

LOS RIOS COMMUNITY COLLEGE DISTRICT
 BID LIST
 APPLICATION/QUESTIONNAIRE



Complete and Return To:
 Purchasing Department
 Los Rios Community College District
 1919 Spanos Court
 Sacramento, CA 95825

NAME OF FIRM				
CONTACT:			E-MAIL:	
BID MAILING ADDRESS			REMIT TO ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE	FAX
FEDERAL ID NUMBER (FIN):			SOC. SEC. NUMBER (IF NO FIN)	
TYPE OF ORGANIZATION (Check One)			DOES YOUR BUSINESS QUALIFY AS ONE OF THE FOLLOWING?	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> NON PROFIT ORGANIZATION		<input type="checkbox"/> MINORITY OWNED BUSINESS	
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION, INCORPORATED UNDER LAWS OF THE STATE OF:		<input type="checkbox"/> WOMAN OWNED BUSINESS	
<input type="checkbox"/> CONTRACTOR'S LIC. NO: _____			<input type="checkbox"/> DISABLED VETERAN OWNED BUSINESS	
PERSONS AUTHORIZED TO SIGN OFFERS AND CONTRACTS IN YOUR NAME (Indicate if Agent)				
NAME	OFFICIAL CAPACITY		TELEPHONE	FAX
IDENTIFY COMMODITIES/CATEGORY OF EQUIPMENT SUPPLIES, AND/OR SERVICES WHICH YOU PROVIDE				
IF YOU OFFER MECHANICAL, ELECTRICAL OR SCIENTIFIC EQUIPMENT, DO YOU HAVE REPAIR AND SERVICE FACILITIES AVAILABLE?				
<input type="checkbox"/> YES				
<input type="checkbox"/> NO IF NO, LIST BELOW INDIVIDUALS OR FIRMS WHICH PROVIDE SERVICES FOR MATERIAL SOLD BY YOUR COMPANY.				
NAME	ADDRESS	CITY	STATE	NO. OF PERSONNEL
DOES YOUR FIRM HAVE, AT YOUR PLACE OF BUSINESS, A STOCK OF REPAIR PARTS FOR MERCHANDISE WHICH YOU SELL?				
<input type="checkbox"/> YES <input type="checkbox"/> NO NEAREST SOURCE OF PARTS: _____				

CERTIFICATION

I CERTIFY THAT ALL STATEMENTS CONTAINED HEREIN ARE CORRECT. I UNDERSTAND THAT THIS INFORMATION WILL BE USED AS A BASIS FOR EVALUATING MY REQUEST TO RECEIVE BID INVITATIONS FOR PURCHASES BY THE LOS RIOS COMMUNITY COLLEGE DISTRICT. I ALSO UNDERSTAND THAT BEING PLACED ON THE LOS RIOS COMMUNITY COLLEGE DISTRICT QUALIFIED VENDOR BID LIST DOES NOT IN ANY WAY REPRESENT AN ENDORSEMENT OF MY FIRM BY LOS RIOS, NOR DOES IT RELIEVE MY FIRM OF PROVIDING A PERFORMANCE BOND, IF REQUIRED BY THE PURCHASING DEPARTMENT. I FURTHER CERTIFY THIS FIRM IS AN EQUAL OPPORTUNITY EMPLOYER.

SIGNATURE	PRINT NAME	TITLE	DATE