



Susan Chavez, 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 General and Professional Liability Insurance, as applicable, 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. Los Lunas Schools **MUST** be listed as additional insured and include a waiver of subrogation.

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