



Susan Chavez, Acting Superintendent
Sandra Traczyk, Chief Finance Officer
Michelle Romero, Director of Purchasing
Heather Rindels, Buyer

VENDOR REGISTRATION FORM

All information must be filled out by applicant:

Individual Name or Business: _____

Remit Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ Email Address: _____

Type of Business: _____

Are you an Employee of Los Lunas School District? _____ Yes _____ No

Are you an Immediate Family Member of an Employee of Los Lunas School District? ____ Yes ____ No

NM Tax ID (GRT) Number: _____

Federal Tax ID Number: _____

NM Construction Industries Division Contractor's License Number (if applicable):

Number of Employees: _____ Worker's Compensation Insurance? Yes or No

General Liability Insurance? Yes or No Automobile Insurance? Yes or No

Los Lunas School District requires contractors to carry Professional Liability Insurance at a level of \$1,000,000 and must carry Automobile Liability Insurance. Worker's Compensation Insurance shall be maintained if number of employees exceeds four.

Signature of Applicant: _____ Date: _____

Please attach a W-9 and return both forms to the following address:

PO Drawer 1300 (if mailed)
119 Luna Avenue (if hand delivered)
Los Lunas, NM 87031
Phone: (505) 866-8259 Fax: (505)866-8262