

VENDOR IDENTIFICATION FORM

ALL FIELDS MUST BE COMPLETED. INCOMPLETE FORMS WILL NEED TO BE RESUBMITTED.

GENERAL INFORMATION

Legal Name:		Doing Business As:	
Are you an independent contractor eligible to receive a 1099-MISC? No <input type="checkbox"/> Yes <input type="checkbox"/> EIN or SSN: (A TIN (SSN or EIN) and W-9 are required)		License or Registration Number (if applicable): <input style="width: 50px;" type="text"/>	
		Payment Terms (code): <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
		Seller's Permit Number (if applicable): <input style="width: 100px;" type="text"/>	
Ownership: <input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Other (specify):	Applicable to Out-of-state Vendors: Submit per CA FTB Pub 1017, Resident/ Nonresident Withholding Guidelines for information go to : www.ftb.ca.gov/ <input type="checkbox"/> Form-590 <input type="checkbox"/> Form-588 <input type="checkbox"/> Form-589 <input type="checkbox"/> Form-587 For Foreign Entities, for instructions go to: https://www.irs.gov/publications/p515	BTRC/Vendor Registration Number:	
		<input type="checkbox"/> BTRC/VRN application pending (please attach the application) For instructions please go to: https://latax.lacity.org/oofweb/eappreg/eappreg_criteria.cfm	

BUSINESS ADDRESS

Street:	Suite #:	Contact Person:	
City:	Contact Person's Title:		
State:	Zip Code:	Fax:	Phone:
Website:		Email:	
Remittance address (if required and different from the above):			

BUSINESS INFORMATION

Service Area: International <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Local <input type="checkbox"/>	Years in Business: _____	Number of Employees: _____
--	---------------------------------	-----------------------------------

BUSINESS CERTIFICATION (Check all that apply)

<input type="checkbox"/> Woman-Owned Business Enterprise (WBE)	<input type="checkbox"/> Disadvantaged Business Enterprise (DBE)
<input type="checkbox"/> Minority Business Enterprise (MBE)	<input type="checkbox"/> Airport Concessions Disadvantaged Business Enterprise
<input type="checkbox"/> Small Business Enterprise (according to SBA criteria)	<input type="checkbox"/> Small and Local Business Enterprise (SLB)
<input type="checkbox"/> Minority Women Business Enterprise (MWB)	If required, please attach copies of all applicable certifications.

NON-DISCRIMINATION, EQUAL EMPLOYMENT AND AFFIRMATIVE ACTION COMPLIANCE

EEO Officer (name):	Phone Number:
EEO Officer's Title:	Email:

Have you had contracts with the City of Los Angeles in the last 10 years? No Yes . If 'yes', please attach an additional sheet with Contract Number, Department, Description and Dollar Value.

CERTIFICATION

The undersigned declares and certifies that all statements on this form are true and correct. The undersigned agrees to notify Procurement Services Division immediately of any changes to the information contained herein. The undersigned has read and agreed with the administrative requirements set for this project, and provided as a check list in the bid/proposal package, and will comply with them for the duration of the contract if selected.

Authorized Signature _____ **Date** _____
Print Name _____ **Title** _____

For LAWA use only:	
Project name: _____	Project No: _____
Requesting Division: _____	Contact Person: _____ Phone No: _____
SAP Action (send the form to FAMIS Support Desk): <input type="checkbox"/> Create <input type="checkbox"/> Change <input type="checkbox"/> Block <input type="checkbox"/> Delete <input type="checkbox"/> New Ordering Address	

For instructions and additional information, please go to <https://www.lawa.org/en/lawa-businesses/lawa-administrative-requirements>, or call us at 424-646-5380 or email Los Angeles World Airports, Procurement Services Division at procurementrequirements@lawa.org