



Susan D. 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):

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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