



CALIFORNIA
WATER SERVICE GROUP
INVESTING FOR LIFE

Vendor Information Form

1. Vendor Name & Mailing Address

Melissa Salazar

VENDOR NAME

426

N Heathdale Ave.

STREET OR P.O. BOX NUMBER

STREET NAME

Covina

CA

91722

Los Angeles

USA

CITY

STATE

ZIP CODE

COUNTY

COUNTRY

2. Remit To Address

☐ Check box if different than Mailing Address

16811

Rhone Ln.

STREET OR P.O. BOX NUMBER

STREET NAME

Huntington Beach

CA

92647

Orange

USA

CITY

STATE

ZIP CODE

COUNTY

COUNTRY

3. Sales Contact Information

FIRST NAME

LAST NAME

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

4. Accounts Receivable Contact Information

FIRST NAME

LAST NAME

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS



5. Supplier Information

FEDERAL TAX ID NUMBER

DUNN & BRADSTREET NUMBER

SIC NUMBER

NAICS NUMBER

DO YOU COLLECT CALIFORNIA SALES TAX?

TYPE OF PRODUCTS/SERVICES PROVIDED

SUPPLIER DIVERSITY INFORMATION
(TO DETERMINE ELIGIBILITY FOR CERTIFICATION)

*Diversity section is
California only*

OWNER'S ETHNICITY
(IF ANY BOX ON THE LEFT IS SELECTED)

☐ DISABLED VETERAN-OWNED BUSINESS** (DVBE)

☐ AFRICAN AMERICAN

☐ WOMAN-OWNED BUSINESS* (WBE)

☐ ASIAN-PACIFIC AMERICAN

☐ MINORITY-OWNED BUSINESS* (MBE)

☐ HISPANIC

☐ LESBIAN, GAY, BISEXUAL AND/OR TRANSGENDER* (LGBTBE)

☐ NATIVE AMERICAN / NATIVE HAWAIIAN / ALASKAN NATIVE

☐ 8(A), VOSB, SD-VOSB, HUBZONE, SDB, WOSB, OR SB(1)

☐ WHITE

☐ DECLINE TO STATE

* CPUC SUPPLIER CLEARINGHOUSE CERTIFICATION #²: _____ (PLEASE PROVIDE COPY OF CERTIFICATION)

** DEPARTMENT OF GENERAL SERVICES CERTIFICATION #³: _____ (PLEASE PROVIDE COPY OF CERTIFICATION)

¹FOR THE DEFINITION OF A "SMALL BUSINESS," PLEASE REFER TO THE SIZE STANDARDS PROVIDED BY THE U.S. SMALL BUSINESS ADMINISTRATION, WHICH ARE AVAILABLE AT [HTTPS://WWW.SBA.GOV/SITES/DEFAULT/FILES/FILES/size_standards_table.pdf](https://www.sba.gov/sites/default/files/files/size_standards_table.pdf)

²THE CPUC SUPPLIER CLEARINGHOUSE IS A COMMISSION-SUPERVISED ENTITY WHOSE PRIMARY PURPOSE IS TO AUDIT AND VERIFY THE STATUS OF WOMAN- AND MINORITY-OWNED BUSINESSES. ADDITIONAL INFORMATION IS AVAILABLE AT [HTTP://WWW.THESUPPLIERCLEARINGHOUSE.COM/](http://www.thesupplierclearinghouse.com/)

³THE THE DEPARTMENT OF GENERAL SERVICES (DGS) SERVES AS BUSINESS MANAGER FOR THE STATE OF CALIFORNIA AND VERIFIES THE STATUS OF DISABLED VETERAN OWNED BUSINESSES. ADDITIONAL INFORMATION IS AVAILABLE AT [HTTPS://WWW.DGS.CA.GOV/](https://www.dgs.ca.gov/)

6. Signature

THE INFORMATION PROVIDED IN THIS VENDOR INFORMATION FORM IS TRUE AND CORRECT.

WE HAVE RECEIVED THE CALIFORNIA WATER SERVICE GROUP SUPPLIER CODE OF CONDUCT AND AGREE TO COMPLY WITH THE REQUIREMENTS OUTLINED IN THE DOCUMENT.

Melissa Salazar

11/20/2019

AUTHORIZED VENDOR SIGNATURE

DATE

Melissa

Salazar

FIRST NAME

LAST NAME

Data Science Intern

TITLE OR POSITION



7. For Internal Use Only

DEPARTMENT/DISTRICT/SUBSIDIARY

REQUESTOR (PRINT)

TITLE

SIGNATURE

DATE

VENDOR PRODUCT/SERVICES

PURPOSE OF ADDING THE VENDOR

TIME PERIOD TO REMAIN OPEN IN SYSTEM (E.G. MONTHS, YEARS)

8. Approval by District Manager/Director/Officer/General Manager:

PRINTED NAME

TITLE

SIGNATURE

DATE