



# SUPPLIER/CONTRACTOR DATA

DWP USE ONLY

VC#

Please type or print

SEE REVERSE SIDE FOR INSTRUCTIONS

<b>5a) FIRM NAME</b>  (Exactly as it appears on your invoice)  <b>FIRM NAME</b>  (Full, legal or Corporate)  <b>CHECK ONE:</b> <input type="checkbox"/> Division of: <input type="checkbox"/> Subsidiary of:	(Please attach a copy of your invoice)	1) BTRC/TRC NO.
		2) FED. TAX I.D. NO.
		3) STANDARD INDUSTRIAL CODE NO.
		4) CONTRACTOR LIC. # Expires:

**5b) BUSINESS TYPE:**  CORPORATION  PARTNERSHIP  SOLE PROPRIETOR  OTHER (please specify)

<b>6) BID/MAILING ADDRESS INFORMATION</b>	NUMBER	STREET		TELEPHONE NUMBER
	CITY	STATE	ZIP	FAX NUMBER
	LOCAL CONTACT NAME			CONTACT NUMBER
	E-MAIL ADDRESS/WEBSITE ADDRESS			

<b>7) BUSINESS LOCATION</b> (If No. 6 is a PO Box)	NUMBER	STREET		
	CITY	STATE	ZIP	

<b>8) AGENT OR MANUFACTURER INFORMATION</b>	C/O FIRM NAME		E-MAIL ADDRESS	
	NUMBER	STREET		
	CITY	STATE	ZIP	TELEPHONE NUMBER

<b>9) REMITTANCE ADDRESS</b>	NUMBER	STREET		
	CITY	STATE	ZIP	

**10) BUSINESS SIZE STATUS:**  Small  Large  Certified Small Local Business (SLB)  Non-Profit

<b>11a) MINORITY-OWNED BUSINESS ENTERPRISE?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>WOMAN-OWNED BUSINESS ENTERPRISE?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>11b) IF ANSWER IS YES, PLEASE INCLUDE OWNERSHIP DATA:</b>	NAME(S): _____	% of Ownership _____
	NAME(S): _____	% of Ownership _____
	NAME(S): _____	% of Ownership _____
<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN-PACIFIC AMERICAN <input type="checkbox"/> AFRICAN AMERICAN		

**12) CERTIFIED AS MINORITY-OWNED OR WOMAN OWNED BY:**

**13) IMPORTANT!** The undersigned or an authorized representative of the firm must notify the Department of Water and Power of any changes to the information contained herein. Failure to do so may result in lost opportunities of receiving bids.

\_\_\_\_\_  
Signature (Officer, Principal or Owner)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please return Supplier/Contractor Data Form to: **DEPARTMENT OF WATER AND POWER  
FEED-IN TARIFF PROGRAM  
111 N. HOPE ST., ROOM 940  
LOS ANGELES, CA 90012**

**or E-mail to: [fit@ladwp.com](mailto:fit@ladwp.com)**

## INSTRUCTIONS FOR COMPLETING THE SUPPLIER/CONTRACTOR DATA FORM

- 1) **TRC NO.** – Enter your (Business) Tax Registration Certificate Number. Firm’s current Tax Registration Certificate Number or Business Tax Exemption Number must be shown on all invoices submitted for payment. Failure to do so may delay payment. For additional information regarding the applicability of the City Business Tax Registration, vendor shall contact the City Clerk’s Office at (213) 978-1521.
  - 2) **FEDERAL TAX ID NUMBER** – For purposes of 1099 Reporting, the name and Tax ID may result in delay of payment and may subject you to 31% backup withholding to comply with Sec. 3406 of the Internal Revenue Code.
  - 3) **STANDARD INDUSTRIAL CODE** – Enter SIC number.
  - 4) **CONTRACTOR LICENSE NUMBER AND EXPIRATION DATE** – Enter license number and date contractor license expires.
  - 5a) **FIRM NAME** – Enter complete legal name(s) of owner(s) or corporate name entered on the Corporate Charter.  
**Division of Subsidiary of** – Check if you are a division or subsidiary and give the firm’s affiliation name.
  - 5b) **BUSINESS TYPE** – Check one; if “OTHER” is checked, please specify what type of business organization (e.g. Joint Venture, LLC, etc.)
  - 6) **BID/MAILING ADDRESS** – Enter where you want bids and correspondence mailed.
  - 7) **BUSINESS LOCATION** – Enter your business street address, if mailing address is a P.O. Box address.
  - 8) **C/O FIRM NAME** – If bids are to be mailed in “**c/o (care of)**” agent or manufacturer’s representative, enter appropriate name and address.
  - 9) **REMITTANCE ADDRESS** – Enter where you want payments mailed to, if different than bid/ mailing address.
  - 10) **BUSINESS SIZE STATUS** – Indicate size of business based on the following guidelines:
    - SMALL** – Less than \$3 million aggregate receipts for the previous fiscal year.
    - LARGE** – More than \$3 million in aggregate receipts for the previous fiscal year.
    - CERTIFIED SMALL LOCAL BUSINESS (SLB)** – Only businesses certified as a SLB should check this box.
    - NON-PROFIT** – Your business is listed as a non-profit organization.
  - 11a) **MINORITY OR WOMAN-OWNED BUSINESS** – Must be at least 51% owned by minority or minorities (MBE), or a woman or women (WBE), who exercise the power to make policy decisions and who are actively involved in the day-to-day management of business.
  - 11b) **OWNERSHIP DATA** – Enter name(s) and percentage(s) of ownership.
  - 12) **CERTIFIED AS MINORITY-OWNED OR WOMAN-OWNED** – Enter the agency that certified your business. Mail or transmit a copy of your certification.
  - 13) **DECLARATION** – Please sign and date.
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