



Bakersfield College ■ Cerro Coso Community College ■ Porterville College

Vendor Registration Instructions

General Instructions:

1. Complete the Vendor Registration form and Substitute W9 form. Detailed instructions can be found at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
The IRS Form W9 is for the use of United States entities only. Non-US entities must submit an IRS Form W-8BEN or W-8BEN-E.
2. This form must be completed electronically or typewritten, **except for the original signature required at bottom of form**. Handwritten forms will not be accepted.
3. Please complete **all sections** of the vendor application, sign, and date.

Specific Information:

1. NAME

- a. Partnership, Corporation, Government or Nonprofit – Enter legal business name as registered with the Internal Revenue Service (IRS) in first box. If the company operates under another name, provide it in the second box.
- b. Proprietorship – Enter the proprietor’s name in the first box and the business name (DBA) in the second box.
- c. Individual – Name must be as registered with the Social Security Administration (SSA) for the Social Security number (SSN) listed in Section 3.

2. ADDRESS/CONTACT INFORMATION

- a. Order address – Provide physical location where purchase orders and correspondence are accepted.
- b. Payment / Remittance address – Provide address where payment should be mailed.
- c. Primary Contact – Name, phone and fax number of person to be contacted for order and/or payment-related questions or issues.
E-mail – Provide complete e-mail address where purchase orders are accepted.

3. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)

- a. Individual – A person that has no association with a business.
- b. Proprietorship – A business owned by one person.
- c. Partnership – A business with more than one owner and not a corporation.
- d. Corporation – A business that may have many owners with each owner liable only for the amount of his investment in the business.
- e. Government – The federal government, a state or local government, or instrumentality, agency, or subdivision thereof.
- f. Tax Exempt/Nonprofit – Organization exempt from federal income tax under section 501(a) or 501(c)(3) of the Internal Revenue Code.
- g. LLC – Limited Liability Company. **Must mark appropriate classification – disregarded entity, partnership or corporation.**
- h. Other Information:
Doctor or Medical Facility – Person or facility related to practice of medicine.
Attorney or Legal Facility – Person or facility related to practice of law.
DIR registration # - Current registration number, if applicable.
California Sales Tax – enter yes or no.
Type of Business – checkmark Goods, Services or Both.
Contractor License number – Current license number.
DUNS # - enter number, if applicable.
CAGE Code # - enter number, if applicable.
- i. The Taxpayer Identification Number (TIN) is always a 9-digit number. It will be a Social Security Number (SSN) assigned to an individual by the SSA or an Employer Identification Number (EIN) assigned to a business or other entity by the IRS.
- j. Exemptions - Provide exemptions codes. Detailed instructions can be found at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

4. DISADVANTAGED BUSINESS ENTERPRISE DESIGNATION

- a. MINORITY OWNED BUSINESS: An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of African American, Hispanic American, Asian Pacific American or Native American Ethnicity.
- b. WOMEN OWNED BUSINESS: An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more women.
- c. DISABLED/VETERAN DISABLED OWNED BUSINESS: An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled and or veteran disabled individuals pursuant to the American with Disabilities Act or who have served in the active military and discharged under conditions other than dishonorable.
- d. SMALL BUSINESS ENTERPRISE: An independent business, not dominant in field of operation, principal office located in California. Eligibility requirements available at the following link <http://www.dgs.ca.gov/pd/Programs/OSDS/SBEligibilityBenefits.aspx>.

5. KCCD EMPLOYEE REQUESTING VENDOR INFORMATION

- a. Name and email of the KCCD employee you have been speaking with.

6. COMMENTS / ADDITIONAL INFORMATION

- a. Include additional information, if necessary.

7. IRS FORM W-9 CERTIFICATION AND SIGNATURE

- a. The Certification is copied from IRS Form W-9 (rev. December 2014). See IRS Form W-9 instructions for further information.
- b. The Signature should be provided by the individual, owner, officer, legal representative or other authorized person of the entity listed on the form.
- c. Print the name and title, when applicable, of the person signing the form.
- d. Enter the date the form was signed. Forms over three years old will not be processed.



Submit to:
Kern Community College District
 Attn Purchasing Department
 2100 Chester Avenue
 Bakersfield, CA 93301
 Phone: 661-336-5155
 Fax: 661-336-5178
 Email: purchasing@kccd.edu

1. NAME For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business as (DBA)
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2. ADDRESS/CONTACT INFORMATION

Order Address			Payment/Remittance Address		
Address			Address		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Primary Contact			Web Address		
Phone Number	Fax Number		E-mail Address to receive Purchase Orders		

3. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)

Check appropriate organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN).

Individual Sole Proprietor Single-member LLC Partnership C Corporation S Corporation Government Tax Exempt/Nonprofit Trust/estate	LLC tax classification Disregarded Entity Partnership C Corporation S Corporation Other (Please explain):	Tax ID	EIN	SSN
		Name associated with SSN:		
OTHER INFORMATION Check all that apply.				
		Doctor or Medical Facility	Contractors License #:	
		Attorney or Legal Facility	DUNS #:	
		DIR registration #:	CAGE Code #:	
		Do you collect California sales tax:	Yes	No
		Type of Business:	Goods	Services Both
Exemptions (See W9 form instructions): Exempt payee code (if any) Exemption form FATCA reporting code (if any)				

4. DISADVANTAGED BUSINESS ENTERPRISE DESIGNATION

Minority owned business Please specify ethnicity:	Small business enterprise	Disabled/veteran disabled owned business
Women owned business	Other	
If you checked any of the above, have you been certified?	Yes	No
If yes, by which agency:	Certificate Number:	

5. KCCD EMPLOYEE REQUESTING VENDOR INFORMATION

Name:	Email:
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6. COMMENTS / ADDITIONAL INFORMATION

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7. IRS FORM W-9 CERTIFICATION AND SIGNATURE

Under penalties of perjury, I certify that:

- 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**
- 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**
- I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev December 2014), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Print Name & Title of Person Signing Form	Date
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