



**SAN JOAQUIN DELTA COLLEGE  
PURCHASING/STOCK CONTROL**

5151 Pacific Avenue

Stockton, CA 95207-6370

Phone: (209) 954-5065

FAX: (209) 954-3737

Web Page: [deltacollege.edu/dept/purchasing](http://deltacollege.edu/dept/purchasing)

Dear Vendor,

Thank you for your interest in doing business with the San Joaquin Delta Community College District. In accordance with District's Policy and in order to be placed on the College's vendor list, the District is requiring all prospective vendors to complete and submit this "Vendor Information Form", including a W-9 form.

In order to keep the Vendor's record up to date and to report accurate information to the Board of Trustees, it's important to always maintain the most current information on file. Therefore, changes must be submitted on a revised Vendor Information Form. Updated forms will replace existing forms.

At this time we are asking all District vendors to update their form. Information collected on the new form will help us comply with the Internal Revenue Code, Section 6109, which requires a vendor to have a Tax Identification Number on file, before an order or payment can be processed.

If the Vendor Information Form is not returned, completely filled out, including the Business Certification, the vendor will be listed as "**Non-Responsive**" and will not receive the appropriate Business Certification credit and will not be added to appropriate commodity list.

In addition, the District is implementing a new Financial System at the beginning of the calendar year 2010. Therefore, in order to help vendors recognize the new Purchase Orders (PO), a sample is enclosed for your review. The current PO's do not reflect a sales tax line item, but the new PO's will, if applicable.

Please return this form immediately to San Joaquin Delta College, Purchasing/Stock Control, 5151 Pacific Avenue, Stockton, CA 95207-6370 or via fax to 209-954-3737.

Sincerely,

*Maria G. Bernardino*

**Maria G. Bernardino**  
Director of Purchasing

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**For General Instruction on Completing the W-9 Form please visit:  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>**

## Vendor Information

1. **Full Company Name** \_\_\_\_\_
  
2. **Order Address** \_\_\_\_\_  

Number/Street	City	State	Zip Code + 4
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3. **Remittance Address** \_\_\_\_\_  
 (If different) \_\_\_\_\_ Name \_\_\_\_\_  

Number/Street	City	State	Zip Code + 4
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4. **Who negotiates & signs for contractual obligations?**  
 Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Title \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Web site address \_\_\_\_\_

5. **Company Established** Date Established \_\_\_\_\_  
 Is firm considered a corporation?  Yes  No
6. **Please specify our account number with your company if applicable:** Account Number \_\_\_\_\_
7. **Contractor's and/or Business License Number** \_\_\_\_\_ Type \_\_\_\_\_ Issued By \_\_\_\_\_
8. **Listed below are the Products/Services required by San Joaquin Delta College. Please check all those that your Business Provides:**

## COMMODITY LIST FOR VENDOR INFORMATION FORM

**Please check all that apply**

- |  |  |
|--|--|
| <input type="checkbox"/> Advertisements                                | <input type="checkbox"/> Locksmith & Security                            |
| <input type="checkbox"/> Agriculture Equip & Supplies                  | <input type="checkbox"/> Machinery, Hand & Power Tools                   |
| <input type="checkbox"/> Appliances                                    | <input type="checkbox"/> Mailing Equip, Supplies & Services              |
| <input type="checkbox"/> Art/Drafting Equip & Supplies                 | <input type="checkbox"/> Maintenance Equip & Supplies                    |
| <input type="checkbox"/> Athletic Equip, Supplies & Services           | <input type="checkbox"/> Metals, Sheets, Rods                            |
| <input type="checkbox"/> Audio Visual Equip, Supplies & Services       | <input type="checkbox"/> Musical Equip, Supplies & Services              |
| <input type="checkbox"/> Automotive Equip, Supplies & Services         | <input type="checkbox"/> Office/ School Equip, Supplies & Services       |
| <input type="checkbox"/> Auto Electronics & Auto Body                  | <input type="checkbox"/> Ornamental Horticulture Equip & Supplies        |
| <input type="checkbox"/> Books Building Materials                      | <input type="checkbox"/> Packaging/Shipping Equip, Supplies & Services   |
| <input type="checkbox"/> Building Materials                            | <input type="checkbox"/> Paint & Supplies                                |
| <input type="checkbox"/> Broadcast, Radio & TV Equip & Supplies        | <input type="checkbox"/> Paper & Envelopes                               |
| <input type="checkbox"/> Ceramics                                      | <input type="checkbox"/> Parking Control Equip & Permits                 |
| <input type="checkbox"/> Culinary Arts Equip & Supplies                | <input type="checkbox"/> Photography Equipment                           |
| <input type="checkbox"/> Child Care Equip & Supplies                   | <input type="checkbox"/> Photography Supplies & Services                 |
| <input type="checkbox"/> Computer Equip, Hardware, Supplies & Services | <input type="checkbox"/> Plumbing Equip & Supplies                       |
| <input type="checkbox"/> Computer Software Only                        | <input type="checkbox"/> Police Equip & Supplies                         |
| <input type="checkbox"/> * Consultants                                 | <input type="checkbox"/> Post Academy Equip & Supplies                   |
| <input type="checkbox"/> * Contractor                                  | <input type="checkbox"/> Printing/Duplicating Equip, Supplies & Services |
| <input type="checkbox"/> * Contracts & Services                        | <input type="checkbox"/> Printing, Forms                                 |
| <input type="checkbox"/> Copiers, Supplies & Services                  | <input type="checkbox"/> * Professional Services                         |
| <input type="checkbox"/> Electrical Equip & Supplies                   | <input type="checkbox"/> * Public Works                                  |
| <input type="checkbox"/> Electronics Equip & Supplies                  | <input type="checkbox"/> Refrigeration                                   |
| <input type="checkbox"/> Fashion Design Services, Equip & Supplies     | <input type="checkbox"/> Rubber Stamps & Self Inking Stamps              |
| <input type="checkbox"/> Fax Equip, Supplies & Services                | <input type="checkbox"/> Safety Equip & Supplies                         |
| <input type="checkbox"/> Film & Video                                  | <input type="checkbox"/> Scientific Equip, Supplies & Services           |
| <input type="checkbox"/> Food Service Equip & Services                 | <input type="checkbox"/> Signs   |
| <input type="checkbox"/> Furniture, Office                             | <input type="checkbox"/> Subscription & Publications                     |
| <input type="checkbox"/> Gases, Compressed, Liquefied & Containers     | <input type="checkbox"/> Swimming Pool Equip & Supplies                  |
| <input type="checkbox"/> Graphic & Print Shop Supplies                 | <input type="checkbox"/> Telecomm Equip, Supplies & Services             |
| <input type="checkbox"/> Grounds Equip & Supplies                      | <input type="checkbox"/> Theatrical Equip & Supplies                     |
| <input type="checkbox"/> Hazardous Materials, Equip & Supplies         | <input type="checkbox"/> Transportation Equip & Supplies & Services      |
| <input type="checkbox"/> Health Sciences Equip & Supplies              | <input type="checkbox"/> Two Way Radios                                  |
| <input type="checkbox"/> HVAC Equip & Supplies                         | <input type="checkbox"/> Uniforms, Shoes, Boots                          |
| <input type="checkbox"/> HVAC Filters Only                             | <input type="checkbox"/> Upholstery                                      |
| <input type="checkbox"/> Janitorial Equip, Supplies                    | <input type="checkbox"/> Utility Equip & Supplies                        |
| <input type="checkbox"/> Laundry Service                               | <input type="checkbox"/> Welding Equip & Supplies                        |
| <input type="checkbox"/> Library Equip & Supplies                      | <input type="checkbox"/> Window Covering                                 |
|  | <input type="checkbox"/> Others _____                                    |

\* Specify \_\_\_\_\_

**9. Business Certification: Disabled, Disabled Veteran, Minority, Small Business, Veteran, Woman Ownership**

A business enterprise that is at least 51 percent owned by a Disabled, Disabled Veteran, Minority, Small Business, Veteran, or Woman; or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more Disabled, Disabled Veteran, Minority, Small Business, Veteran, or Woman; and whose management and daily business operations are controlled by one or more of those individuals.

**Please check only one (1) box.**

- a. Is firm Disabled owned?       Yes       No
- b. Is firm Disabled Veteran owned?       Yes       No
- c. Is firm Minority owned?       Yes       No
- d. Is firm Small Business owned?       Yes       No
- e. Is firm Veteran owned?       Yes       No
- f. Is firm Woman owned?       Yes       No

**NOTE:** CONTROL means exercising the power to make policy decisions. OPERATE means being actively involved in the day to day management and not merely officers directors.

- g. Has firm been formally certified by federal or state agency, municipality or other organization       Yes       No  
If yes, firm certified as       Disabled Owned       Minority Owned       Disabled Veteran Business Owned  
    Veteran Owned       Women Owned       Small Business Owned

h. Name of certifying organization (please attach a copy of letter or certificate).

**FAILURE TO COMPLETE THIS FORM, WILL RESULT IN THE VENDOR BEING LISTED AS "NON-RESPONSIVE" AND WILL NOT RECEIVE THE APPROPRIATE BUSINESS CERTIFICATION CREDIT.**

**DECLARATION**

The undersigned declares that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations and ownership of:

\_\_\_\_\_ (Name of Firm)

The undersigned understands that accordance with California Assembly Bill 3678, effective January 1, 1987, that any person through its directors, officers, or agent that falsely represents a business as a women or minority business enterprise in an attempt to procure contracts is subject to fine or imprisonment.

The undersigned agrees to inform San Joaquin Delta Community College of any changes to the information contained herein, particularly changes in **ownership, controlling interest** or **operations**.

The undersigned does further certify that \_\_\_\_\_ shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin, or because they are disabled, or veteran of the Vietnam era, and shall comply with all applicable provisions of state and federal requirements regarding equal employment opportunity, affirmative action reporting and compliance programs, utilization of minority business enterprises and subcontractor programs.

EXECUTED AT \_\_\_\_\_ City \_\_\_\_\_ (State) \_\_\_\_\_ ON

\_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_