



Supplier Application/Update Form

Purchasing Department
4212 Eucalyptus Avenue
Las Vegas, NV 89121

Telephone: (702) 799-5225 Fax: (702) 799-5018

Main or Corporate Business Name & Address (as it appears on W-9):

Federal Tax ID Number:

Name:
Address:
City: State: Zip:
Telephone: Fax:
Email Address:

Have you ever received or are you currently receiving PERS (Public Employees' Retirement System of Nevada) benefits?
Check here if you are a designated NV Emerging Small Business

How would you like POs transmitted? Fax Email
Website Address:
Contact Person:

Business Status (check all that apply):

- Minority Owned (51% or more owned & managed by minority) - MBE
African American
Asian/Asian-Pacific American
Hispanic American
Native American
Not Applicable
Physically Challenged Owned (51% or more owned & managed by disabled) PBE
Veteran Owned (51% or more owned & managed by veteran) VBE
Women Owned (51% or more owned & managed by women) WBE

Local address - If Different From Main address:

Name:
Address:
City:
State: Zip:
Telephone: Fax:
Email Address:

Is your above status: Self Certified Agency Certified

Website Address:
Contact Person:

Certifying Agency:
Certification Number: Exp Date:
Do you have a NV State Business License? Yes No

Remit To (exactly as shown on invoice):

Name:
Address:
City:
State: Zip:
Telephone: Fax:
Contact Person:

NV Business ID # Exp Date:

Local Physical Presence (building location):

- Clark County, NV Other county in NV No building in NV

Type of Building (skip if not located in Nevada):

- Corporate Headquarters Sales/Retail Outlet
Office Warehouse Residence
Other:

Terms & Conditions:

Do you agree to CCSD's Terms & Conditions? Yes No
Do you agree to adhere to the CCSD Federal Funding (Debarment) Term? Yes No

Employees: How many Nevada Residents do you employ?
How many Clark County Residents do you employ?
How many non-Nevada Residents do you employ?
Total Number of Employees:

BY SIGNING THIS FORM, YOU ARE CERTIFYING THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND BELIEF. The completed form, when signed, constitutes a self-certification as to size, minority, and/or women owned status.

Name of Person Authorized to Sign (Please Print): Title:
Signature: Date:

Purchasing Internal Use Only

Buyer Initials: Date Received from Supplier:
Supplier Maintenance Initials: Date Entered in Master Data: