> Service</td><td><input type="checkbox"/> Software</td><td><input type="checkbox"/> Surgical/Medical</td><td><input type="checkbox"/> Telecom</td><td><input type="checkbox"/> Temp Staffing</td></tr><tr><td><input type="checkbox"/> Other _____</td><td></td><td></td><td></td><td></td></tr></table>					<input type="checkbox"/> A&E	<input type="checkbox"/> Advertising	<input type="checkbox"/> Asphalt/Concrete	<input type="checkbox"/> Automobile	<input type="checkbox"/> Construction	<input type="checkbox"/> Consultant	<input type="checkbox"/> Electrical	<input type="checkbox"/> Electronics	<input type="checkbox"/> Employee/Student	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Goods	<input type="checkbox"/> Hardware	<input type="checkbox"/> Instrumentation	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Painter	<input type="checkbox"/> Plumber	<input type="checkbox"/> Printer/Copying	<input type="checkbox"/> Roofer	<input type="checkbox"/> Scientific	<input type="checkbox"/> Security	<input type="checkbox"/> Service	<input type="checkbox"/> Software	<input type="checkbox"/> Surgical/Medical	<input type="checkbox"/> Telecom	<input type="checkbox"/> Temp Staffing	<input type="checkbox"/> Other _____				
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<input type="checkbox"/> Other _____																																		
8. LICENSE NUMBERS (Provide your DIR Number and Contractors State License Board Number) <table style="width: 100%;"><tr><td><input type="checkbox"/> DIR Number _____</td><td>Expiration Date _____</td></tr><tr><td><input type="checkbox"/> CSLB Number _____</td><td>Expiration Date _____</td></tr></table>					<input type="checkbox"/> DIR Number _____	Expiration Date _____	<input type="checkbox"/> CSLB Number _____	Expiration Date _____																										
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9. THIRD-PARTY RISK MANAGEMENT STANDARD (PROCEDURE # 3910.1) Does your organization (Check any that apply) <input type="checkbox"/> store, process, transmit, or interact with sensitive data in any way; or <input type="checkbox"/> access, modify, or interact with, any process or technology that could affect the security of sensitive data; or <input type="checkbox"/> maintain any technology located within the District's networks (physical or virtual) that is remotely available over the Internet; or																																		

- ☐ is required for District operations such that the District would be negatively impacted if it was unable to perform its role for the District for a time greater than 24 hours; or
- ☐ performs or supports a communications role such that it could directly affect the reputation of the District.

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS CORRECT.

Name

Title

Date

Vendor Application ~ December 2024