**Business Information Sheet**

A signature affixed hereon and dated certifies compliance with all application requirements. Our signature authorizes the Department of Public Health to verify the information herein.

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| Name of Applicant: | | | | | | | | | | | | | | | | | | CA Corp. No. (If applicable) | | | | | | | | | | | | | | Federal ID Number | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| Name of Principal (If not an individual): | | | | | | Title: | | | | | | | | | | | | | | | Telephone Number | | | | | | | | | | | Fax Number | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | |
| Street Address / P.O. Box | | | | | | | | | | | | | City | | | | | | | | | | | | | State | | | | | | Zip Code | | | | |
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| **Type of Business Organization / Ownership (Check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ownership**  Sole Proprietor  Partnership  Joint venture  Association | **Corporation**  Nonprofit  For Profit  Private  Public | | | | | | **Governmental**  City/County, California State Agency, Federal Agency, State (other than California) | | | | | | | | | | | | | **Other Type of Entity**  Public or Municipal Corporation, School or Water District, California State College, University of California, Joint Powers Agency  Auxiliary College Foundation | | | | | | | | | | | | | | | | |
|  |  | | | | | | Other: | | | | |  | | | | | | | | Other: Other: | | | | | | |  | | | | | | | | | |
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| **California Certified Small Business Status**  N/A  Microbusiness Small business | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certified By DGS | | | Certification No: | | | | | | |  | | | | | | | | | | | | | Expiration Date: | | | | | | |  | | | | | | |
|  | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | |  | | |
| **If certified, attach a copy of certification letter.** | | | | | | | | | | | **If an application is pending, date submitted to DGS:** | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Small Business Type (If applicable)**  N/A  Services  Non-Manufacturer  Manufacturer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contractor (Construction Type): | | | |  | | | | | | | | | | Contractor’s License Type: | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
| **Veteran Status of Business Owner**  N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disabled Veteran Certified by DGS | | | | | | | | | Certification No. | | | | | | |  | | | | | | | | Expiration Date: | | | | | | | | |  | | | |
|  | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | |
| **If certified, attach a copy of certification letter.** | | | | | | | | | | | **If an application is pending, date submitted to DGS:** | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
| **Disadvantaged Business Enterprise Status:**  N/A  Approved by the Cal Trans, Office of Civil Rights. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certification number issued by Cal Trans: | | | | | | | | |  | | | | | | | | | | | | Expiration Date: | | | | | | | |  | | | | | | |  |
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| **Race/Ethnicity of Business Owner**  N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Owner’s Ethnicity** (check one)  Asian‑Indian  Black  Hispanic  Native American  Pacific‑Asian  Other | | | | | **Owner’s Race** (check one)  American Indian/Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Other | | | | | | | | | | | | | | | **If Asian or Native Hawaiian or Pacific Islander** (check one):  Asian‑Indian  Japanese  Cambodian  Korean  Chinese  Laotian  Filipino  Samoan  Guamanian  Vietnamese  Hawaiian  Other | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Sex of Business Owner**  N/A (Not independently owned)  Male  Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indicate applicable licenses and/or certifications possessed:**  N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contractor’s State Licensing Board No.** | | | | | | | | **PUC License Number** | | | | | | | | | | | | | | **Required Licenses/Certifications (If applicable)** | | | | | | | | | | | | | | |
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| **Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date Signed** | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Printed/Typed Name** | | | | | | | | | | | | | | | | | | | | | **Title** | | | | | | | | | | | | | | | |
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**Public Records Information**

The above information is required for statistical and/or bidding purposes. Completion of this form is mandatory. This information will be made public upon award of the contract and will be supplied to CDPH’ Contract Management Unit, Department of General Services and possibly other public agencies. To access your contract related records; contact the Contract Management Unit, 1501 Capitol Avenue, Suite 71.5178, MS 1802, P.O. Box 997377, Sacramento, CA 95899‑7377, telephone number (916) 650-0100