Dear Vendor

Thank you for your interest in doing business with 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 current and prospective vendors to complete and submit this “W-9/Vendor Information Form”. Information collected on the 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 section is not returned completely filled out, including the Business Certification, the vendor will be listed as “Non-Responsive”. The Vendor will not receive the appropriate Business Certification credit and will not be added to appropriate commodity list for future use. The Business Certification information is used to provide a yearly report to the Board of Trustees.

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, if changes occur, a revised W-9/Vendor Information Form must be completed. Updated forms will replace existing forms.

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

Sincerely,

Maria G. Bernardino

Maria G. Bernardino
Director of Purchasing
**W-9**

**Request for Taxpayer Identification Number and Certification**

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

<table>
<thead>
<tr>
<th>Name (as shown on your income tax return)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business name, if different from above</td>
</tr>
<tr>
<td>Check appropriate box:</td>
</tr>
<tr>
<td>□ individual/Sole proprietor</td>
</tr>
<tr>
<td>□ Corporation</td>
</tr>
<tr>
<td>□ Partnership</td>
</tr>
<tr>
<td>□ Limited liability company. Enter the tax classification (D-disregarded entity, C-corporation, P-partnership)</td>
</tr>
<tr>
<td>□ Exempt payee</td>
</tr>
<tr>
<td>Address (number, street, and apt. or suite no.)</td>
</tr>
<tr>
<td>City, state, and ZIP code</td>
</tr>
<tr>
<td>Requester's name and address (optional)</td>
</tr>
</tbody>
</table>

**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.

**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.

**Sign Here**

<table>
<thead>
<tr>
<th>Signature of U.S. person</th>
<th>Date</th>
</tr>
</thead>
</table>


**Vendor Information**

1. **Full Company Name**
2. **If this is a name change – Previous Name**
3. **Order Address**
   - Number/Street
   - City
   - State
   - Zip Code + 4
4. **Remittance Address**
   - Number/Street
   - Name
   - City
   - State
   - Zip Code + 4
5. **Who negotiates & signs for contractual obligations?**
   - Name
   - Phone: (______)
   - Title
   - Fax: (______)
   - Address
   - E-Mail:
   - Web site address
6. **Company Established**
   Date Established
   Is firm considered a corporation? [ ] Yes [ ] No

7. **Please specify our account number with your company if applicable:** Account Number

8. **Contractor's and/or Business License Number** Type Issue Date By

9. **Listed below are the Products/Services required by San Joaquin Delta College. Please check all those that your Business Provides:**

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**COMMODITY LIST FOR VENDOR INFORMATION FORM**

Please check all that apply

- [ ] Advertisements 01000
- [ ] Agriculture Equip & Supplies 02000
- [ ] Appliances 03000
- [ ] Art/Drafting Equip & Supplies 04000
- [ ] Athletic Equip, Supplies & Services 05000
- [ ] Audio Visual Equip, Supplies & Services 06000
- [ ] Automotive Equip, Supplies & Services 07000
- [ ] Auto Electronics & Auto Body 08000
- [ ] Books 09000
- [ ] Broadcast, Radio & TV Equip & Supplies 09400
- [ ] Building Materials 09500
- [ ] Ceramics 10000
- [ ] Culinary Arts Equip & Supplies 11000
- [ ] Child Care Equip & Supplies 12000
- [ ] Computer Equip, Hardware, Supplies & Services 13000
- [ ] Computer Software Only 14000
- [ ] * Consultants
- [ ] * Contractor
- [ ] * Contracts & Services
- [ ] Copiers, Supplies & Services 17000
- [ ] Electrical Equip & Supplies 18000
- [ ] Electronics Equip & Supplies 19000
- [ ] Fashion Design Services, Equip & Supplies 19500
- [ ] Fax Equip, Supplies & Services 20000
- [ ] Film & Video 21000
- [ ] First Aid Equip, Supplies & Service 22000
- [ ] Floor Covering 23000
- [ ] Food Service Equip & Services 24000
- [ ] Furniture, Office 25000
- [ ] Gases, Compressed, Liquefied & Containers 26000
- [ ] Graphic & Print Shop Supplies 26500
- [ ] Grounds Equip & Supplies 27000
- [ ] Hazardous Materials, Equip & Supplies 29000
- [ ] Health Sciences Equip & Supplies 30000
- [ ] HVAC Equip & Supplies 31000
- [ ] HVAC Filters Only 32000
- [ ] Janitorial Equip, Supplies 33000
- [ ] Laundry Service 34000
- [ ] Library Equip & Supplies 35000
- [ ] Locksmith & Security 36000
- [ ] Machinery, Hand & Power Tools 28000
- [ ] Mailing Equip, Supplies & Services 37000
- [ ] Maintenance Equip & Supplies 38000
- [ ] Membership, Dues, & Subscriptions 39000
- [ ] Metals, Sheets, Rods 40000
- [ ] Musical Equip, Supplies & Services 41000
- [ ] Office/School Equip, Supplies & Services 42000
- [ ] Ornamental Horticulture Equip & Supplies 43000
- [ ] Packaging/Shipping Equip, Supplies & Services 44000
- [ ] Paint & Supplies 45000
- [ ] Paper & Envelopes 46000
- [ ] Parking Control Equipment 47000
- [ ] Parking Permits 47500
- [ ] Photography Equipment 48500
- [ ] Photography Supplies & Services 48000
- [ ] Plumbing Equip & Supplies 49000
- [ ] Police Equip & Supplies 50000
- [ ] Post Academy Equip & Supplies 51000
- [ ] Printing/Duplicating Equip, Supplies & Services 52000
- [ ] Printing, Forms 53000
- [ ] Promotional 54500
- [ ] * Professional Services
- [ ] * Public Works
- [ ] Refrigeration 56000
- [ ] Safety Equip & Supplies 58000
- [ ] Scientific Equip, Supplies & Services 59000
- [ ] Signs 60000
- [ ] Swimming Pool Equip & Supplies 63000
- [ ] Telecomm Equip Supplies & Services 64000
- [ ] Theatrical Equipment 65000
- [ ] Theatrical Supplies 65250
- [ ] Transportation Equip & Supplies & Services 66000
- [ ] Two Way Radios 66500
- [ ] Uniforms, Shoes, Boots 67000
- [ ] Upholstery 67500
- [ ] Utility Equip & Supplies 68000
- [ ] Welding Equip & Supplies 69000
- [ ] Window Covering 70000
- [ ] Others

*Specify*
10. Prospective Vendor (add to mailing list) □ Yes □ No
   □ Current Vendor □ DV □ Contract □ PO

11. Do you collect California Sales Tax? □ Yes □ No

12. What are your payment terms?


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 Veteran owned? □ Yes □ No
d. Is firm Woman owned? □ Yes □ No
b. Is firm Disabled owned? □ Yes □ No
e. Is firm Minority owned? □ Yes □ No
c. Is firm Veteran owned? □ Yes □ No
f. Is firm Small Business 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 __________________________, __________________________ ON

__________________________
City (State)

__________________________
20

By __________________________

Title __________________________