



5340 Skylane Blvd.
 Santa Rosa, CA 95403
 707.524.2625

2024 CUPCCAA Registration Form

Contractor/Vendor Information

DIR Registration #: _____

Business Name: _____

Business Address: _____

Contact Name/Title: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

California Contractor License Number(s)	Class of Contractor License(s) Held

Please check the box(es) for the type of work that you are licensed to perform and are interested in contracting with the Sonoma County Office of Education through the informal CUPCCAA bid process:

<input type="checkbox"/>	Boiler, Hot Water Heating & Steam Fitting	<input type="checkbox"/>	Insulation & Acoustical
<input type="checkbox"/>	Building Moving, Demolition	<input type="checkbox"/>	Landscaping
<input type="checkbox"/>	Cabinet, Mill Work & Finish Carpentry	<input type="checkbox"/>	Lath & Plaster
<input type="checkbox"/>	Carpenter	<input type="checkbox"/>	Lock & Security Equipment
<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Low Voltage System
<input type="checkbox"/>	Drywall	<input type="checkbox"/>	Masonry
<input type="checkbox"/>	Earthwork & Paving	<input type="checkbox"/>	Ornamental Metals
<input type="checkbox"/>	Electrical, General	<input type="checkbox"/>	Painting
<input type="checkbox"/>	General Engineering/Contracting	<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Fencing	<input type="checkbox"/>	Refrigeration
<input type="checkbox"/>	Fire Protection	<input type="checkbox"/>	Roofing
<input type="checkbox"/>	Flooring	<input type="checkbox"/>	Sheet Metal
<input type="checkbox"/>	Glazing	<input type="checkbox"/>	Steel, Reinforcing
<input type="checkbox"/>	Steel, Structural	<input type="checkbox"/>	Welding
<input type="checkbox"/>	Tile, Ceramic & Mosaic	<input type="checkbox"/>	Well Drilling
<input type="checkbox"/>	Heating, Ventilating & Air Conditioning	<input type="checkbox"/>	

Please indicate in detail what type(s) of work your firm performs, especially if not described by the general classifications listed herein.

School District/COE References

This section must be completed. Please include contact information for three (3) school districts and/or COEs in which your company has performed public works projects:

Dist/COE Name	
Dist/COE Address	
Contact Name	
Phone/Email	

Dist/COE Name	
Dist/COE Address	
Contact Name	
Phone/Email	

Dist/COE Name	
Dist/COE Address	
Contact Name	
Phone/Email	

Contractor Certification

I certify, to the best of my knowledge, the information provided herein is accurate and true, as of this date. I am properly licensed and skilled to perform the indicated work, and should I be selected for a public works project, I am able to secure bonds to perform the work. Furthermore, my company shall comply with all city, state and federal requirements.

Company Name

Authorized Signer

Date

Printed Name and Title