

Form A2 - Vendor Identification Form

VENDOR IDENTIFICATION FORM

ALL FIELDS MUST BE COMPLETED. INCOMPLETE FORMS MAY BE REJECTED AND RESUBMITTED.

GENERAL INFORMATION

Legal Name

Doing Business As (DBA)

IRS **Taxpayer ID** No.
(EIN or SSN)

If applicable:

Submit **IRS W9** form (**required**)

CA **SOS** Entity/Registration No.

For foreign vendors, click **Foreign Entity** for related instructions

CA **DTFA** Seller Permit No.

Entity type

City of Los Angeles Office of Finance (OOF) BTRC/VRN No.

Individual/Sole Proprietor

Governmental Entity

Corporation

Other:

Partnership

BTRC/VRN application pending (attach proof of submission)

For further information click **Office of Finance**

BUSINESS ADDRESS

Street

Contact

City

Phone

Fax

State/
Region

Zip Code

Email

Country

Remittance
address:
(If different from above)

CALIFORNIA FRANCHISE TAX BOARD (FTB)

An FTB form is required from all vendors with a payment address outside of California. Submit form 587 or 590 or **proof** of submission of form 588 or 589:

F-587

F-590

F-588

F-589

Click **FTB Publication 1017** for further information

BUSINESS CERTIFICATION

(Check all that apply - If required, attach copies of all applicable certifications)

Airport Concessions Disadvantaged Business Enterprise (ACDBE)

Minority Women Business Enterprise (M/WBE)

Disadvantaged Business Enterprise (DBE)

Small Business Enterprise* (Proprietary)

Disabled Veteran Business Enterprise (DVBE) (LAWA)

Local Small Business (LSB) (*formerly SLB*)

Local Business Enterprise (LBE)

Women Business Enterprise (WBE)

Minority Business Enterprise (MBE)

**Per SBA or DGS criteria verification*

Legend:

BTRC - Business Tax Registration Certificate

DTFA - California Department of Tax & Fee Administration

EIN - Employer Identification number

SSN - Social Security Number

SOS - California Secretary of State

VRN - Vendor Registration Number

CERTIFICATION

The undersigned declares and certifies that all statements on this form are true and correct. I agree to notify Strategic Sourcing Division immediately of any changes to the information contained herein. I have read and agreed with the administrative requirements set for this project and have been provided as a checklist in the bid/proposal package. If selected, I/We will comply with these requirements for the duration of the contract.

Authorized
Signature

Date

Print Name

Title

For LAWA use only:

Requesting Division:

Contact Person:

Phone No:

For instructions and additional information, please click **LAWA**, call 424-646-5380, or email Los Angeles World Airports Procurement Services Division at procurementrequirements@lawa.org