

**SUPPLIER CLEARINGHOUSE
VERIFICATION APPLICATION**

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

1. BUSINESS IDENTIFICATION For which status are you applying? MBE ☐ WBE ☐ WMBE ☐

Business Name

Phone Number () Fax Number ()

Primary Business Location	Number	Street	
	City	County	State Zip Code

*Mailing Address (if different)	Number	Street	
	City	County	State Zip Code

Billing Address (if different)	Number	Street	
	City	County	State Zip Code

Email Website Address

Contact Person	Number	Street	
	City	County	State Zip Code

2. BUSINESS SPECIALTY + Brief description of products/services:

Standard Industrial Classification Codes List corporate-wide primary SIC code first. **(Mandatory)**

A full listing of SIC Codes may be obtained from the U.S. Department of Labor Internet website at <http://www.osha.gov/oshstats/sicser.html>

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+ Field may be made available to the general public.

*Field will be maintained in Clearinghouse database only.

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Rev. 8/2009

3. Is a percentage of your firm owned by an affiliated company?* YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, complete:	
List % owned	
*Affiliate Company Name	
Street Address	
City, State & Zip Code	
4. OWNERSHIP TYPE + Business Structure (check one): <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 45%;"> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> </div> <div style="width: 45%;"> *Date Established: <div style="border: 1px solid black; height: 20px; width: 150px; margin-top: 5px;"></div> *Dun & Bradstreet #: <div style="border: 1px solid black; height: 20px; width: 150px; margin-top: 5px;"></div> (Optional) </div> </div> <div style="margin-top: 20px;"> *Service Area (s): Local <input type="checkbox"/> State <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> </div>	
5. LICENSE/IDENTIFICATION NUMBERS* <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> *Federal Employer Tax I.D. <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div> *State Employer Tax I.D. <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div> *Social Security <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div> *Local Business license <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div> *Professional License <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div> Name of Licensee <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div> </div> <div style="width: 45%;"> *Is this firm a Small Business YES <input type="checkbox"/> NO <input type="checkbox"/> (Consult local SBA office for size standard by industry.) *Annual Gross Sales for most current fiscal year (rounded to nearest \$10,000) \$ <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div> *Total employees on Payroll (from whom FICA is deducted) <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div> </div> </div> <div style="margin-top: 20px;"> Construction Companies Only: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Contractor License Number <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div> Name of Licensee <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div> </div> <div style="width: 45%;"> *Bonding Company <div style="border: 1px solid black; width: 150px; height: 15px; margin-top: 5px;"></div> *Bonding Limit <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div> </div> </div> </div>	

6. INSURANCE REFERENCE*	
Insurance Carrier	
Street Address	
City, State & Zip Code	
Phone Number ()	Contact Person
7. BUSINESS FACILITIES AND EQUIPMENT *	
A. Does the firm own its own office? If no, provide the following information. YES <input type="checkbox"/> NO <input type="checkbox"/>	
Landlord/Lessor	
Landlord/Lessor's Street Address	
City, State & Zip Code	
Phone Number	
B. Does applicant SHARE office space with another firm(s) If yes, please identify the firm(s): YES <input type="checkbox"/> NO <input type="checkbox"/>	
Firm Name	
Phone Number	
Firm Name	
Phone Number	
C. List major equipment/assets owned by applicant (including computers, etc.): Not Applicable <input type="checkbox"/>	
D. List major equipment leased by applicant*: Not Applicable <input type="checkbox"/>	
Equipment Leased:	Lessor:

8. OUTSTANDING LOAN(S)*

List any outstanding loans greater than \$10,000:

Not Applicable ☐

Amount of loan(s):

Lenders/Creditors:

Guarantors:

9. BUSINESS OWNERS, OFFICERS AND KEY PERSONNEL*Identify ALL persons & firms who own the business as well as officers, directors & key personnel. Total **must** equal 100%.

*Name/Firm	% Owned	U.S Citizen/ Permanent Residence	*Race/ Ethnic Code	*Gender M/F	*Circle all applicable role(s)	Title
	%	Y N			A B C	
	%	Y N			A B C	
	%	Y N			A B C	
	%	Y N			A B C	

(List additional owners on separate attachment)

Race/Ethnic Code:

- 1 Black American
2 Asian/Pacific American^o
3 Native American

- 4 Hispanic American
5 White
6 Filipino

- 7 Polynesian
8 Multi-Status
9 Other

Role code:

- A Owner
B Officer
C Key Personnel

^oIncludes Asian Indian**10. DAILY BUSINESS MANAGEMENT/DECISION-MAKING***

List all individuals responsible for day-to-day management and policy decision-making:

*****Type of Authority/
Responsibility**
(check applicable boxes)

Name	Title	**Race/Ethnic Code	Gender M/F	1	2	3	4	5	6	7

** See Section 9 for Race/Ethnic Code

***Type of Authority/
Responsibility

- 1 Finance
2 Management
3 Hiring/firing

- 4 Marketing/Sales
5 Equipment Purchasing
6 Field Supervisor
7 Other

11. RELATIONSHIPS WITH OTHER BUSINESS CONCERNS

Do individuals (owner or key employee) in this firm have ownership or business relationships with ANY other firms? If yes, list name of person, name of other business, and relationship:

Not Applicable ☐

Individual Name	Firm Name	Relationship

12. PREVIOUS BUSINESS OWNERSHIP

Have any individuals (owner or key employee) in this firm conducted business under ANY other business name? If yes, provide name of person, name of other business, position with other business and dates of involvement:

Not Applicable ☐

Individual Name	Firm Name	Position	Dates

13. OUTSIDE CONSULTING SERVICES

Has any other firm provided management or financial consulting services to this firm during the past twelve months (other than CPA and/or legal counsel)? If yes, list the following for each consultant: name of firm, contact person, phone number and service provided:

Not Applicable ☐

Firm Name	Contact Person	Phone Number	Service Provided

14. RESTRICTIONS ON STOCK OWNERSHIP (for corporations only)

(A). Are there any outstanding stock purchase options, warrants, or agreements for issuance of such options or warrants? If yes, please explain:

YES ☐ NO ☐

(B). Are there any shares pledged subject to lien or agreement or beneficially owned by anyone other than that person in whose name it stands? If yes, please explain:

YES ☐ NO ☐

15. BUSINESS LOCATIONS/WORK SITES

*How many business locations/branch offices does your firm have?

Please provide information on your firm's business locations/work sites by City, County, number of employees on payroll (from whom FICA is deducted) in each location, SIC codes describing the primary work in each location, and the date your ownership was established.

<u> </u> Zip Code	<u> </u> City	<u> </u> No. of Employees	<u> </u> Primary SIC Code	<u> </u> Date Established
<u> </u> Zip Code	<u> </u> City	<u> </u> No. of Employees	<u> </u> Primary SIC Code	<u> </u> Date Established
<u> </u> Zip Code	<u> </u> City	<u> </u> No. of Employees	<u> </u> Primary SIC Code	<u> </u> Date Established
<u> </u> Zip Code	<u> </u> City	<u> </u> No. of Employees	<u> </u> Primary SIC Code	<u> </u> Date Established

(Attach additional sheets as necessary)

16. OUTSIDE CONSULTING SERVICES USED IN THE PREPARATION OF THIS APPLICATION

Has any other firm provided assistance to applicant business in the preparation of this application?

Not Applicable ☐

If yes, name of firm providing assistance:

Was there a charge for this service? Not Applicable ☐

If yes, indicate amount:

\$

SUPPLIER CLEARINGHOUSE PARTICIPATION AGREEMENT

It is important that you fully understand the terms upon which WMBE verification is granted by the Clearinghouse. Verification as a woman, or minority-owned business enterprise (“WMBE”) imposes requirements that must be adhered to during the three-year period the verification is valid (“Verification Period”). Your eligibility to become a verified WMBE is contingent upon reading the terms set out below and signing this Agreement in the space provided.

I/We acknowledge that my/our application for verification as a WMBE is subject to and contingent upon the following:

1. I/We understand that verification as a WMBE by the Clearinghouse confirms that the ownership, management and control of my/our company meets the WMBE eligibility standards set out in General Order 156 and applicable Clearinghouse guidelines. I/We also understand that the WMBE verification does not constitute an endorsement of my/our company’s technical capabilities or guarantee placement on utility bid lists or award of any utility contracts.
2. I/We understand that, if my/our company is verified, the terms of this Agreement will apply during the Verification Period. I/We also understand that FAILURE to disclose and comply with any of the terms below can result in the automatic rejection of my/our verification application or revocation of my/our WMBE verification if my/our company is granted WMBE status by the Clearinghouse.
 - a. I/We agree to submit to the Clearinghouse all documentation that may be requested in order to determine my/our WMBE eligibility. This may include, but not be limited to, all documents requested in the VAP and any additional documentation required by the Clearinghouse to clarify statements made in the VAP or that clearly evidence WMBE eligibility.
 - b. I/We agree to notify the Clearinghouse within thirty (30) days following any change in the ownership, management or control of my/our company.
 - c. I/We agree that I/we will not knowingly or willfully submit to the Clearinghouse information that is FALSE, MISLEADING OR INCORRECT.
 - d. I/We agree to submit to the Clearinghouse, within the required timeframe, proof of continued WMBE eligibility
 1. Upon expiration of the three-year Verification Period (if verified under the full Supplier Clearinghouse verification procedure); or
 2. Upon expiration of certification by a comparable agency (if verified under the Comparable Agency Verification procedure); or
 3. Upon receipt of notice from the Clearinghouse that it has made a decision to reinvestigate my/our company’s WMBE eligibility.
3. I/We understand that the Clearinghouse has the authority to reinvestigate, for good cause, my/our company’s WMBE eligibility during the Verification Period.
4. I/We agree to cooperate fully with the Clearinghouse in the conduct of on-site field audits, before or after WMBE verification, to determine the initial and/or continuing WMBE eligibility of my/our company. The field audit may include interviews and examination of business records and any other information deemed necessary by the Clearinghouse.
5. I/We understand that if I/we cancel a scheduled field audit without good cause and without at least four (4) working days advance notice to the Clearinghouse, the Clearinghouse may not be able to schedule a new field audit due to fiscal or other constraints. Therefore, I/we understand that such cancellation may lead to a presumptive denial of WMBE verification if the Clearinghouse cannot determine the WMBE eligibility of my/our company without conducting a field audit.
6. I/We understand that the WMBE verification by the Clearinghouse will be automatically revoked if my/our company ceases doing business during the Verification Period.
7. I/We understand that the Clearinghouse has the authority to revoke my/our company/s WMBE verification at any time during the Verification Period for good cause, including, but not limited to, failure to comply with any of the terms contained in paragraph 2 of this Agreement.

8. I/We understand that if my/our company is denied WMBE verification, neither its owner(s), officers, nor any key employee may reapply to the Clearinghouse for verification during the twelve (12) months following the date of the final denial by the Clearinghouse. Notwithstanding the above, if my/our company rebuts any denial of verification through the Clearinghouse appeals process and exhausts its administrative remedies at the CPUC, and there has been a real demonstrable change in my/our company's ownership, management, and/or control, my/our company may reapply for verification within the 12-month period.
9. I/We understand that if my/our company is denied WMBE verification and if I/we do not file a complaint with the CPUC within ninety (90) days following the date of final denial by the Clearinghouse, my/our VAP will be deemed closed.
10. I/We understand that the Clearinghouse may release the following information to the public:
 - a. Name of firm, address, and telephone number
 - b. Ethnicity of owner(s) and/or controlling members
 - c. Gender of owner(s) and/or controlling members
 - d. Name of the agency and party that performed a site visit and date of site visit, if applicable
 - e. Name of agency that conducted the verification process
 - f. Product or service categories
 - g. Geographical area
 - h. Type of ownership
 - i. Any additional local requirements met by the enterprise, if applicable
 - j. A record of actions by a participating state or local agency resulting in verification denial or deverification
11. I/We understand that my/our entire verification file may be made available to other agencies which perform verification, as necessary to comply with the Public Utilities Contract Code Sections 2050 through 2057.
12. I/We understand that, SUBJECT TO THE ABOVE, the Clearinghouse will seek to protect the confidentiality of information submitted as part of the verification application process, including, but not limited to, the VAP and any subsequent information as part of any protest, or verification procedure, to the extent permitted by law and the Agreement with the CPUC. The CPUC cannot be held liable for release of information pursuant to requests from participating utility companies, or parties authorized by the CPUC, or pursuant to any administrative, judicial or regulatory proceedings.

WARNING

Any applicant for Clearinghouse WMBE verification who misrepresents or falsifies information or documentation requested in this verification application process is subject to the penalties provided by the Public Utilities Code, Section 8285:

Any person or corporation, through its directors, officers, or agents, which falsely represents a business as a women, minority, or disabled veteran business enterprise in the procurement of, or attempt to procure, contracts from an electrical, gas, water or telephone corporation with gross annual revenues exceeding twenty-five million dollars (\$25,000,000), or a commission-regulated subsidiary or affiliate subject to this article, shall be punished by a fine of not more than five thousand dollars (\$5,000), by imprisonment in a county jail for not more than one (1) year or in the state prison, or by both that fine and imprisonment. In the case of corporation, the fine or imprisonment, or both, shall be imposed on every director, officer, or agent responsible for the false statements.

AFFIDAVIT

I/We, the undersigned, swear that all the information provided by me/us in this Verification Application Package, including all supporting documentation submitted by me/us, is true and correct. I/We have read Section 8285 of the Public Utilities Code, State of California, contained in the application package, and understand the penalties for violation of this code.

I/We agree to release any documents or information required by the Clearinghouse to determine WMBE eligibility. Additionally, the Clearinghouse may conduct an on-site field audit of this business at any time during the application and/or eligibility periods to verify eligibility.

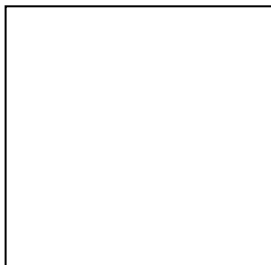
I/We understand further that it is my/our responsibility to notify the Clearinghouse within thirty (30) days of any change of ownership, operation, or control in the business herein applying for Clearinghouse WMBE verification. Failure to do so may be cause for reapplication and/or determination of ineligibility.

I/We state that I/we are properly authorized for _____ (name of firm) to execute this affidavit.

Name of Owner/Key Personnel (print)	Signature	Title	Date

NOTARY

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____,
by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Notary Public

Commission Expires

Note: THIS APPLICATION IS INVALID WITHOUT A NOTARIZED SIGNATURE

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SUPPLIER CLEARINGHOUSE DOCUMENT CHECKLIST
FOR THREE YEAR VERIFICATION OF SOLE PROPRIETORSHIPS, PARTNERSHIPS/LLCS & CORPORATIONS

THE FOLLOWING INSTRUCTIONS SHOULD BE READ CAREFULLY

For COMPARABLE AGENCY VERIFICATION, your firm **MUST** be currently certified by any of the agencies listed on the Clearinghouse website and you must provide evidence of such valid certification. With such evidence, you are required to submit the supplemental documents as listed on page 8 of the Comparable Agency Verification Application form. Completion of pages 1 to 7 is still required. Note that the period of Clearinghouse verification will coincide with the valid period from the comparable agency. You will be required to apply for reverification upon expiration of your CAV.

If you are not currently certified by any of the agencies listed on the Clearinghouse website, you **MUST** provide the following documents on page 11 and 12 of this form.

The following checklist will guide you in compiling all supporting business documents that are required to be submitted with your Verification Application in order to enable the Clearinghouse to verify ownership and control of the applicant business concern.

The checklist includes the minimum supporting documents required to be submitted with the verification application in accordance with General Order 156 and the contract between the Commission and the Clearinghouse. **If any document is missing or not available, please provide a brief written explanation.**

FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS MAY DELAY THE PROCESSING OF YOUR APPLICATION.

To assist the Clearinghouse in acknowledging receipt of a complete package, please compile your supporting documents in the same sequence as the checklist, and mark each document on the upper right hand corner with the letter or number that applies to each document (e.g. A, B, C, D1, etc.).

Effective February 26, 2004, the CAV process has changed whereby the Clearinghouse may refrain from accepting another agency's verification if there is reason to believe that CAV may not meet the Clearinghouse standards. This applies to both first time applications and renewals whereby a firm is no longer automatically verified by only submitting a CAV.

DOCUMENT CHECKLIST

VERIFICATION APPLICATION PACKAGE

SECTION I IS APPLICABLE TO ALL FORMS OF BUSINESS. Place an 'X' for each document enclosed in the column designated by the letter that is applicable to your form of business, using the following key:

S: SOLE PROPRIETOR

P: PARTNERSHIP/LLC

C: CORPORATION

Section I: DOCUMENTS REQUIRED OF ALL APPLICANTS	S	P	C
A. Supplier Clearinghouse Verification Application Form, completed, signed by the authorized owner(s) or officer(s), and notarized. Only the original form will be accepted. Copies will not be accepted.			
B. Business license and fictitious business name statement.			
C. Business card from all owners NOT COPIES and a brochure/portfolio describing company's products or services.			
D1. Proof of qualifying owner(s)' U.S. citizenship or legal, permanent U.S. resident alien status: (a) copy of certified birth certificate from applicable county, state or federal registrar; or, (b) copy of U.S. passport; or, (c) copy of voter's registration card; or, (d) copy of U.S. military record (Form DD214); or, (e) copy of front and back of INS permanent resident visa card; or, (f) INS certificate of naturalization; or, (g) INS certificate of U.S. citizenship. **			
D2. Proof of qualifying owner(s)' ethnicity/minority status. For applicants other than Native Americans, furnish: (a) copy of certified birth certificate from applicable county, state or federal registrar; or, (b) three declarations from recognized minority community organizations; or, (c) copy of parents' or grandparents' birth certificates. For Native American applicants, furnish: (a) copy of tribal enrollment card; or, (b) letter of Tribal Chairman; or, (c) letter from BIA if reservation is terminated.			
D3. Proof of qualifying owner(s)' gender: (a) copy of certified birth certificate from applicable county, state or federal registrar; or, (b) copy of U.S. driver's license; or, (c) copy of U.S. passport. **(D1, D2 & D3 may all be satisfied by submitting only one copy of U.S. passport).			
E. Detailed resume OR work history of all principals and key employees, summarizing education, training, and employment history, with dates, duties, and responsibilities.			
F. Copy of full lease/rental agreement for main business site or copy of deed and/or purchase loan agreement reflecting ownership of property(s), or if working from home, state so in a letter & give copy of mortgage or property tax bill.			
G. Cancelled check or payment receipt for lease/rental or purchase of business site. For residence, mortgage/tax invoice.			
H. Business bank account information: copy of bank account signature card, or letter from your bank verifying person(s) authorized to sign checks and the number of signatures required.			
I. Evidence of personal capital contributions (such as cancelled checks) or an explanation and substantiating evidence of other consideration given to acquire ownership interest in the business (initial investment).			
J. Most recent federal tax returns IN FULL: (a) Form 1120, 1120A, or 1120S, include all statements and applicable schedules for Corporations; or, (b) Form 1065 include all statements and applicable schedules for Partnerships or LLCs; or, (c) Form 1040 include entire return including W2 and 1099 statements and all applicable schedules for Sole Proprietors; or, (d) Form 4562 for all businesses (if applicable).			
K. On a separate page, list two clients AND two suppliers with whom you have done business in the past twelve months. Include name of client/supplier, contact person, address, phone number, and nature of relationship to applicant firm.			

Section II: ADDITIONAL DOCUMENTS REQUIRED OF PARTNERSHIPS/LLCS		P	
A. Partnership agreements and any amendments thereto.			
B. Profit-sharing agreements (if not included in partnership agreement).			
C. Buyout rights agreements (if not included in partnership agreement).			
Section III: ADDITIONAL DOCUMENTS REQUIRED OF CORPORATIONS			C
A. Articles of Incorporation, including documents issued by Secretary of State.			
B. By-Laws and any amendments thereto pertaining, but not limited to, the following: stock options, stockholder agreements, stockholder voting rights, ownership of voting securities, facts pertaining to values of shares and restrictions on disposal of stock loan agreements.			
C. Record of first organizational meeting AND subsequent minutes which record any change in ownership and/or control of the corporation (if applicable).			
D. Copies of all current stock certificates. Include front & back.			
E. Copy of any stock transfer ledgers/stock ledgers.			
F. If not a California corporation, a copy of Statement of Foreign Corporation Designation, if one has been filed.			
G. Copy of most recently filed Statement by Domestic Stock Corporation, if a California corporation.			
H. Most recent annual report, if available.			