



Vendor Number (AP only)	<input type="checkbox"/> New <input type="checkbox"/> Change Only	Updated by (AP only)	Date Updated (AP only)
Payment Terms (CPBC only)	Freight Terms (CPBC only)	PO Dispatch Method (CPBC only)	Sales/Use Tax (CPBC only)

(Accounting/Purchasing Use Only)

Return BOTH completed forms to: FOR RETURN INSTRUCTIONS REFER TO STEP 5 ON SUBSTITUTE W9 FORM (page 3 of 4)
Payees who do not wish to complete this form may elect not to do business with UCSF*

Company Name			
Website (URL)			
For Sales Only (Ordering Location)			
Address Line 1			
Address Line 2			
City	State	Zip	
Contact Name	Phone	()	
PO Email	PO Fax	()	
For Payment Only (Remit Location) <input type="checkbox"/> Mark (x) in box if payment information is the same as ordering Location			
Address Line 1			
Address Line 2			
City	State	Zip	
Contact Name	Phone	()	
Email	Fax	()	
(*MANDATORY) Business Diversity Information: Please refer to next page for definitions.			
Business Size: <input type="checkbox"/> Large <input type="checkbox"/> Small (SBE)	NAICS Codes:	(1)	(6)
		(2)	(7)
		(3)	(8)
		(4)	(9)
		(5)	(10)
Ownership Gender: <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Male-Owned <input type="checkbox"/> Other	Ownership Ethnicity:	<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian
		<input type="checkbox"/> Asian American	<input type="checkbox"/> Hispanic American
		<input type="checkbox"/> Asian Pacific American	<input type="checkbox"/> Native American
		<input type="checkbox"/> Asian Subcontinent American	<input type="checkbox"/> Unavailable
Representation: Check any that apply	<input type="checkbox"/> SDB (Small Disadvantaged Business) SDB Exit Date ___/___/___ Must have SDB certification from the U.S. Small Business Administration. If you do not, then mark DBE to the right and not this box.		<input type="checkbox"/> DBE (Disadvantaged Business Enterprise) Check this box if you are a DBE but DO NOT have SDB certification from the U.S. Small Business Administration.
	<input type="checkbox"/> SBA8(a) program participant Must have 8(a) certification from the U.S. Small Business Administration.		
	<input type="checkbox"/> Hub Zone (Historically Underutilized Business Zone) Must have HUB Zone certification from the U.S. Small Business Administration.		
	<input type="checkbox"/> CCR/PRO-Net Listed		
	<input type="checkbox"/> WBE (Woman Owned Business) <input type="checkbox"/> WBENC Certified (see next page)		
<input type="checkbox"/> VBE (Veteran Owned Business)		<input type="checkbox"/> SDVBE (Service Disabled Veteran Owned Business)	
<input type="checkbox"/> MBE (Minority Owned Business Enterprise) <input type="checkbox"/> NMSDC Certified (see next page)			
Additional Certification Sources		Certification Number	Certification End Date
(1)			
(2)			
(3)			
(4)			
(5)			

I HEREBY CERTIFY THAT ALL ENTRIES ARE TRUE AND ACCURATE:

Authorized Vendor Signature _____	Title _____	Date _____
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Service Disabled Veteran - a veteran of the military, naval, or air service of the United States with a service connected disability who is a resident of the State of California. To qualify as a veteran with a service connected disability, the person must be currently declared by the United States Veterans Administration to be 10 percent (10%) or more disabled as a result of service in the armed forces. See note under Service Disabled Veteran Business Enterprise (SDVBE).

Service Disabled Veteran Business Enterprise (SDVBE) - a business that is at least fifty-one percent (51%) owned by one or more service disabled veterans or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by such individuals; and whose management and daily business operations are controlled by one or more of such individuals. **Note: CERTIFICATION FROM THE STATE OF CALIFORNIA DEPT. OF GENERAL SERVICES ([DGS](#)) IS STRONGLY RECOMMENDED.**

Disadvantaged Business Enterprise (DBE) – a business concern which is at least fifty-one percent (51%) owned by one or more socially and economically disadvantaged individuals or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by such individuals and whose management and daily business operations are controlled by one or more of such individuals.

Small Disadvantaged Business (SDB) - SDB certification strictly pertains to benefits in Federal procurement. The U.S. Small Business Administration certifies SDBs to make them eligible for special bidding benefits. Evaluation credits available to prime contractors boost subcontracting opportunities for SDBs. The SBA certifies small businesses that meet specific social, economic, ownership, and control eligibility criteria. Once certified, the firm is added to an on-line registry of SDB-certified firms maintained in The Central Contractor Registry/PRO-Net (CCR/ PRO-Net). Certified firms remain on the list for three years. Contracting officers and large business prime contractors may search this on-line registry for potential suppliers. **Note: CERTIFICATION FROM THE FEDERAL SMALL BUSINESS ADMINISTRATION ([SBA](#)) IS REQUIRED. IT IS ALSO [REQUIRED](#) IF INCLUDED IN FEDERAL AGENCY AWARD FUNDING (i.e. NIH; CDC; etc.)**

Small Business Enterprise (SBE) - an independently owned and operated concern; certified or certifiable as a small business by the Federal Small Business Administration (SBA). (A general rule of thumb is that a concern with not more than 500 employees may be considered small business. Size standards by Standard Industrial Classification codes may be found in the Federal Acquisition Regulations, Section 19.102. The University may rely on written representation by the vendors regarding their status.)

Women Owned Business Enterprise (WBE) - a business that is at least fifty-one percent (51%) owned by a woman or women who also control and operate it. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management. **Note: CERTIFICATION FROM THE WOMENS BUSINESS ENTERPRISE NATIONAL COUNCIL ([WBENC](#)) IS STRONGLY RECOMMENDED.**

Minority Owned Business Enterprise (MBE) - A minority-owned business is a for-profit enterprise, regardless of size, physically located in the United States or its trust territories, which is owned, operated and controlled by minority group members. "Minority group members" are United States citizens who are Asian, Black, Hispanic and Native American. Ownership by minority individuals means the business is at least 51% owned by such individuals or, in the case of a publicly-owned business, at least 51% of the stock is owned by one or more such individuals. Further, the management and daily operations are controlled by those minority group members. **Note: CERTIFICATION FROM THE NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL ([NMSDC](#)) IS STRONGLY RECOMMENDED.**

8(A) Program - The SBA's 8(a) Program, named for a section of the Small Business Act, is a business development program created to help small disadvantaged businesses compete in the American economy and access the federal procurement market. The 8(a) Program offers a broad scope of assistance to socially and economically disadvantaged firms. Contacting the local SBA district office serving your area is the first step. An SBA representative will answer general questions over the telephone. Some district offices may also have 8(a) orientation workshops to provide additional information regarding the eligibility requirements and to review various SBA forms.

HUB Zone - SBA's HUB Zone program is in line with the efforts to promote economic development and employment growth in distressed areas by providing access to more Federal contracting opportunities. To be eligible for the program, a concern must meet all of the following criteria: it must be a small business by SBA standards; it must be located in a "historically underutilized business zone (HUB Zone); it must be wholly owned and controlled by person(s) who are U.S. Citizens; at least 35% of its employees must reside in a HUB Zone. Existing businesses that choose to move to qualified areas are eligible. To fulfill the requirement that 35% of a HUB Zone firms employees reside in the HUB Zone, employees must live in a primary residence within that area for at least 180 days or be a currently registered voter in that area.



YOU WILL NOT BE PAID IF A PROPERLY COMPLETED FORM SIGNED BY YOU IS NOT ON FILE WITH UCSF

****All Fields Are Required****

<p>1</p>	<p>INSTRUCTIONS: Complete all information on this form. Sign, date, and return to UCSF as shown at the bottom of this page. Information provided in this form will be verified with the IRS and may be used to prepare Information Returns (1099-Misc). Payees who do not wish to complete this form may elect not to do business with UCSF</p>		
<p>2</p>	<p>LEGAL NAME: <u>Must be the name you use on your tax return</u></p>		
	<p>TRADE NAME /DBA if different from legal name: <u>Must match "remit to" name on your invoice</u></p>		
	<p>IF SOLE PROPRIETOR OR INDIVIDUAL ENTER OWNER'S FULL NAME (Last, Suffix, First, M.I.)</p>	<p>E-MAIL ADDRESS</p>	
	<p>BUSINESS ADDRESS</p>		
<p>3</p> <p>PAYEE ENTITY TYPE</p> <p>CHECK ONE BOX ONLY</p> <p>ENTER ONLY ONE NUMBER</p>	<p><input type="checkbox"/> PARTNERSHIP, LLC or LLP</p> <p><input type="checkbox"/> ESTATE OR TRUST</p> <p>CORPORATION:</p> <p><input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</p> <p><input type="checkbox"/> LEGAL (e.g., attorney services)</p> <p><input type="checkbox"/> EXEMPT (nonprofit under Sec. 501(a)(c) or 403(b)(7))</p> <p><input type="checkbox"/> ALL OTHER TYPE OF CORPORATIONS</p>	<p>ONLY PARTNERSHIP, ESTATE, TRUST OR CORPORATION</p> <p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR</p> <p><input type="checkbox"/> Check here if TIN applied for</p> <p style="text-align: center;">University Use Only</p> <p>Date FEIN/SSN verified with IRS:</p> <p>Vendor number:</p>	
	<p><input type="checkbox"/> INDIVIDUAL/SOLE-PROPRIETOR:</p> <p>ENTER SOCIAL SECURITY NUMBER</p> <p><input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Check here if TIN applied for</p>		
<p>4</p> <p>The person signing this document should be a partner in the partnership, an officer of the corporation, or the individual or sole proprietor named</p>	<p>Certification: Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.</p>		
	<p>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</p>	<p>TITLE</p>	
	<p>SIGNATURE</p>	<p>DATE</p>	<p>TELEPHONE</p> <p>()</p>
<p>5</p> <p>Submit Completed Form to UCSF</p>	<p>SPECIALIZED REQUESTER NAME: Attn: [Insert Name Below]</p>	<p>FAX NUMBER: [Insert Fax Number Below]</p> <p>TEL:</p>	<p>SPECIALIZED REQUESTER EMAIL: [Insert Email Below]</p>

PRIVACY STATEMENT:

Section 6109 of the Internal Revenue Code requires you to provide your correct taxpayer identification number (TIN) to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and states agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

PENALTIES:

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines/and or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

ADDITIONAL INSTRUCTIONS: See Form W-9, Request for Taxpayer Identification and Certification.