

## Taxpayer Identification Number

An Employer Identification Number **OR** a Social Security Number must be provided.

Employer Identification Number:

Social Security Number:

Are you 1099 reportable in accordance with IRS guidelines: Yes

Click on this link and print out form. Once form is filled out fax it back to (562) 654-9404

IRS Form W-9 [Request for Taxpayer Identification Number and Certification](#) must also be submitted. **This site does not accommodate attachments.** The completed IRS Form W-9 can be sent to LAUSD's Procurement's Prequalification / Vendor Services Unit via e-mail at [psg-vs@lausd.net](mailto:psg-vs@lausd.net) or by fax at (562) 654-9498.

## Company / Individual Details

Name of Company / Individual: \*

( Extension of Name or DBA ):

Address:

Postal Code / City: \*

Region / State:

Country: \*

Phone Number: \*

E-mail Address (Purchasing): \*

(Registration Confirmation and Purchase Orders will be sent to this e-mail address.)

E-mail Address (Accounting):

(Please provide if e-mails related to payment-remittance are to be sent to a different e-mail address.)

Please note that in accordance with the California Franchise Tax Board, Publication 1017 and Revenue and California Taxation Code Section 18662, the Los Angeles Unified School District is required to withhold 7% on all payments made to non-California resident service providers for professional services, rents, leases, or royalties paid. Some vendors may be exempted from this requirement by completing a [Withholding Exemption Certificate \(California Form 590\)](#) certifying their exemption status and submitting the California Form 590 to LAUSD's Accounts Payable Branch via e-mail at [accounts-payable@lausd.net](mailto:accounts-payable@lausd.net) or by fax at (213) 241-8913.

## Payment Remittance Address ( if different from previous section )

If a Payment Remittance address is being provided, please provide complete name and address information.

☒ Same as above:

Name of Company:

( Extension of Name or DBA ):

Address:

Postal Code / City:

Region / State:

Country:

Check this box.

## Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX

NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

First Name: \*

Last Name: \*

Form of Address: \*

Phone Number: \*

Fax Number:

E-Mail Address: \*

Select Mr. or Mrs.

## Legal Business Entity Type

Type of Business: \*

If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number:

## Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities. Use the list below to identify your areas of interest.

Category Description Search:

Check	Category Description
<input type="checkbox"/>	ABRASIVES
<input type="checkbox"/>	ACOUSTICAL TILE, INSULATING MATERIALS, AND SUPPLIES
<input type="checkbox"/>	ADDRESSING, COPYING, MIMEOGRAPH, AND SPIRIT DUPLICATING MACH
<input type="checkbox"/>	AGRICULTURAL EQUIPMENT
<input type="checkbox"/>	AGRICULTURAL, IMPLEMENTS, AND ACCESSORIES (SEE CLASS 022 FOR
<input type="checkbox"/>	AIR CONDITIONING, HEATING, AND VENTILATING: EQUIPMENT
<input type="checkbox"/>	AIR CONDITIONING, HEATING, AND VENTILATING: PARTS
<input type="checkbox"/>	ARCHITECTURAL AND ENGINEERING SERVICES, NON-PROFESSIONAL
<input type="checkbox"/>	ARCHITECTURAL SERVICES, PROFESSIONAL (FACILITIES USE ONLY)
<input type="checkbox"/>	ART EQUIPMENT AND SUPPLIES

Ignore this section.

## Small Business Enterprise ( SBE )

If you are a Small Business Enterprise, which of the following agencies are you certified with?:

When does your SBE Certification expire?:

(Please provide date in MM/DD/YYYY format.)

Average Annual Sales over a three-year period?:

(Please do not use dollar sign)

Number of Employees?:

(Please do not use commas)

Please enter a maximum of three (3) [North American Industry Classification System \(NAICS\)](#) codes below.

Ignore this section.

## Demographics ( Optional )

Are you a minority-owned and/or woman-owned enterprise?

Gender:

Ethnicity:

Optional

## Certification

I certify under penalty of perjury the information supplied herein is true and correct.

Name: \*

Date: \*

Reminder: Please e-mail ([psg-vsua@lausd.net](mailto:psg-vsua@lausd.net)) or fax (562-654-9498) your completed Request for Taxpayer Identification Number and Certification (IRS Form W-9) to LAUSD's Procurement's Prequalification / Vendor Services Unit. Also, if applicable, e-mail ([accounts-payable@lausd.net](mailto:accounts-payable@lausd.net)) or fax (213-241-8913) your Withholding Exemption Certificate (California Form 590) to LAUSD's Accounts Payable Branch.

## Data Privacy Statement

This Supplier Self-Registration site will follow the same standards that have been established as the overall [District's Privacy Policy](#)

☒ Yes, I have read the data privacy statement and accept the terms.: \*

Press send