



UNIVERSITY OF CALIFORNIA
BUSINESS INFORMATION FORM
UAA101 (3/25/97)

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's 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:			
☐ BROKER	☐ DISTRIBUTOR	☐ RETAILER	☐ SERVICE
☐ DEALER	☐ MANUFACTURER	☐ WHOLESALE	☐ FABRICATOR
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 IS 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 Woman Owned								
BUSINESS Male Owned								
SMALL Woman Owned								
BUSINESS Male Owned								

X
Signature of Principal or Owner

Title

Date

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

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