HAMILTON UNIFIED SCHOOL DISTRICT

CUPCCAA Bidders List Information Form

The main form of communication from the District will be via email

1. Insert below the name and complete address, including zip code, to which a Notice To Contractors or Proposal should be mailed:	
Legal Name of Contractor or Vendor:	
Name of Requestor:	
Address:	
City/State/Zip Code:	
2. Insert below the telephone and facsimile numbers at which the Contractor may be reached, as well as email address and web address, if applicable.	
Telephone:	
Fax:	
Email:	
Web address:	
3. The Class of Contractor's License(s) held and Contractor License Number(s) are to be provided on the following page.	
4. The type(s) of work in which the Contractor is interested <u>and currently licensed</u> to perform are to be indicated on the following page.	
5. Additional Information:	
DIR Number	
Taxpayer Identification Number	
Social Security Number OR	
Employer Identification Number	

Submit form to:
Superintendent
Hamilton Unified School District, 620 Canal Street, P.O. Box 488, Hamilton City, CA 95951
Completed forms may be submitted via email to ccarrier@husdschools.org, for receipt on behalf of the District, or via facsimile to: (530) 826-0440.
All submittals, via email or facsimile, must be clearly labeled **"Hamilton Unified School District CUPCCAA Bidders List Information Form."**

Contractor: List all current license and classes descriptions.

NOTE: you must have a current and active contractor's license to do business as a contractor with HUSD.

Example:

C20 CA123456 Warm Air Htng, Ventilation & A/C

CLASS	LICENSE NUMBER	DESCRIPTION

☐ Agricultural (specify): _____

☐ Appliances (specify): _____

☐ Art & Vocational Art (Equipment/Supplies)

☐ Athletic/Gym Equipment

☐ Audio/Visual (Equipment/Supplies)

☐ Automotive and Auto Body Supplies

☐ Aviation Equipment and Supplies

☐ Beauty Equipment & Supplies

☐ Chemicals – Scientific

☐ Childcare Equipment & Supplies

☐ Communications (radios/pagers/telephones)

☐ Computer (hardware/peripherals)

☐ Computer (software/supplies)

☐ Computer – Other (specify): _____

☐ Drafting (equipment/supplies)

☐ Electrical Supplies (specify): _____

☐ Electronics (TV, VCR, etc.) (specify): _____

☐ Fencing Supplies

☐ Flooring Supplies

☐ Freight (moving and related services)

☐ Food Service/Culinary Equipment

☐ Furniture – classroom, office, copy machines, etc. (specify): _____

☐ Glass (windows/supplies)

☐ Hardware (hand tools, nails, screws, etc.)

☐ Heavy Equipment/Machinery (specify): _____

☐ HVAC, Boiler Supplies

☐ Industrial Arts-Welding

☐ Janitorial/Cleaning (specify): _____

☐ Laboratory Supplies

☐ Landscaping & Horticulture Materials/Supplies

☐ Lighting (lamps/fixtures)

☐ Locks/Locksmith Services

☐ Lumber

☐ Mailroom (equipment/supplies)

☐ Maintenance Services (specify): _____

☐ Measuring Instruments

☐ Medical/Dental/Nursing Equipment & Supplies

☐ Musical Instruments/Sheet Music

☐ Office Services (photocopying, printing, graphics)

☐ Office Supplies (paper products, etc.)

☐ Paint Supplies

☐ Photography (equipment/supplies)

☐ Plumbing – fixtures and supplies

☐ Police – equipment and supplies

☐ Pool (equipment and supplies)

☐ Power Tools

☐ Rentals (equipment) (specify): _____

☐ Rentals – Other (specify): _____

☐ Roofing (materials/supplies)

☐ Safety Equipment & Supplies

☐ Sewing Equipment & Supplies

☐ Signs (traffic/safety/directional)

☐ Theater (stage, sets, lighting, etc.)

☐ Trucking (dumping, trash removal, etc.) (specify): _____

☐ Uniforms

☐ Utilities Provider (electric/gas/water/telephone)

☐ Vehicles (carts, bus, auto, etc.)

☐ Warehouse (material handling equipment/supplies)

☐ Window Coverings (draperies, etc.)

☐ Other – Not listed above: _____

SELF – CERTIFICATION

Dear Consultant/Contractor/Vendor/Supplier:

The Hamilton Unified School District seeks Local, Small, Emerging, and Disabled Veteran-Owned Business Enterprises to participate in our major capital improvement projects. Please self-certify your business by checking the appropriate boxes below, in order to identify the criteria under which your business qualifies.

My business qualifies as the following (check all that apply):

Small Business – Please check all that apply:

- ☐ My company's annual gross sales are less than $1 million.
- ☐ My business is certified with the Small Business Administration (SBA).
- ☐ My business is an Architectural/Engineering firm with annual gross sales of $4 million or less.
- ☐ My business is a Landscape Architectural firm with annual gross sales of $5 million or less.
- ☐ My business is a Specialty Trade Contractor with annual gross sales of $5 million or less.
- ☐ My business is a General Contractor with annual gross sales of $5 million or less.
- ☐ Emerging Business – defined as one who has been in business less than five years. I started my business on _____.
- ☐ Service-Disabled Veteran-Owned Business.
- ☐ Veteran-Owned Business – (current certification on file with _____ (agency).

Local Business – Please check if applicable:

- ☐ My business is located within Colusa, Butte, Glenn, or Tehama counties.

My business also qualifies as (check all that apply). Include Agency where certificate is currently on file:

- ☐ **Minority Business Enterprise** _____
- ☐ **Woman-Owned Business Enterprise** _____
- ☐ **HUB-Zone Business Enterprise** _____
- ☐ **Disadvantaged Business Enterprise** _____
- ☐ **Other Business** – defined as one that does not meet any of the other definitions above.

_____ _____
Name/Title Signature

_____
Company

_____
Street Address, City, State, ZIP

_____ _____
Phone Number Fax Number

If you would like to receive notifications of business opportunities via email, please provide email address.

_____