



**Solano Community College District**  
**Purchasing Office**  
**4000 Suisun Valley Road**  
**Fairfield, CA 94534**  
**Phone (707) 864-7167 E-fax (707) 646-2097**

PLEASE RETURN COMPLETED VENDOR APPLICATION TO: **PURCHASING OFFICE**

## VENDOR APPLICATION

<input type="checkbox"/> <b>New Application</b>	<input type="checkbox"/> <b>Change Application</b>	<input type="checkbox"/> <b>Date:</b> _____		
<b>1. MAIN ADDRESS</b> (Legal Name and Address of Entity) _____ _____ _____ <b>Phone:</b> _____ <b>Fax:</b> _____ <b>Email:</b> _____ <b>Website:</b> _____		<b>2. REMIT-TO ADDRESS</b> (Mailing Address for Payments <i>COMPLETE ONLY IF DIFFERENT FROM MAIN ADDRESS</i> ) _____ _____ _____ <b>Phone:</b> _____ <b>Fax:</b> _____ <b>Email:</b> _____ <b>Website:</b> _____		
<b>3. CONTACT INFORMATION</b>				
<b>CONTACTS</b>	<b>NAME/TITLE</b>	<b>EMAIL</b>	<b>TELEPHONE</b>	<b>FAX</b>
<b>Sales (Primary):</b>				
<b>Sales (Secondary):</b>				
<b>President/VP:</b>				
<b>Other Contact:</b>				
<b>4. TYPE OF FIRM (Check One)</b> <input type="checkbox"/> <b>Goods Only (Taxable)</b> <input type="checkbox"/> <b>Services Only (Non-Taxable)</b> <input type="checkbox"/> <b>Education or Government</b>				
<b>5. TYPE of ORGANIZATION (Check One)</b> <input type="checkbox"/> <b>Sole Proprietorship</b> <input type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>Corporation</b> <input type="checkbox"/> <b>Limited Liability Corporation</b> <input type="checkbox"/> <b>Education or Gov't</b>				
<b>6. TAX INFORMATION (Check One and Provide Number)</b> <input type="checkbox"/> <b>Federal Tax ID</b> _____ - _____				
<b>7. TYPE of CONTRACTOR (Please specify the type that best depicts your company. (ONLY Check One TYPE))</b> <input type="checkbox"/> <b>A&amp;E</b> <input type="checkbox"/> <b>Advertising</b> <input type="checkbox"/> <b>Asphalt/Concrete</b> <input type="checkbox"/> <b>Automobile</b> <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Consultant</b> <input type="checkbox"/> <b>Electrical</b> <input type="checkbox"/> <b>Electronics</b> <input type="checkbox"/> <b>Employee/Student</b> <input type="checkbox"/> <b>General Contractor</b> <input type="checkbox"/> <b>Goods</b> <input type="checkbox"/> <b>Hardware</b> <input type="checkbox"/> <b>Instrumentation</b> <input type="checkbox"/> <b>Mechanical</b> <input type="checkbox"/> <b>Painter</b> <input type="checkbox"/> <b>Plumber</b> <input type="checkbox"/> <b>Printer/Copying</b> <input type="checkbox"/> <b>Roofer</b> <input type="checkbox"/> <b>Scientific</b> <input type="checkbox"/> <b>Security</b> <input type="checkbox"/> <b>Service</b> <input type="checkbox"/> <b>Software</b> <input type="checkbox"/> <b>Surgical/Medical</b> <input type="checkbox"/> <b>Telecom</b> <input type="checkbox"/> <b>Temp Staffing</b> <input type="checkbox"/> <b>Other</b> _____				
<b>8. LICENSE NUMBERS (Provide your DIR Number and Contractors State License Board Number)</b> <input type="checkbox"/> <b>DIR Number</b> _____ <b>Expiration Date</b> _____ <input type="checkbox"/> <b>CSLB Number</b> _____ <b>Expiration Date</b> _____				
<b>9. THIRD-PARTY RISK MANAGEMENT STANDARD (PROCEDURE # 3910.1)</b> <b>Does your organization (Check any that apply)</b> <input type="checkbox"/> <b>Store, process, transmit, or interact with sensitive District data (e.g., student records, payment cards, financial aid, health information); or</b> <input type="checkbox"/> <b>Access, modify, or interact with technology systems that, if disrupted or misused, could impact the security or integrity of sensitive District operations (e.g., servers, firewalls, routers, database systems, cloud-hosted applications integrated with SIS or ERP, or authentication platforms like SSO/MFA); or</b>				

