Supplier Information Form

Purpose: Information contained in this form will be used by UC San Diego to collect supplier information. IRS Form W-9 is incorporated in this form to request Taxpayer Identification Number and Certification.

To avoid processing delays, please properly complete the form. Improperly completed forms will be returned to the supplier to resubmit.

Please read the instructions before completing the form.

Fields marked * are required for submission.

I. Request for Taxpayer Identification Number and Certification

This section is required in lieu of providing an IRS Form W-9. Refer to the General Instructions to help complete Section I.

Supplier Name

First Name: 
Last Name: 
Business Name or DBA: *

Supplier Type

Individual/Sole Proprietor - U.S. Citizen
Individual/Sole Proprietor - Non-U.S. Citizen
Partnership
Corporation
Non-Profit
Limited Liability Company (LLC)
Foreign Ownership Country:

Taxpayer Identification Number (TIN)

Federal Employer Identification Number (FEIN)

Social Security Number:

Backup Withholding Status

Exempt Payee Code, if any

Exempt from FATCA reporting code, if any

Backup Withholding Status

Supplier Permanent Address (used for tax reporting purposes)

Street Address/Suite: *
City: *
County: *
State: Choose One: *
ZIP Code: *
Country: United States

II. Purchasing, Remit Payment and Classification

Residency Status

California Resident: Yes ☐ No ☐

Qualified to do business in California or maintain a permanent place of business in California

Employee-Supplier Relationship status

UCSD Employee
Former UCSD Employee
Relative of a UCSD Employee
UC Employee (Non-UCSD)
Relative of a UC Employee (Non-UCSD)
UC Retiree
No Relationship

Supplier attests that to the best of their knowledge there is no actual or potential conflict of interest between Contractor's family, business or financial interests and UCSD. In the event of change in Contractor's private interest that has potential for conflict of interest, Contractor will promptly notify UCSD.

D&B & SIC Codes

DUNS #: *

Do not have a DUNS number * (For more information: www.dnb.com)

Sales Tax

Yes ☐ No ☐

Information on the appropriate code California Seller's Permit Information: https://www.ssa.ca.gov/docs/77.pdf

Type of Business

Primary Type of Business: 

Manufacturer
Distributor
Dealer
Supplier Information Form Continued

Fields marked * are required for submission.

Insurance Information

Do you have insurance? 
* Yes 
* No

If yes, please attach a legible copy of your当前的（当前的有效期）Insurance Certificate to UG@nautical.com. Include company name in the subject line of the message, with attachment.

For policy and insurance limits review the link: [Terms and Conditions of Purchase](#)

Persons Authorized to Commit Your Firm to a Contract

Name* 

Job Title* 

E-mail* 

Phone* 

Persons/Owners can skip Business Demographics and section III Small Business Validation. Please go directly to section IV Certification.

Business Demographics

Check at least one box if your firm is 81% or more owned by any of the following. Please check at least one box:

- Large Business Concern
- Non-Profit Organization
- Small Business Concern
- Small Disadvantaged Business Concern
- Women- or Minority-Owned Business Concerns
- Historically Black Colleges and Universities
- HUBZone Small Business Concern
- Veterans-Owned Business Concerns
- Service-Disabled Veteran-Owned Business Concerns
- Alaska Native Corporation
- Minority-Owned Business

For information on business size, please see the [United States Small Business Administration guidelines](#)

If you indicated your Business Demographics as Large Business Concern or Non-Profit Organization, section III is optional. You may skip to section IV on the form. All other demographics must complete the following section related to Small Business Validation.

III. Small Business Validation

It is the policy of the University of California, consistent with State and Federal law, to ensure that all businesses have equal access to business contracting opportunities at the University. (California Business and Public Works Code, Title 12, Division 2, Chapter 10, Article 3, Section 16536). This requirement is intended to ensure equal opportunity for both small and disadvantaged businesses.

Any person who misrepresents its status as a small or disadvantaged business in order to obtain a contract shall: (1) be punished by imprisonment of fine, imprisonment, or both; (2) be subject to administrative remedies, including suspension and debarment, and (3) be ineligible for participation in future contracts. (Cal. Pub. Work. Code § 16536).

Principal Owners

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
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Gender: 
Male 
Female

Ethnicity: 
American Indian
Asian
Black
Hispanic
White
Multiple/Mixed Ethnicities (other than one of the preceding)

Percent Ownership:

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
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</tbody>
</table>

Gender: 
Male 
Female

Ethnicity: 
American Indian
Asian
Black
Hispanic
White
Multiple/Mixed Ethnicities (other than one of the preceding)

Customer References

Customer Name:
IV. Certification

Taxpayer Identification and Certification:
Under penalties of perjury, I certify that

1. The taxpayer identification number (TIN) provided on the form is correct.
2. I am not subject to backup withholding because I am:
   (a) Exempt from backup withholding; or
   (b) Not required to file a Form W-9 because I am not a U.S. person (defined in Digital instructions)
   (c) The IRS has notified me that I am no longer subject to backup withholding
3. I am a U.S. citizen or other U.S. person (defined in Digital instructions)

By submitting this form, you are providing your electronic signature and certifying that the information provided in this form is true and correct. If any of the information on this form changes, you will be responsible for advising UCSD Procurement & Contracts.

Authorized Supplier’s Representative Submitting the Form:

Submitted By:

Job Title:

Contact Phone Number:

Contact email:

If your submission transfers successfully, you will receive a confirmation email immediately upon completion. You may preview your submission or submit the form now.

Interested in Requests for Information, Quotes or Proposals (RFPs, RQOs, RFPs)?
Please register with our BPRP Sourcing Portal.