

VENDOR APPLICATION - County of Alameda

Submit online: <http://www.acgov.org> Select **Vendor Application** at bottom of home page

Mail, Email or FAX to: **ALAMEDA COUNTY GENERAL SERVICES AGENCY PURCHASING DEPARTMENT**
1401 Lakeside Drive, Suite 907, Oakland, California 94612
FAX NUMBER: (510) 208-9626
E-Mail: PAMGR@acgov.org

- Request:
- Add new vendor
 - Add new doing-business-as (DBA) name for existing vendor
 - Add new address for existing vendor
 - Change: Name DBA Address for existing vendor **(Check one)**
 - Other

Vendor Information:

Full Legal Business Name: _____

DBA Name: _____

- Type of Entity:
- Individual Sole Proprietor Partnership
 - Corporation Tax-Exempted Government or Trust

Check the boxes that apply to Alameda County payments you may receive:

- Goods Only Goods & Services Rents/Leases Rents/Leases paid to you as the agent
- Medical Services Legal Services Other Services (describe) _____
- Settlement, Judgment, Refunds (If checked, skip **Composition of Ownership** section below)
- Court Appointed Services (If checked, skip **Composition of Ownership** section below)

Federal Tax ID Number (required): _____

PO Box/Street Address: _____

City: _____ State: _____ ZIP: _____

Is your business located in Alameda County? Yes No If yes, how long? _____ Yr. _____ Mo.

Vendor Contact's Name: _____

Contact's Telephone: _____ FAX _____ Toll-Free _____

Vendor Contact's E-mail address: _____

Composition of Ownership – This is a Required Section	
Are you a publicly traded entity, a public school, or a government? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a non-profit, or a church? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes" to one of the above, skip Ethnicity and Gender below. The Collection of ethnicity and gender data is for statistical and demographic purposes only. Please check the ONE most applicable in each category:	
Ethnicity	
<input type="checkbox"/> African American or Black (greater than 50%)	<input type="checkbox"/> Hispanic or Latino (greater than 50%)
<input type="checkbox"/> American Indian or Alaskan Native (greater than 50%)	<input type="checkbox"/> Native Hawaiian/Pacific Islander (greater than 50%)
<input type="checkbox"/> Asian (greater than 50%)	<input type="checkbox"/> Multi-ethnic minority ownership (greater than 50%)
<input type="checkbox"/> Caucasian or White (greater than 50%)	<input type="checkbox"/> Multi-ethnic ownership (50% Minority–50% Non-Minority)
<input type="checkbox"/> Filipino (greater than 50%)	
Gender	
<input type="checkbox"/> Female (greater than 50% Ownership)	<input type="checkbox"/> Male (greater than 50% Ownership)

List the Product and/or Services Vendor is interested in providing; include North American Industry Classification System (NAICS) Code (available at https://eweb1.sba.gov/naics/dsp_naicssearch2.cfm)

Completed by: _____ Title: _____ Date: _____

To be completed by Auditor's Office/GSA Purchasing

Acknowledged by: _____ on _____ (Date): _____

____ The Auditor's Office/GSA Purchasing Department added/modified the vendor record according to the information provided above. **The assigned vendor number is:** _____

____ The Auditor's Office/GSA Purchasing Department could not add or modify the vendor record for the following reason(s): _____

Please resubmit this form with the requested information.