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Mayor

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Purchasing

Thank you for your interest in doing business with the City and County of San Francisco. With your assistance in completing the information in this package, we hope to streamline local government procurement processes.

By filling out the enclosed Vendor Profile Application, you are helping us to establish a vendor database. Therefore, it is very important that the information supplied be accurate and complete to ensure that your firm is categorized correctly and all names, addresses and payment data are error-free.

Due to the large number of vendors, it is not possible to mail bids to all vendors in the database for each bid. **To learn about bids, your best source of information is the City's Internet database, at:**  
**<http://mission.sfgov.org/ocabidpublication/>**

The database is updated throughout the day, and can show you the most current bid information we have.

We are enclosing the following materials:

- General Instructions for form VenAdd-2010-09
- New Vendor Number Request form VenAdd-2010-09
- Frequently Asked Questions
- Commodity/Service Codes by Class & SubClass Description Sequence
- Business Registration Certificate Requirement/Business Tax Declaration (form P-25)
- Request for Taxpayer Identification Number and Certification (IRS Form W-9)
- Minimum Compensation Ordinance (MCO) Declaration
- Health Care Accountability Ordinance (HCAO) Declaration
- S.F. Administrative Code Chapters 12B & 12C Declaration: Nondiscrimination in Contracts and Benefits (CMD-12B-101)

For information on the City's Local Business Enterprise program, please call the Contract Monitoring Division at (415) 581-2310 or visit website at:  
[www.sfgov.org/cmd](http://www.sfgov.org/cmd)



**City and County of San Francisco Vendor Profile Application**  
**New Vendor Number Request (Vendor Add)**  
**General Instructions for Form VenAdd-2010-09**

The Vendor File is part of the City's Accounting and Purchasing Systems and is used when generating payments and purchase orders. The granting of a vendor number does not mean that the vendor is a City compliant and approved vendor.

Every new vendor is required to contact and complete forms for Business Tax and the Human Rights Commission as well. Their contact information is listed at the end of these instructions.

Please type (or print clearly) all information on the Vendor Profile Application. All information must be complete and accurate so Vendor File Support can add the prospective vendor to its Vendor File. In addition, if you provide commodity codes as explained below, they will help system users with selecting appropriate vendors for a particular need.

Once the application is submitted with all the required forms, Vendor File Support will assign the vendor a unique 5-digit vendor number to be used for identifying purposes with City departments. The vendor should refer to their assigned number when conducting business with the City. A completed sample application can be found starting on page 5.

If you have any questions regarding the Vendor Profile Application process, please contact the Vendor File Support Help Desk at (415) 554-6702, between the hours of 9:00 a.m. to 5:00 p.m., Pacific Standard Time.

1. **a. Who is making this request?**

Print your name, phone number, and email address.

**b. Relationship to Vendor – Please check one of the following:**

- I am the Owner/Partner. Specify job title if applicable.
- I am a Vendor representative (i.e. "CFO", "Executive Director", "Manager", etc. – specify your job title if applicable).
- I am a City employee making this request on behalf of the City. I have no personal involvement with this vendor (Specify your City department name and your job title).
- Other – please explain.

2. **Reason for new vendor request? Please check one of the following:**

- a.** Direct Purchase Order or Blanket Purchase order for commodities – check this box to receive/prepare payment for goods or services provided to the City.
- b.** Professional Services or Construction Contract – check this box for setting up ongoing contracts such as regularly scheduled maintenance and service, repairs and rentals.
- c.** Bid Proposal – check this box to submit a bid proposal for goods/services.
- d.** Grant Agreement – Generally for community-based or non-profit organizations, a grant agreement between the City and the prospective vendor.
- e.** Other - please explain.

3. **You must attach a complete and signed IRS W-9 form.**

Vendor File Support cannot assign City vendor numbers without the vendor's W-9. The application process will be put "on hold" until a W-9 is received. For information on how to complete the W-9 form, visit <http://www.irs.gov/>.

4. **Is any owner, partner, contractor, employee or employee family member for this vendor also a current or former City employee?**

City employees cannot conduct independent business transactions with the City. Any existing business relationship between a vendor and current City employee may reflect a conflict of interest. Please disclose any relationships between City employees and the prospective vendor.

Examples of conflict of interest:

- Prospective vendor is a current City employee.
- The spouse/partner of prospective vendor is a city employee.
- Prospective vendor has a relative working for the City.

5. **Type of Organization:** Please check one of the following:

- a. Private Business (for profit)
- b. Non-Profit Organization (public organization, national association, etc.)
- c. Government and/or Public Agency (schools, government-operated/funded agency, etc.)
- d. Other (please describe)

If you check "b" or "c", please contact the Business Tax Division for additional requirements. Contact information is listed at the end of these instructions.

6. **New Vendor Information**

**Vendor Name:** Provide the full legal name the vendor will be using to do business with the City. It should match the name provided on the vendor's W-9 form. You should provide the name exactly as you wish it to appear on any subsequent documents, such as purchase orders or checks.  
*Example: ABC Company, Inc. or Smith & Company*

**Website:** Enter in the vendor company's web address. *Example: www.abcco.com*

**Primary Contact Name & Title:** Provide the name and title of the primary contact person for the vendor.

**Phone/Fax/Toll Free number:** Type in the area code and phone number, including extension if appropriate.

**Email address:** Type in the primary contact's email address.

7. **Vendor Business Address(es)**

**General Business Address:** Enter the primary vendor address. If there are multiple locations for your company, please identify each address (i.e. "shipping warehouse", "main headquarters", "corporate office", etc.). This should include:

- Complete mailing address including the street, route, suite, or post office box.
- City, State, and ZIP Code. Provide ZIP+4 if available.

**Bid Address:** If different from the General address, enter the address where the City should mail bid solicitations.

**Purchase Order address:** If different from the General address, enter the address where the City should mail contractual documents (purchase orders, etc.). On the 3<sup>rd</sup> line, please list the contact person who has appropriate authority to execute contracts for the vendor.

**Payment/Remittance Address:** Enter the address to which the City should mail payments, if different from the General address.

8. **Automated Clearing House (ACH) electronic payments:**

The City and County of San Francisco makes daily electronic payments with remittance information to vendors. This service is provided through PayMode-X, a business-to-business electronic payment system. PayMode-X is a secure, Internet-based service for making electronic payments to vendors, suppliers, and service providers. This is the City's only method of providing payment.

To enroll, please visit <http://www.sfgov.org/ach>

You will need the following:

- Your company's legal name, main telephone number and all physical and remittance addresses used by your company.
- Your company's U.S. federal employer identification number (EIN) or Social Security number (SSN) if you are a sole proprietor.
- ***Please note that the EIN/SSN you register with Paymode-X must match the EIN/SSN you registered with the City's vendor database.*** If you use more than one EIN/SSN, please contact the City at [ACH.Support@sfgov.org](mailto:ACH.Support@sfgov.org) so that the City can properly identify your City vendor number.
- Your company's bank account information, including routing and account numbers.

If you already have a Paymode-X account or if you have any questions regarding ACH payments, please let us know by sending an email to [ACH.Support@sfgov.org](mailto:ACH.Support@sfgov.org)

9. **Vendor Commodity and Service Codes:**

The City has created its own set of unique 6-digit commodity codes that are used to identify the various supplies and/or services that vendors provide. A complete list of the sub-class codes covering materials, supplies, equipment (including repair/maintenance and rentals) and professional/general services is available online as an Adobe PDF file at <http://www.sfgsa.org/Modules/ShowDocument.aspx?documentid=772> under the heading "Commodity Codes".

Please review the listing and select the proper 6-digit codes that best identify the products or

services the vendor provides. The coding system used to identify the commodities and services by the City are designed as follows:

- a. First, commodities and services are broadly categorized with a 4-digit class number.

*Example: 9425 – Furniture*

- b. Next, within each class, an additional 2-digit sub-class code designates the specific type, application, or typical vendor product lines.

*Examples: 9425-17 -- Hospital & Laboratory Furniture*

*9425-06 -- General Office Furniture*

*9425-24 -- Outdoor Recreational Furniture*

**For Commodities and Services Not Listed:** If, after reviewing the commodity and service listings, you cannot identify the codes which best describe what you supply, please provide a full description of the commodities or services in the space provided below the Vendor Commodity and Service Codes section. The City will review its requirements and, if applicable, add these to its database.

## 10. Completing and Returning Application

### **Name, Title, Signature, and Date:**

Print your name and title. Sign (your handwritten signature) and date the completed application before returning.

**Return Completed Application to:** You have 4 options to send your application. Please send via one option only.

- a. Mail the application to:

City and County of San Francisco

Vendor Profile Application

Vendor File Support

City Hall, Room 484

1 Dr. Carlton B. Goodlett Place

San Francisco, CA 94102-4685

- b. Fax the application to: (415) 554-6261

- c. Email the application to: [vendor.file.support@sfgov.org](mailto:vendor.file.support@sfgov.org)

*Note: if you send by email, you will need to scan your W-9 form as well as page 2 of the application that requires your handwritten signature; please attach them to the email.*

- d. Mail via interoffice/City department mail: Vendor File Support  
City Hall, Room 484

### **Additional contact information for other vendor requirements:**

- a. Business Tax Division

Phone: (415) 554-6718 or (415) 554-4400 (General Taxpayer Assistance)  
Form: Business Tax Declaration P-25

**b. Contract Monitoring Division**

Phone: (415) 581-2310  
Form: CMD 12B/12C

**c. Paymode-X (ACH electronic payment service)**

Sign up by logging into [www.sfgov.org/ach](http://www.sfgov.org/ach)



# City & County of San Francisco Vendor Profile Application New Vendor Number Request (Vendor Add)

Date: \_\_\_\_\_

For City employee reimbursements, do not use this form; please see your Department liaison about getting an Employee Reimbursement Number.

This form is to be used for adding vendors to the City's vendor file, which is used by the City's Accounting and Purchasing Systems in generating payments and purchase orders.

The granting of a vendor number does not mean that the vendor is a City compliant and approved vendor.

Please read and follow the separate instructions for this form.

VENDOR NUMBER
ASSIGNED
Vendor File Use Only

**1. a. Who is making this request?**

Requester's Name: \_\_\_\_\_

Requester's Phone Number: \_\_\_\_\_

Requester's Email Address: \_\_\_\_\_

**b. Requester's relationship to Vendor (please check one box):**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Owner/Partner<br>(specify job title below if applicable) | <input type="checkbox"/> Vendor representative (i.e. "CFO", "Executive Director", "Manager", etc. - specify job title below if applicable) | <input type="checkbox"/> City employee requesting on behalf of the City. I have no other involvement with this vendor (Specify your City department and job title below). | <input type="checkbox"/> Other (explain below):<br>_____<br>_____<br>_____ |
| _____<br>_____<br>_____   | _____<br>_____<br>_____  | _____<br>_____<br>_____   | _____<br>_____<br>_____  |

**2. Reason for new vendor request? (check one box):**

- a.  Direct Purchase Order or Blanket Purchase Order for commodities (payment for goods or services)
- b.  Professional Services or Construction Contract
- c.  Bid Proposal (submit bid for goods or services)
- d.  Grant Agreement (generally for community-based or non-profit organizations)
- e.  Other (explain in full):  
\_\_\_\_\_  
\_\_\_\_\_

**3.  You must attach a complete & signed IRS W-9 form. Vendor numbers are not assigned without a W-9 form.**

**4. Is any owner, partner, contractor, employee or employee family member of this vendor also a current or former City employee?**

- No
- Yes: Please explain the relationship of the current or former City employee to this vendor.  
\_\_\_\_\_  
\_\_\_\_\_

**5. Type of Organization (You will need to contact the Business Tax Division for a Tax Certificate. Also, if you mark "b" or "c", Business Tax will explain the requirements)**

- a.  Private business (for profit)
- b.  Non-Profit Organization (public organizations, national associations, etc.)
- c.  Government and/or Public Agency (schools, government-operated/funded agencies, etc.)
- d.  Other (please describe): \_\_\_\_\_

**6. New Vendor Information**

Vendor Name: _____	Website: _____
Primary Contact Name: _____	Phone Number: _____
Contact's Title: _____	Fax Number: _____
Toll Free Number: _____	Email Address: _____

Date add made: _____	Vendor File Support Use Only	Entry reviewed by: _____
Vendor add done by: _____		Entry review date: _____

**Turn <over> to complete application**



**City & County of San Francisco Vendor Profile Application - continued  
New Vendor Number Request (Vendor Add)- continued**

**7. Vendor Business Address (es)**

General Business Address (Street/City/State/ZIP)	Bid Address (if different from General)
Purchase Order Address (if different)	Payment/Remittance Address (if different)

**8. The City and County of San Francisco provides Automated Clearing House (ACH) payments through PayMode-X, the City's 3rd party payment provider. This service deposits electronic payments directly into your bank account. There is no charge from the City or Paymode-X to use this service. This is the City's only method of providing payment. If you have questions regarding ACH, please contact ACH.Support@sfgov.org**

**Please visit the following website to sign up: [www.sfgov.org/ach](http://www.sfgov.org/ach)**

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**If you are already a Paymode-X user, please let us know by sending an email to [ACH.Support@sfgov.org](mailto:ACH.Support@sfgov.org).**

**9. Vendor Commodity and Service Codes:**

example: 9720-09

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Commodities and/or Services not listed (provide detailed description:**

\_\_\_\_\_

\_\_\_\_\_

**10. Completing and Returning Application**

**Name of Person Completing Form:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Handwritten Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return completed Application to one of the following four destination options (Please choose one option only):**

a.  **Mail to:** Vendor Profile Application  
City and County of San Francisco  
Vendor File Support  
City Hall, Room 484  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4685

b.  **Fax to: (415) 554-6261**

c.  **Email to: [Vendor.File.Support@sfgov.org](mailto:Vendor.File.Support@sfgov.org)**

note: if using email, you must scan page 2 (this page) of the application with your handwritten signature and send as an Adobe PDF file.

d.  **Interoffice Mail:** Vendor File Support  
City Hall, Room 484



## Frequently Asked Questions

### 1. What is ACH?

Automated Clearing House (ACH) Payment Processing refers to the electronic transfer of funds to and from checking or saving accounts using the Federal Reserve Banking System. ACH payments are the only form of payment the City and County of San Francisco (the City) uses to pay its vendors.

The City makes ACH payments to your bank account through Paymode-X™ (also known as “Paymode”), the City’s preferred third-party payment service.

Only City-approved vendors should sign up to receive ACH payments through Paymode. A vendor must be issued a City vendor number and have all vendor compliance paperwork completed and approved by the City before enrolling with Paymode.

To apply for a City vendor number, please visit the following link and complete the listed forms:

<http://sfgsa.org/index.aspx?page=368>

### 2. We would like to enroll to receive electronic payments from the City & County of San Francisco. Please tell us what to do?

First, you must apply for a City vendor number and have all vendor compliance paperwork completed and approved by the City before enrolling with Paymode.

Please link to [www.sfgov.org/ach](http://www.sfgov.org/ach) and click the “Click here to learn more or sign up” button. After enrolling with Paymode, please e-mail [ACH.Support@sfgov.org](mailto:ACH.Support@sfgov.org) and let us know so we can track the enrollment process. Please include your assigned City vendor number (if known) so that we can update our City vendor records and complete the enrollment process.

### 3. Do we need to change our bank?

No, you do not need to change your existing bank or bank account. Paymode is bank-neutral and can transfer funds electronically from the City’s bank account to your organization’s bank account.

### 4. How long will it take after enrollment before I start to receive electronic payments?

The City will send you a confirmation email once your Paymode account has been activated and linked to your City vendor number. It may take up to three weeks. Please follow up with [ACH.Support@sfgov.org](mailto:ACH.Support@sfgov.org) if you are not receiving electronic payments by then or if you have any questions or concerns.

**5. What are the benefits of using Paymode?**

- Saves time and money – Paymode reduces the labor, hassle, expenses, delays, and risk associated with checks and other traditional payment methods. There is no charge from the City or Paymode to receive ACH payments to your account.
- The City processes ACH payments every business day.
- Fits with existing systems and banking practices – Paymode requires no purchase of software, no modifications to your existing accounts receivable systems, and no changes to your bank or bank accounts.
- Includes detailed remittance information – Paymode enables delivery of digital remittance information along with the payment for ease of reconciliation. Each time you receive a payment through Paymode, an email notification will be sent to you.
- Provider payment history – A detailed history of all payments from the City will be at your fingertips on the Paymode website.
- Easy enrollment - It can take you less than 10 minutes to start the enrollment process. You will be notified by e-mail when you are ready to receive ACH payments from the City. This normally takes 2-3 weeks from the time you enroll.

**6. How secure is this form of payment?**

Paymode employs rigorous authorization and authentication process. All communications with Paymode's secure portal are encrypted. They also authenticate with tamper-proof digital signatures to protect users from unauthorized or fraudulent activity.

**7. What are the system requirements for using Paymode?**

Paymode suggests the following minimum features:

- Intel 1 GHz processor or higher (or equivalent)
- 56 Kbps modem or faster Internet connection
- 256 MB of RAM (512 MB or higher recommended)
- monitor capable of 800x600 resolution (1024 x 768 recommended)
- Microsoft XP (Home or Professional edition) or later
- Microsoft Internet Explorer 6 SP1 or later, Netscape Communicator 7.0 or later, or FireFox 2 or later (your browser must support Java and JavaScript).

**8. Can we give the City our information to enroll us with Paymode?**

No. The City cannot enroll your organization on your behalf for security protection purposes. The enrollment has to be completed by an **authorized employee** in your organization.

**9. What information do I need to enroll with Paymode?**

You will need the following:

- Your company's legal name, main telephone number and all physical and remittance addresses used by your company.
- Your company's U.S. federal employer identification number (EIN) or Social Security number (SSN) if you are a sole proprietor.
- *Please note that the EIN/SSN you register with Paymode-X must match the EIN/SSN you registered with the City's vendor database.* If you use more than one EIN/SSN, please contact the City at [ACH.Support@sfgov.org](mailto:ACH.Support@sfgov.org) so that the City can properly identify your City vendor number.
- Your company's bank account information, including routing and account numbers.

**10. We are already signed up with Paymode and receive payments from other customers. We also want to receive Paymode payments from the City. What do we need to do?**

Please inform both Paymode at [customer\\_service@paymode.com](mailto:customer_service@paymode.com) and the City at [ACH.Support@sfgov.org](mailto:ACH.Support@sfgov.org) that you want to receive Paymode payments from the City.

**11. How do we receive the City's ACH payment if we have multiple bank accounts or if we want a particular payment directed to one of our specific business locations/accounts?**

Each Paymode Account Name refers to one checking or saving accounts only. The City can work with Paymode to "link" specific City vendor locations/accounts to specific Paymode Account Names. If you have this situation, please contact the ACH Support Team at [ACH.Support@sfgov.org](mailto:ACH.Support@sfgov.org) to receive assistance on how to properly set up your accounts.

**12. What is a Paymode Account Name?**

The Paymode Account Name is used by the City to identify your organization within the Paymode network and to send and receive payments electronically. The prefix and suffix, which are separated by a dot, must be 3 to 12 characters in length and cannot include dashes or other punctuation marks. For detail on the naming convention, please refer to the Paymode online application.

**13. We want to have multiple users that can receive emails from Paymode and view our payments. How can we do this?**

After completing the initial enrollment, the enroller can add more users and associate them with the Paymode account. As users are added, you can selectively set their privileges based on the functions each user will be performing in Paymode.

- 14. If our company is no longer getting a check mailed to our address, why do we need to provide our current remittance address when receiving electronic payments?**

City departments verify the remittance address on the vendor's invoice to the one on the City's vendor file to ensure the right vendor and/or vendor division is paid. We also verify the vendor remittance address on Paymode to the one on the City Vendor database before we establish the ACH disbursement type for each of our vendors.

- 15. Our organization has just moved to a new location, how do we update our address?**

- a. Please go to the Paymode website administration page from <http://www.paymode-x.com/> to change your address AND;
- b. Also submit a copy of your invoice or a letter on your company's letterhead with your new/updated address to [ACH.Support@sfgov.org](mailto:ACH.Support@sfgov.org)

- 16. We are receiving ACH payments but we have just changed our bank, what do we need to do?**

Log in to your Paymode account to change any of your information under the "Administration" tab. Only your company's authorized user can update your account information. The City cannot update your bank information for you.

- 17. The employee who enrolled our company with Paymode is no longer working with us and did not leave us the login email/password. How do I to view our account?**

Please contact Paymode at [customer\\_service@paymode.com](mailto:customer_service@paymode.com) or call 877-443-6944 for assistance.

- 18. We need the City and County of San Francisco's bank address and bank account information.**

You will not need to know the City's bank address/information since ACH payments are made electronically. The City only needs your organization's Paymode Account Name to effect an ACH payment.

- 19. How will I know when and if payments have been made to my company and how can I view the remittance information?**

Payment notifications are displayed for users who have been granted access. Each time the user logs on, unread payment notifications and other messages will be displayed on the Paymode secure home page. Users can view or download remittance information for multiple payments using the Remittance Report available on Paymode by clicking the "Reports" tab. Please call Paymode at 877-443-6944 or e-mail [customer\\_service@paymode.com](mailto:customer_service@paymode.com) if you have questions or problems viewing remittance information.

**20. If my company is based outside of the United States, can I sign up for Paymode-X?**

Unfortunately, Paymode does not accommodate payments to foreign vendors outside of the United States at this time.

**21. Are there any enrollment restrictions for Paymode?**

City employees, foreign vendors, City retirees, one-time payments from the City, and benefit payments are not eligible to receive ACH payments from the City.

CLASS COMMODITY/SERVICE CODES BY CLASS & SUBCLASS DESCRIPTION SEQUENCE  
 SUBCLASS

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**ANIMALS, BIRDS, FISHES&INSECTS INCLUDING FOOD, SHELTER&VETERINARY EQPT&SUPPL**

9040 30 ANIMAL/BIRD/FISH /INSECT  
 9040 02 CAPTURE/SHELTER EQPT/SUPPL; ANIMAL/BIRD/FISH/  
 9040 06 FEED/FOOD; ANIMAL/BIRD/FISH/  
 9040 12 VETERINARY EQPT, INSTRUMENTS, MEDICINES, MATLS&SUPPL

**ART OBJECT, ARTS/CRAFTS, MUSIC INST, THEATER/STAGE SYS, EQPT&SUPPL**

9050 10 ART OBJECT/PIECE/WORK  
 9050 15 ARTS&CRAFTS EQPT, MATLS&SUPPL  
 9050 20 MUSICAL INST, EQPT, ACCESS, MATLS&SUPPL  
 9050 30 THEATER&STAGE SYS, EQPT, ACCESS, MATLS&SUPPL

**AUDIO/VISUAL SYS, EQPT, PARTS&SUPPL**

9840 14 A/V; ENTERTAINMENT SYS, EQPT, ACCESS&SUPPL; RADIOS, STEREOS, TVS, VIDEO CAMERAS  
 9840 04 A/V; OVERHEAD, SLIDE&FILM PROJECTORS, SCREENS, ACCESS&  
 9840 06 A/V; PUBLIC ADDRESS/RECORDING, INTERCOM&ASSISTIVE LISTENING SYS, EQPT ....  
 9840 58 A/V; SUPPL, CONSUMABLES; BLANK TAPES, CONNECTORS, WIRES, ...  
 9840 96 MAINT/REPAIR; AUDIO VISUAL SYS/EQPT  
 9840 95 RENT; AUDIO/VISUAL SYS/EQPT

**AUTOMOTIVE SYS/COMPONENT/PART/ACCESS/TOOL/EQPT/SUPPL**

9060 83 AUTOMOTIVE AXLES, STEERING & SUSPENSION EQPT, PARTS, MATLS & SUPPL  
 9060 07 AUTOMOTIVE BODY & CHASSIS, EQPT, PARTS, MATLS & SUPPL  
 9060 21 AUTOMOTIVE BRAKE SYS, EQPT, PARTS, MATLS & SUPPL  
 9060 35 AUTOMOTIVE COOLING & HEATING SYS, EQPT, PARTS, MATLS & SUPPL  
 9060 34 AUTOMOTIVE DRIVE TRAIN SYS, EQPT, PARTS, MATLS & SUPPL  
 9060 24 AUTOMOTIVE ELECTRICAL SYS, EQPT, PARTS, MATLS & SUPPL  
 9060 39 AUTOMOTIVE ENGINES, EQPT, PARTS, MATLS & SUPPL; DIESEL & GASOLINE  
 9060 41 AUTOMOTIVE EXHAUST SYS, EQPT, PARTS, MATLS & SUPPL  
 9060 42 AUTOMOTIVE FILTERS; AIR, FUEL, OIL, ...  
 9060 47 AUTOMOTIVE FUEL SYS, EQPT, PARTS, MATLS & SUPPL  
 9060 80 AUTOMOTIVE FUELING STATION SYS, EQPT, PARTS, MATLS, SUPPL & MAINT/REPAIR  
 9060 57 AUTOMOTIVE GLASS WINDSHIELDS & WINDOWS  
 9060 28 AUTOMOTIVE INTERIOR, EQPT, PARTS, MATLS & SUPPL  
 9060 01 AUTOMOTIVE MISC ITEMS; BLADES, HOSES, LINES, FITTINGS, ETC.  
 9060 08 AUTOMOTIVE MOUNTED SYS, EQPT, PARTS & SUPPL; GENERAL  
 9060 50 AUTOMOTIVE MOUNTED SYS, EQPT, PARTS & SUPPL; SPECIALIZED  
 9060 81 AUTOMOTIVE SERVICE, ROAD  
 9060 78 AUTOMOTIVE SHOP TOOLS, EQPT & MACHINERY  
 9060 76 AUTOMOTIVE WHEELS; TIRES, TUBES, RIMS, SUPPLIES & SERVICES  
 9060 90 MAINT/REPAIR; VEHICLE/ MOUNTED EQPT  
 9060 67 MOTORCYCLE PARTS, ACCESS, EQPT, MATLS & SUPPL  
 9060 74 OEM AUTOMOTIVE & MOTOR-DRIVEN EQPT & PARTS  
 9060 95 REBUILD/REPAIR; AUTOMOTIVE ENGINES, RADIATORS, TRANSMISSIONS, ...  
 9060 94 REPAIR; AUTOMOTIVE BODY/CHASSIS/INTERIOR/UPHOLSTERY  
 9060 92 VEHICLE&MOUNTED EQPT; INSPECTION&CERTIFICATION

**AUTOMOTIVE, TRANSIT; SYS, EQPT, PARTS, ACCESS, MATLS&SUPPL**

9558 20 CABLE CAR TRANSIT VEHICLE EQPT, PARTS, MATLS & SUPPL;  
 9558 25 COMMON DIESEL & ELECTRIC TRANSIT VEHICLE EQPT, PARTS, MATLS & SUPPL  
 9558 05 DIESEL TRANSIT VEHICLE EQPT, PARTS, MATLS & SUPPL  
 9558 10 ELECTRIC TRANSIT VEHICLE EQPT, PARTS, MATLS & SUPPL  
 9558 15 LIGHT RAIL TRANSIT VEHICLE EQPT, PARTS, MATLS & SUPPL  
 9558 35 LIGHT RAIL TRANSIT VEHICLE EQPT, PARTS, MATLS & SUPPL; BREA  
 9558 30 TRANSIT VEHICLE FARE COLLECTION SYS, EQPT, PARTS, MATLS & SUPPL  
 9558 90 TRANSIT VEHICLE MAINT, REPAIR & SVCS; REPAINTING, WINDOWS, TOWING, ...

CLASS

COMMODITY/SERVICE CODES BY CLASS &amp; SUBCLASS DESCRIPTION SEQUENCE

SUBCLASS

**AUTOMOTIVE, VEHICLES; CAR, MOTORCYCLE, TRUCK, VAN... (NO PARTS/SUPPL)**

9070 02 BICYCLES, PARTS & REPAIR (ALL TYPES & APPLICATIONS)  
 9070 07 BUSES; (NON-MUNI)  
 9070 06 CARS; PASSENGER, GAS, DIESEL, COMPRESSED NATURAL GAS (CNG) & HYBRID ...  
 9070 15 MOTOR HOMES & REC VEHICLES (RV'S)  
 9070 12 MOTORCYCLES & ALL TERRAIN VEHICLES  
 9070 26 RENT/LEASE; TRUCK/CARGO VAN, LIGHT/MEDIUM DUTY  
 9070 23 RENT/LEASE; VEHICLE- PASSENGER, CAR/VAN/WAGON  
 9070 66 TRAILERS, PARTS, & ACCESSORIES; AUTOMOTIVE  
 9070 40 TRANSIT VEHICLES; COACH, DIESEL  
 9070 43 TRANSIT VEHICLES; COACH, ELECTRIC  
 9070 44 TRANSIT VEHICLES; COACH, LIGHT RAIL  
 9070 57 TRUCKS, FIRE  
 9070 53 TRUCKS, HEAVY, WITH OR WITHOUT SPECIALIZED BODIES & EQPT MOUNTED;  
 9070 48 TRUCKS, LIGHT & MEDIUM; PICK UPS, FLAT & STAKE BEDS, SPORTS UTILITIES  
 9070 18 UTILITY VEHICLES; MINI, 3 OR 4 WH, GAS OR ELECTRIC (CUSHMAN OR SIMILAR TYPE)  
 9070 90 VAN, CARGO/PASSENGER/PARCEL/POLICE/GAS/CNG  
 9070 03 VEH; AMBULANCE

**AVIATION SYS, EQPT, PARTS, MATLS & SUPPL; AIRPORTS & AIRCRAFTS**

9035 85 AIRCRAFT, SYS, EQPT, PARTS, SUPPL, RENTAL&MAINT/REPAIR  
 9035 90 AIRPORT SYS, EQPT, ACCESS, MATLS & SUPPL

**BLDG/CONSTR/INDSTR; ELECTRICAL/ELECTRO-MECHANICAL/ELECTRONIC SYS, EQPT&SUPPL**

9285 12 BATTERIES/CHARGERS, DRY/WET CELLS  
 9285 95 ELECTRICAL MATERIALS, SUPPLIES & FIXTURES  
 9285 86 ELECTRICAL POWER GENERATION/TRANSMISSION SYS ... INCL/FIXED EMRGNCY  
 9285 81 ELECTRICIAN'S TOOLS & EQPT  
 9285 52 ELECTRO-MECHANICAL SYS, EQPT, PARTS, & SUPPL  
 9285 20 ELECTRONIC COMPONENTS, PARTS & SUPPL  
 9285 41 ELEVATOR, ESCALATOR & PEOPLE MOVER WALKWAY SYS, EQPT, PARTS & SVCS  
 9285 50 LIGHTING; FIXTURES, PORTABLE UNITS, FLASHLIGHTS, LAMPS & BULBS ...  
 9285 22 MAINT/REPAIR; ELECTRICAL/ELECTRO-MECHANICAL/ELECTRONICS EQPT  
 9285 88 SOLAR ELECTRICAL SYS/EQPT/PART/SUPPL/MAINT&REPAIR

**BLDG/CONSTR/INDSTR; HARDWARE, GENERAL**

9450 05 HARDWARE; BEARING/OIL SEAL/V-BELT/PULLY ....  
 9450 73 HARDWARE; FASTENER, BOLT/NUT/SCREW/WASHER  
 9450 55 HARDWARE; LOCK/SET/MORTISE/KEY ...  
 9450 98 HARDWARE; MISC-ABRASIVE/BRACKET/CHAIN/HINGE/ROPE/TAPE ....  
 9450 15 HARDWARE; RUBBER/METAL-HOSE/CLAMP/CONNECTOR/FITTING ...

**BLDG/CONSTR/INDSTR; HVAC-HEATING/VENTILATION/AIR CONDITIONING SYS, EQPT & SUPPL**

9031 05 HVAC; AIR CONDITION SYS, EQPT, PART, ACCESS&SUPPL  
 9031 45 HVAC; FILTER & FILTER MEDIA  
 9031 25 HVAC; HEATING SYS, EQPT, PART, ACCESS&SUPPL  
 9031 02 HVAC; TOOLS, EQPT & MACHINERY, ...  
 9031 11 HVAC; VENTILATION SYS, EQPT, PART, ACCESS&SUPPL  
 9031 19 MAINT/REPAIR; HVAC SYS/EQPT-HEATING/VENTING/AIR CONDITIONING  
 9031 14 RENT; HEATING/VENTILATION/AIR CONDITIONING SYS/EQPT

**BLDG/CONSTR/INDSTR; MASONRY PRDTS-AGGREGATE, BRICK, CEMENT, CONCRETE, FILL, SAND...**

9210 02 AGGREGATE /FILL/GRAVEL/SAND/ROCK...; STREET & SEWER REPAIR MATLS  
 9210 55 BRICKS, BLOCKS & TILES; CERAMIC, CLAY & CONCRETE - WALL & FLOOR  
 9210 08 CONCRETE, CEMENT, MORTAR, GROUT, ..., ADMIXTURE; DRY & WET MIXED ...  
 9210 45 CONCRETE, FABRICATED PRDTS; COVERS, BOXES, .....  
 9210 12 ROCKS & STONES, LARGE PIECES; GRANITE, MARBLE, ETC.

CLASS COMMODITY/SERVICE CODES BY CLASS & SUBCLASS DESCRIPTION SEQUENCE  
 SUBCLASS

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**BLDG/CONSTR/INDSTR;MATLS&SUPPL (ALSO SEE CHEMICALS,ELECTRICAL&PLUMBING)**

9150 52 CEILING, COUNTER & WALL MATERIALS (NON-CERAMIC) & RELATED HARDWARE  
 9150 21 DOORS, GATES, FRAMES, SCREENS, PARTS & MATLS  
 9150 20 FLOOR COVERING MATLS & SUPPL  
 9150 24 GLASS & GLAZIER'S TOOLS & EQPT; BUILDING & CONSTRUCTION  
 9150 13 METAL FENCING/GATE,PART&MATL;CHAIN LINKED/WIRE, ...  
 9150 98 MISCELLANEOUS BUILDING & CONSTRUCTION MATLS & SUPPL  
 9150 29 ROOFING MATLS, SUPPL, TOOLS & EQPT;  
 9150 36 STREET & SEWER REPAIR MATLS & SUPPL, (ALSO SEE 9190-04 ASPHALT, 9210 MASONRY)  
 9150 48 WINDOWS & WINDOW AWNINGS, BLINDS, FILMS, FRAMES, SCREENS, SHADES, ...  
 9150 22 WOOD & PREFABRICATED WOOD PRDTS; LUMBER, PLYWOOD, FENCING, CABINETS...

**BLDG/CONSTR/INDSTR;METALS-RAW MATLS,CASTINGS,REPLATING&FABRICATED**

9572 12 FABRICATED METAL PRDTS & SVCS;CASTINGS/IRONWORKING/MACHINING/REPLATING  
 9572 16 IRON & STEEL; ANGLE, BAR, PLATE, ROD, SHEET, STRUCTURAL, ...  
 9572 02 NON-FERROUS METALS; ALUMINUM, BRASS, COPPER, LEAD - RAW MATLS

**BLDG/CONSTR/INDSTR;PLUMBING SYS,EQPT&SUPPL;GAS,SEWAGE,STEAM&WATER**

9670 38 FLOOD CONTROL SYS, EQPT, PARTS, MATLS & SUPPL; FLOODGATE, SLUICE....  
 9670 31 PIPES & FITTINGS, CLAY & CONCRETE; PLUMBING  
 9670 23 PIPES & FITTINGS, COPPER, BRASS & BRONZE; PLUMBING  
 9670 36 PIPES & FITTINGS, IRON 7 STEEL  
 9670 25 PIPES & FITTINGS, PLASTIC; PLUMBING  
 9670 08 PIPES, FITTINGS & CULVERTS; CORRUGATED METAL  
 9670 14 PLUMBER'S TOOLS, EQPT, MACHINERY & ACCESS  
 9670 95 PLUMBING & STEAM GENERATION SYS, EQPT, MATLS & SUPPL  
 9670 60 SEWAGE TREATMENT SYS, EQPT, PARTS, MATLS & SUPPL  
 9670 75 VALVES, GATE, WATER  
 9670 34 WATER METERS, PARTS & SUPPL  
 9670 37 WATER TREATMENT SYS, EQPT, PARTS, MATLS & SUPPL

**BLDG/CONSTRCTN/INDSTR;TOOLS,EQPT&RELATED SUPPL;HAND,HYDRAULIC,POWERED,PNEUMATIC, ...**

9720 63 EXCAVATING/SHORING/GRADING/PAVING TOOL/EQPT/SUPPL/MAINT&REPAIR  
 9720 09 GENERATOR: PORTABLE/TRAILERED,PARTS&MAINT/REPAIR (SEE 9720-31 FOR RENTAL)  
 9720 47 PAINTING TOOLS, EQPT, MACHINERY, ACCESS & SUPPL  
 9720 95 PUMPS & COMPRESSORS, EQPT, PARTS, MATLS/SUPPL, INCLUDING MAINT/REPAIR  
 9720 31 RENT: HEAVY TOOL/EQPT/VEHICLE,CONSTRUCTION/INDUSTRIAL  
 9720 16 TOOL; GENERAL/SHOP,INCLDNG EQPT/PARTS/SUPPL,CRAFTS/TRADES

**CHEMICALS,CHEMICAL BASED PRDTS&GASES**

9190 43 ASPHALT/ASPHALTIC PRDTS  
 9190 17 AUTOMOTIVE/INDUSTRIAL ADHESIVE/CEMENT/EPOXY/GLUE/SEALANT ....  
 9190 02 AUTOMOTIVE/INDUSTRIAL ANTIFREEZE/COOLANT  
 9190 90 AUTOMOTIVE/INDUSTRIAL CLEANER/REMOVER/SOLVENT .....  
 9190 34 AUTOMOTIVE/INDUSTRIAL LUBRICANT/FLUID, ...  
 9190 04 BUILDING & CONSTRUCTION ADHESIVES, CEMENTS, CAULKING, EPOXIES, ...  
 9190 20 FILM PROCESSING CHEMICALS & CHEM PRDTS  
 9190 08 FOOD SVC GRADE CHEMICAL/CHEM PRDT;CLEANER/DETERGENT/SOAP ...  
 9190 23 FUEL:BUTANE/COMPRESSED NATURAL GAS (CNG)/PROPANE  
 9190 22 FUEL; BIODIESEL/DIESEL/GASOLINE/KEROSENE .....  
 9190 26 GASES; INDUSTRIAL, LABORATORY & MEDICAL .....  
 9190 24 HORTICULTURAL CHEMICALS;FERTILIZER,FUNGICIDE,HERBICIDE,PESTICIDE,...  
 9190 45 JANITORIAL CHEMICALS & CHEM PRDTS; CLEANERS, DISINFECTANTS, REMOVERS, WAXES,...  
 9190 19 LABORATORY CHEMICALS & CHEM PRDTS; ASSAY KITS, BALANCERS, REAGENTS,...  
 9190 16 LAUNDRY & DRY CLEANING CHEMICALS & CHEM PRDTS  
 9190 12 MEDICAL & SURGICAL CHEMICALS & CHEM PRDTS; CLEANERS & DISINFECTANTS  
 9190 38 PAINTS, PRIMERS, STAINS, VARNISHES, THINNERS  
 9190 10 PERSONAL HYGIENE & GROOMING; SOAPS, CLEANERS, CONDITIONERS, LOTIONS, ...  
 9190 28 PRINTING CHEMICALS & CHEM PRDTS; INKS, PAINTS & SOLVENTS



**CHEMICALS,CHEMICAL BASED PRDTS&GASES**

9190 15 ROOFING CHEMICALS & CHEM PRDTS; ASPHALT, CEMENTS, COATINGS, SEALERS, ...  
9190 36 SEWAGE & WATER TREATMENT CHEMICALS & CHEMICAL PRDTS

**CLOTHING,UNIFORMS&FOOTWEAR**

9215 10 ATHLETIC UNIFORMS & SPORTSWEAR  
9215 62 FIRE DEPT UNIFORMS AND PROTECTIVE CLOTHING  
9215 22 IDENTIFICATION BADGES, EMBLEMS & PATCHES; CLOTH & METAL  
9215 61 INSTITUTIONAL CLOTHING & UNIFORMS; HOSPITAL, INMATES & FOOD SVC (TC81170)  
9215 64 LAW ENFORCEMENT UNIFORMS; POLICE, SHERIFF, PARKING & TRAFFIC  
9215 15 UNIFORM SVC; RENTAL & CLEANING ..... (TC82835, TC82841)  
9215 66 WORK UNIFORMS,RAIN GEAR,GLOVES,FOOTWEAR, ... F/CUSTODIAN,MAINT&TRANSIT WORKERS

**COMPUTER HARDWARE,SOFTWARE,SUPPL&SUPPORT SVCS**

9205 01 CUSTOM COMPUTER SOFTWARE; MAINFRAME, MINI & PC BASED  
9205 06 MAINFRAME COMPUTER HARDWARE, SOFTWARE, SUPPL & SUPPORT SVCS  
9205 05 MINI COMPUTER HARDWARE, SOFTWARE, SUPPL & SUPPORT SVCS  
9205 99 PERSONAL COMPUTER HARDWARE & PERIPHERALS  
9205 07 PERSONAL COMPUTER SOFTWARE, STANDARD PREPACKAGED  
9205 91 PERSONAL COMPUTER SUPPL & ACCESS; (NO HARDWARE/SOFTWARE)  
9205 77 PERSONAL COMPUTER SUPPORT, HRDWR AND/OR SFTWR; INSTALL, MAINT,  
9205 93 SVC;WEB SITE/PAGE;HOSTING/DEVELOPING/UPDATING

**ENGINEERING,LABORATORY&SCIENTIFIC SYS,EQPT,PARTS,MATLS&SUPPL**

9305 61 ENGINEERING & SCIENTIFIC EQPT, INST, PARTS, SUPPL, MAINT/REPAIR & RENTAL  
9305 59 LABORATORY EQPT, INST, PARTS & SUPPL INCLUDING MAINT/REPAIR & RENTAL

**FIRE DETECTION/FIGHTING SYS,EQPT,PARTS,ACCESS,MATLS&SUPPL**

9340 20 FIRE DETECTION & ALARM SYS, EQPT, PARTS, MATLS & SUPPL  
9340 28 FIRE FIGHTING SYS, EQPT, PARTS, MATLS & SUPPL  
9340 07 MAINT/REPAIR;FIRE DETECTION/FIGHTING SYS/EQPT

**FOOD SVC; SYS,EQPT,PARTS,MATLS,SUPPL**

9165 22 FOOD SVC,CHINA/GLASSWARE  
9165 11 FOOD SVC- METAL PRDTS;COOKWARE/CONTAINER/CUTLERY/FLATWARE ...  
9165 15 FOOD SVC;APPLIANCE/EQPT/PART:REFRIGERATION/COOKING/PREPARATION/SERVING  
9165 14 FOOD SVC;CLEANING EQPT/MATL/SUPPL (NON-CHEMICALS)  
9165 28 FOOD SVC;PAPER PRDTS  
9165 30 FOOD SVC;PLASTIC PRDTS  
9165 34 FOOD SVC;STYROFOAM PRDTS

**FOOD;BAKED,CATERED,FRESH,FROZEN,GROCERY,PREPARED...**

9380 06 FOOD;BAKERY PRODUCT  
9380 07 FOOD;BEVERAGE: COFFEE/JUICE/SODA ...  
9380 13 FOOD;CAMP MATHER ONLY:SEASONAL  
9380 12 FOOD;DAIRY PRDTS/JUICES:FRESH  
9380 14 FOOD;EGG,FRESH  
9380 18 FOOD;FRUIT/VEGETABLE:FRESH,PROCESSED/UNPROCESSED  
9380 08 FOOD;GROCERIES:CANNED/DRY GOODS/STAPLES/DIET KITS ...  
9380 16 FOOD;MEALS: PREPARE/DELIVER/CATER  
9380 39 FOOD;MEAT /MEAT PRDTS:CHILLED/FROZEN  
9380 40 FOOD;POULTRY: FRESH CHILLED/FROZEN  
9380 48 FOOD;PREPARED:COOKED/UNCOOKED,CHILLED/FROZEN  
9380 15 FOOD;SEAFOOD: FRESH CHILLED/FROZEN  
9380 50 FOOD;WATER: DRINKING

CLASS

COMMODITY/SERVICE CODES BY CLASS &amp; SUBCLASS DESCRIPTION SEQUENCE

SUBCLASS

**FURNITURE**

9425 17 FURNITURE, INSTITUTIONAL;DORMITORY/GYM/FOOD SVC/HOSPITAL/LIBRARY/SCHOOL ...  
 9425 06 FURNITURE- OFFICE;BOOKCASE/CHAIR/DESK/FILE CABINET/MODULAR SYS ...  
 9425 24 FURNITURE;OUTDOOR RECREATIONAL  
 9425 16 HOUSEHOLD FURNITURE  
 9425 28 MAINT/REPAIR/REUPHOLSTER;FURNITURE  
 9425 26 RENT;FURNITURE

**HEALTH&SAFETY EQPT, PARTS, ACCESS, MATLS&SUPPL**

9345 32 EMERGENCY; PREPAREDNESS/RESPONSE EQPT/MATLS/SUPPL  
 9345 16 HEALTH/SAFETY;DETECTING/TESTING EQPT/MATLS/SUPPL  
 9345 12 MAINT/REPAIR;HEALTH/SAFETY EQPT  
 9345 64 PPE (PERSONAL PROTECTION EQPT/SUPPL)  
 9345 66 SAFETY; EQPT/PARTS/MATLS/SUPPL - BARRIERS, SAFETY CONES, FLARES, ...

**HORTICULTURE ; PLANTS , FLOWERS , TREES , EQPT , PARTS , TOOLS&SUPPL (ALSO SEE CHEMICALS)**

9020 20 BUSHES, FLOWERS, PLANTS, SEEDS, SHRUBS, SOD, TREES, ...  
 9020 43 HORTICULTURAL TOOLS, EQPT, MACHINERY, PARTS & SUPPLIES  
 9020 38 SOIL, SOIL CONDITIONERS, AMENDMENTS & ORGANIC FERTILIZERS

**JANITORIAL/HOUSEKEEPING EQPT, ACCESS, MATLS&SUPPL (ALSO SEE CHEMICALS, JANITORIAL)**

9485 09 JANITORIAL EQPT, PARTS & SUPPL INCLUDING EQPT MAINT/REPAIR & RENTAL  
 9485 10 JANITORIAL SUPPL, CONSUMABLES; DUSTING, MOPPING, SWEEPING, WASHING, ...  
 9485 69 JANITORIAL SUPPL; PAPER PRDTS  
 9485 45 RENT/CLEAN; TOWEL/MAT/TREATED MOP

**LAUNDRY/DRY CLEANING SYS, EQPT, PARTS, MATLS&SUPPL (ALSO SEE CHEMICALS, LAUNDRY)**

9500 04 LAUNDRY APPLIANCES, RESIDENTIAL  
 9500 06 LAUNDRY/DRY CLEANING, INSTITIONAL;EQPT, PARTS, SUPPL&MAINT/REPAIR MAINT/REPAIR

**LAW ENFORCEMENT EQPT, PARTS&SUPPL; POLICE, SHERIFF... (ALSO SEE CLOTHING)**

9680 08 LAW ENFORCEMENT EQPT, PARTS, MATLS, SUPPL, RENTAL, & MAINT/REPAIR  
 9680 04 WEAPONS, AMMUNITION, EXPLOSIVES & RELATED ITEMS

**MARINE/ & PORT SAFETY SYS, EQPT, PARTS, MATLS&SUPPL**

9120 21 BOAT /MOTOR/TRAILER/EQPT/ACCESS/SUPPL/MAINT/REPAIR/RENT  
 9120 27 WATER SAFETY SYSTEMS, EQPT, MATERIALS & SUPPLIES  
 9120 25 WHARF, PIER & BRIDGE EQPT, MATLS & SUPPL

**MATERIAL HANDLING SYS, EQPT, PARTS, ACCESS, MATLS&SUPPL**

9560 51 MATERIALS HANDLING EQPT & SUPPL INCLUDING MAINT/REPAIR & RENTAL, ...  
 9560 20 PAPER PRDTS, MATLS HANDLING; BAGS, BOXES, WRAPPING PAPER  
 9560 22 PLASTIC BAG, MATERIALS HANDLING; TRASH, INFECTIOUS WASTE, PRINTED, ...  
 9560 04 STORAGE CONTAINERS; CLOTH, GLASS, METAL, PLASTIC & WOOD: MATLS HANDLING

**MEDICAL SYS, EQPT, INSTR, PARTS&SUPPL (ALSO SEE CHEMICALS & ENGINEERING)**

9475 02 ANESTHESIA SYS, EQPT, PARTS, INSTR, MATLS & SUPPL  
 9475 13 BLOOD PRESSURE & COLLECTION EQPT & SUPPL  
 9475 10 BLOOD, WHOLE & PRDTS  
 9475 23 CARDIOLOGY EQPT, INST, MATLS & SUPPL  
 9475 80 DENTAL EQPT, INST, MATLS & SUPPL  
 9475 31 EAR, NOSE & THROAT EQPT, INSTR, MATLS & SUPPL  
 9475 43 GENERAL MEDICAL EQPT & INST  
 9475 40 GENERAL MEDICAL SUPPL; CONSUMABLES  
 9475 42 GRAFTS & ORGAN TRANSPLANTS  
 9475 37 HOSPITAL PATIENT CARE SUPPL, DISPOSABLE  
 9475 38 I.V. THERAPY EQPT, INST, MATLS & SUPPL  
 9475 99 MAINT/REPAIR;MEDICAL EQPT/INST  
 9475 05 MEDICAL & SURGICAL ITEMS, PRIME VENDOR DISTRIBUTION PROGRAM

CLASS

COMMODITY/SERVICE CODES BY CLASS &amp; SUBCLASS DESCRIPTION SEQUENCE

SUBCLASS

**MEDICAL SYS,EQPT,INSTR,PARTS&SUPPL(ALSO SEE CHEMICALS & ENGINEERING)**

9475 77 MEDICAL CLEANING & STERILIZING EQPT, INST, MATLS & SUPPL  
 9475 35 MEDICAL ELECTRODES & TRANSDUCERS  
 9475 49 MEDICAL EXAMINER EQPT/INST/MATL/SUPPL  
 9475 84 MEDICAL PACKS & KITS, SURGICAL & TRAUMA  
 9475 68 MEDICAL TRAINING/HEALTH EDUCATION TRAINING EQPT, MATLS & SUPPL  
 9475 34 MEDICAL WASTE DISPOSAL SYSTEMS & MANAGEMENT SVCS; EQPT, MATLS & SUPPL  
 9475 74 NEEDLES, SYRINGES, INJECTION GUNS & CATHETERS  
 9475 32 NEUROPSYCHOLOGICAL EQPT, INSTR & SUPPL  
 9475 45 NUCLEAR MEDICINE SYS, EQPT, PARTS, MATLS & SUPPL  
 9475 60 NURSING EQPT, MATLS & SUPPL  
 9475 97 OB/GYN EQPT, INST & SUPPL  
 9475 79 OPTICAL EQPT, INST & SUPPL  
 9475 65 ORTHOPEDIC EQPT, INST & SUPPL  
 9475 24 OSTOMY EQPT & SUPPL  
 9475 83 PARAMEDIC EQPT & SUPPL  
 9475 46 PATIENT LIFTING & TRANSPORTING EQPT & SUPPL  
 9475 14 PEDIATRICS & NURSERY EQPT, INST, MATLS & SUPPL  
 9475 01 PHARMACEUTICAL DRUGS, IV'S, NUTRITIONALS, ....  
 9475 12 PHYSICAL THERAPY EQPT & SUPPL  
 9475 26 PROSTHETIC EQPT, DEVICES, ACCESS, MATLS & SUPPL  
 9475 89 RADIOLOGY EQPT & SUPPL, NON-CHEMICAL  
 9475 25 RADIOLOGY FILM PROCESSING SYS, EQPT & SUPPL (USE 9190-20-10 FOR CHEMICALS)  
 9475 91 RENT;MEDICAL EQPT/INST  
 9475 87 RESPIRATORY THERAPY EQPT & SUPPL  
 9475 76 SURGICAL EQPT, INST & SUPPL  
 9475 90 SVC;MANAGEMENT,EQUIPMENT MAINTENANCE,DTIS & DPH ONLY  
 9475 81 ULTRASOUND IMAGING SYS, EQPT & SUPPL  
 9475 29 ULTRASOUND THERAPY EQPT & SUPPL  
 9475 21 UROLOGY EQPT, INST, MATLS & SUPPL  
 9475 78 WOUND CLOSURES; SUTURES, AUTO SUTURES, STAPLES, CLIPS

**MISCELLANEOUS;ALL OTHERS NOT CLASSIFIED**

9578 04 BARBER/BEAUTY/GROOMING EQPT,SUPPL,MAINT/REPAIR&RENTAL  
 9578 06 BINOCULARS & TELESCOPES  
 9578 08 CLOCKS, TIMERS, WATCHES, JEWELER'S TOOLS & SUPPL  
 9578 13 DECORATIONS  
 9578 20 ELECTION VOTING SYS, EQPT, MATLS & SUPPL  
 9578 10 FLAGS, BANNERS & SUPPL  
 9578 02 PROMOTIONAL ITEMS; PLAQUES, PINS, CUPS, PENS, CAPS/T-SHIRTS W/LOGO,...  
 9578 14 SEWING EQPT/PART/SUPPL/MAINT&REPAIR/RENT  
 9578 03 TESTING/TRAINING (MISC) EQPT/MATLS/SUPPL

**MOBILE,PORTABLE,TRAILERED CONTAINERS&PREFABRICATED STRUCTURES**

9155 12 PORTABLE/TRAILERED OFFICE/SHELTER/CONTAINER/TOILETS  
 9155 06 RENT, PORTABLE/TRAILERED OFFICE/SHELTER/CONTAINER/TOILET ...

**OFFICE,MAILING&LIBRARY EQPT,MATLS&SUPPL(ALSO SEE REPROGRAPHICS)**

9600 10 FAX EQPT/ACCESS/SUPPL  
 9600 82 GENERAL OFFICE EQPT & SUPPL  
 9600 12 LIBRARY EQPT, MATLS & SUPPL; EDUCATIONAL ITEMS  
 9600 62 MAILING & MAIL HANDLING EQPT & SUPPL  
 9600 60 PLASTIC CARD EMBOSsing & IMPRINTING SYS, EQPT, PARTS, MATLS & SUPPL  
 9600 61 RECORDS FILING SYS, EQPT, PARTS, ACCESS, MATLS & SUPPL  
 9600 38 REVENUE COLLECTION/SORTING EQPT, PARTS, MATLS & SUPPL

**PARKING&TRAFFIC SYS,EQPT,ACCESS&SUPPL**

9080 04 PARKING METERS, PARTS & SUPPL; ELECTRONIC & MECHANICAL  
9080 65 SIGN; TRAFFIC CONTROL, PRINTED/LAMINATED, & RELATED MATLS/SUPPL/HARDWARE  
9080 42 TRAFFIC CONTROL SYS, EQPT, ACCESS & SUPPL

**PUBLICATIONS&SUBSCRIPTIONS ;AUDIO/VISUAL,COMPUTERIZED&PRINTED MEDIA**

9125 50 BINDING/REPAIR; BOOKS & PUBLICATIONS  
9125 49 PUBLICATIONS; AUDIO/VISUAL, COMPUTERIZED & PRINTED  
9125 57 SUBSCRIPTIONS; AUDIO/VISUAL, COMPUTERIZED & PRINTED

**RECREATION EQPT,MATLS&SUPPL;ATHLETICS,SPORTS,GAMES,PLAYGRND...**

9805 64 AQUATIC EQPT, ACCESS & SUPPL  
9805 43 CAMPING & FISHING EQPT, ACCESS & SUPPL  
9805 80 EXERCISE, FITNESS & PHYSICAL TRAINING EQPT, ACCESS & SUPPL  
9805 51 GAMES & TOYS  
9805 18 MAINT/REPAIR;RECREATION EQPT  
9805 95 SPORTS EQPT, ACCESS & SUPPL; COURT, FIELD, PLAYGROUND & TRACK

**REPROGRAPHICS EQPT,PARTS&SUPPL(ALSO CHEMICALS,OFFICE&PRINTING)**

9700 02 BLUEPRINT EQPT, MATLS & SUPPL  
9700 04 COPIER, EQUIPMENT/ACCESORY/SUPPLY/MAINT/REPAIR/RENT  
9700 62 MICROFICHE & MICROFILM SYS, EQPT, PARTS, MATLS & SUPPL  
9700 07 PAPER; COMPUTER, COPIER, DRAFTING, GRAPHIC ARTS, REPRODUCTION, ....  
9700 65 PHOTO:EQPT/SUPPL/RENT/MAINT/REPAIR  
9700 73 REPROGRAPHICS EQPT & SUPPL; IMAGING, PRINTING, SILKSCREENING, ....  
9700 77 SIGNSMAKING EQPT, MATLS & SUPPL

**REPROGRAPHIC SVCS;COPYING,PRINTING,SILKSCREENING,ENGRAVING,PHOTO PROCESSING ...**

9695 60 FORMS MNGMNT; CONTROL,DESIGN,PRODUCE,WAREHOUSE&DISTRIBUTE .....  
9695 80 MEDIA CONVERSION SVC; SCANNING, READING, CONVERTING & OUTPUTTING  
9695 32 PHOTOGRAPHIC FILM/SLIDE PROCESSING/PRINTING  
9695 02 PRINTING/ENGRAVING;ANNOUNCEMENTS,AWARDS,BUSINESS CARDS,LETTERHEAD,NAME TAGS ...  
9695 90 PRINTING/LAMINATING; PLASTIC, VINYL & ALUMINUM PLACARDS & SIGNS  
9695 35 PRINTING/SILKSCREENING; POSTERS, SIGNS, CALENDARS & COVERS  
9695 04 PRINTING;BLUEPRINTS  
9695 50 PRINTING;BOOKS, BROCHURES, CATALOGS, TIMETABLES, RECEIPTS, TRANSFERS  
9695 14 PRINTING;DECALS, LABELS & STICKERS  
9695 16 PRINTING;ENVELOPE  
9695 18 PRINTING;FILE FOLDER/ JACKET/DIVIDER/TAB...  
9695 10 PRINTING;FORMS: CONTINUOUS, SINGLE PART, MULTI-PART, SNAP-OUT, BOOKBOUND...  
9695 40 PRINTING;MAPS, CHARTS, PAMPHLETS, PLATES, ...  
9695 07 PRINTING;PLASTIC CARDS, FOR EMBOSING & IMPRINTING  
9695 36 REPROGRAPHICS SVCS; ARTWORK, LAYOUT, PRODUCTION,

**SECURITY SYS,EQPT,PARTS,MATLS & SUPPL;DETECTION&SURVEILLANCE**

9990 02 BURGLAR ALARMS SECURITY SYS, EQPT, PARTS, ACCESS, MATLS & SUPPL  
9990 06 LIBRARY BOOKS SECURITY SYS, EQPT, ACCESS & SUPPL  
9990 90 MAINT/REPAIR;SECURITY SYS/EQPT  
9990 04 METAL DETECTION/X-RAY IMAGING SECURITY EQPT, PARTS, ACCESS & SUPPL  
9990 08 RESTRICTED ACCESS/ENTRY SECURITY SYS/EQPT/PARTS/ACCESS, MATLS/SUPPL,  
9990 20 SAFES & LOCK BOXES; SECURITY  
9990 10 VIDEO SURVEILLANCE SECURITY SYS, EQPT, PARTS, ACCESS, MATL & SUPPL

-----  
**SERVICES; (OTHERS NOT SPECIFICALLY CLASSIFIED)**

7300 10 SVC;ARCHAEOLOGICAL/CULTURAL RESOURCE  
7300 88 SVC;ART OBJECT/WORK, PACKING/STORING/DELIVERY  
7300 88 SVC;ART OBJECT/WORK, PACKING/STORING/DELIVERY  
7300 30 SVC;ARTISAN/ARTIST/PERFORMER  
7300 90 SVC;ARTISTIC CONCEPTUAL DESIGN  
7300 78 SVC;ARTWORK/ART RESTORATION  
7300 40 SVC;AUCTIONING, SURPLUS VEHICLE/EQPT/SUPPL  
7300 15 SVC;BARBER/BEAUTICIAN/HAIR STYLIST  
7300 35 SVC;FRAMING, ARTWORK/PICTURE  
7300 95 SVC;GAS/ELECTRIC  
7300 70 SVC;LABORATORY, NON-MEDICAL  
7300 72 SVC;LAUNDRY/DRY CLEANING  
7300 80 SVC;LIBRARY CATALOGING/RELATED  
7300 28 SVC;MARINE DIVING/SALVAGING  
7300 74 SVC;RECORD (FILE) STORAGE/RETRIEVAL  
7300 76 SVC;RECREATIONAL ACTIVITIES  
7300 84 SVC;TRAVEL AGENCY/RELATED  
7300 85 SVC;VEHICLE WASHING  
7300 96 SVC;WATER/SEWER  
7300 98 SVC;WORD PROCESSING/DATA ENTRY

**SERVICES; ACCOUNTING, AUDITING, COLLECTION, FINANCE, INSURANCE, TRUSTEESHIP...**

7500 01 SVC;ACCOUNTING/AUDITING  
7500 05 SVC;BILLING/COLLECTION  
7500 10 SVC;BOOKKEEPING  
7500 15 SVC;COLLECTION/COUNTING, FARE/REVENUE  
7500 20 SVC;CREDIT CHECK  
7500 25 SVC;FINANCIAL  
7500 30 SVC;FINANCING, THIRD PARTY  
7500 35 SVC;INSURANCE

**SERVICES; ANIMAL CARE, TRAINING&RELATED**

7200 60 SVC, ANIMAL; CARE, CONSULTING  
7200 20 SVC, ANIMAL; CARE, MEDICAL  
7200 40 SVC, ANIMAL; CARE, NON-MEDICAL  
7200 80 SVC, ANIMAL; DISPOSAL OF DEAD

**SERVICES; ARCHITECTURAL, DESIGNING, ENGINEERING&SURVEYING**

7210 10 SVC, ARCHITECTURE; GENERAL  
7210 40 SVC, ARCHITECTURE; INTERIOR DESIGN  
7210 50 SVC, ARCHITECTURE; LANDSCAPE  
7210 55 SVC, ARCHITECTURE; LIGHTING DESIGN  
7210 60 SVC, ARCHITECTURE; MARINE  
7210 63 SVC, ARCHITECTURE; MODEL MAKING  
7210 20 SVC, CONSTRCTN MNGMNT; ARCHITCTRL/ENGINRNG  
7210 05 SVC, ENGINEERING; ACOUSTICAL/NOISE ANALYSIS  
7210 15 SVC, ENGINEERING; CIVIL  
7210 25 SVC, ENGINEERING; CORROSION  
7210 30 SVC, ENGINEERING; GENERAL  
7210 35 SVC, ENGINEERING; GEOTECHNICAL  
7210 45 SVC, ENGINEERING; IRRIGATION  
7210 65 SVC, ENGINEERING; MECHANICAL/ELECTRICAL  
7210 70 SVC, ENGINEERING; QUALITY  
7210 75 SVC, ENGINEERING; STRUCTURAL  
7210 85 SVC, ENGINEERING; TRAFFIC/TRANSPORTATION  
7210 09 SVC, SURVEYING; CARTOGRAPHY  
7210 80 SVC, SURVEYING; LAND/AERIAL

CLASS

COMMODITY/SERVICE CODES BY CLASS &amp; SUBCLASS DESCRIPTION SEQUENCE

SUBCLASS

**SERVICES;CONSULTING (OTHERS NOT CLASSIFIED)**

7250 10 SVC,CONSULTING;ART WORK  
7250 15 SVC,CONSULTING;COMPUTER SYSTEM  
7250 35 SVC,CONSULTING;ELECTION  
7250 20 SVC,CONSULTING;EMERGENCY MNGMNT-PLANNING/RESPONDING/TRAINING  
7250 70 SVC,CONSULTING;LEGISLATIVE/POLITICAL  
7250 40 SVC,CONSULTING;MANAGEMENT  
7250 53 SVC,CONSULTING;MNGMNT,INFO/RECORD  
7250 30 SVC,CONSULTING;SCHOOL/EDUCATION

**SERVICES;CONTRACTING,BUILDING,CONSTRUCTION&DEMOLITION**

7280 02 BACKHOE CONTRACTING  
7280 04 BUILDING MOVING/DEMOLITION CONTRACTING  
7280 06 CABINET/MILLWORK CONTRACTING  
7280 08 CONCRETE CONTRACTING  
7280 66 CONSTRUCTION TRUCKING CONTRACTING  
7280 72 DRILLING CONTRACTING  
7280 12 DRYWALL CONTRACTING  
7280 14 EARTHWORK & PAVING CONTRACTING  
7280 16 ELECTRICAL  
7280 18 ELECTRICAL SIGN CONTRACTING  
7280 74 EVENT/EXHIBIT DESIGN/CONSTRUCTION CONTRACTING  
7280 20 FENCING CONTRACTING  
7280 22 FIRE PROTECTION ENGINEERING CONTRACTING  
7280 24 GENERAL BUILDING CONTRACTING  
7280 26 GENERAL ENGINEERING CONTRACTING  
7280 28 GLAZING CONTRACTING  
7280 30 INSULATION & ACCOUSTICAL CONTRACTING  
7280 32 LANDSCAPE CONTRACTING  
7280 34 LATHING CONTRACTING  
7280 76 LOCKSMITH CONTRACTING  
7280 36 MASONRY CONTRACTING  
7280 38 METALWORKING CONTRACTING  
7280 40 PAINTING, DECORATING, SANDBLASTING & WATERPROOFING CONTRACTING  
7280 44 PIPELINE CONTRACTING  
7280 46 PLASTERING CONTRACTING  
7280 48 PLUMBING CONTRACTING  
7280 52 ROOFING CONTRACTING  
7280 54 SANITATION SYSTEM CONTRACTING  
7280 56 SHEET METAL CONTRACTING  
7280 58 SOLAR CONTRACTING  
7280 50 STEEL REINFORCING CONTRACTING  
7280 42 STREET, ROAD & PARKING IMPROVEMENT CONTRACTING  
7280 60 STRUCTURAL STEEL CONTRACTING  
7280 62 SWIMMING POOL CONTRACTING  
7280 64 TILE, CERAMIC & MOSAIC CONTRACTING  
7280 68 WELDING CONTRACTING  
7280 70 WELL DRILLING CONTRACTING

**SERVICES;EMPLOYMENT, TRAINING&RELATED**

7310 30 SVC,EMPLOYMENT;AGENCY, TEMPORARY HELP  
7310 40 SVC,EMPLOYMENT;EXECUTIVE SEARCH  
7310 50 SVC,EMPLOYMENT;PSYCHOLOGICAL TESTING  
7310 10 SVC,EMPLOYMENT;RECRUITMENT/EXAMINATION/TESTING CONSULTING  
7310 55 SVC,EMPLOYMENT;STUDIES/CONSULTING  
7310 70 SVC,EMPLOYMENT;TRAINING, COMPUTER  
7310 60 SVC,EMPLOYMENT;TRAINING/DEVELOPMENT/CERTIFICATION  
7310 20 SVC,EMPLOYMENT;VOCATIONAL CONSULTING  
7310 35 SVC,EMPLOYMENT;AGENCY,MEDICAL PROFESSIONAL

CLASS

COMMODITY/SERVICE CODES BY CLASS &amp; SUBCLASS DESCRIPTION SEQUENCE

SUBCLASS

**SERVICES; ENVIRONMENTAL, HEALTH&SAFETY**

7320 10 SVC, CONSULTING; ASBESTOS ABATEMENT  
7320 20 SVC, CONSULTING; ENERGY CONSERVATION  
7320 30 SVC, CONSULTING; MNGMNT, SOLID WASTE/HAZARDOUS MATERIAL  
7320 50 SVC; AIR, MATERIALS, SOIL & WATER TESTING & CONSULTING  
7320 42 SVC; FIRE SPRINKLER SYSTEM TESTING & CERTIFICATION  
7320 40 SVC; HAZARDOUS MATL/WASTE; COLLECT/RECYCLE/DISPOSE  
7320 60 SVC; PEST CONTROL;  
7320 70 SVC; RECYCLING, NON-HAZARDOUS MATERIALS  
7320 80 SVC; SCAVENGER/LANDFILL  
7320 44 SVC; UNDERGROUND TANK TESTING & CERTIFICATION

**SERVICES; HUMAN**

7440 05 SVC, HUMAN; AIDS SUPPORT, NON-MEDICAL  
7440 10 SVC, HUMAN; CAREGIVER  
7440 03 SVC, HUMAN; CHILDREN, YOUTHS&FAMILIES  
7440 15 SVC, HUMAN; CMMNTY SPRT (COMMUNITY SUPPORT)  
7440 30 SVC, HUMAN; CREMATION/INTERMENT, INDIGENT PERSONS  
7440 20 SVC, HUMAN; CRIME/GANG PREVENTION  
7440 40 SVC, HUMAN; HOMELESS  
7440 50 SVC, HUMAN; HOMEWORKING  
7440 60 SVC, HUMAN; HOUSING

**SERVICES; LEGAL**

7350 05 SVC, LEGAL; AFFIRMATIVE ACTION/EEO/MBE/WBE  
7350 50 SVC, LEGAL; ARBITRATION  
7350 12 SVC, LEGAL; ATTORNEY  
7350 14 SVC, LEGAL; COURT REPORTING/TRANSCRIPTION  
7350 30 SVC, LEGAL; CRIMINAL JUSTICE PROFESSIONAL  
7350 10 SVC, LEGAL; HEARING OFFICER  
7350 70 SVC, LEGAL; MEDIATION/NEGOTIATION  
7350 40 SVC, LEGAL; PARALEGAL  
7350 85 SVC, LEGAL; POLYGRAPH  
7350 80 SVC, LEGAL; PRIVATE INVESTIGATOR  
7350 60 SVC, LEGAL; PROCESSING/COPYING/SUBPOENA PREPARATION/SERVING

**SERVICES; MARKETING, MEDIA, SPECIAL EVENT... (ALSO SEE REPROGRAPHICS SVCS)**

7360 15 SVC, ADVERTISING; BILLBOARD/POSTER  
7360 10 SVC, ADVERTISING; PUBLISHED  
7360 20 SVC, CMMTY/PUBLIC AFFAIRS;  
7360 30 SVC, CONSULTING; FUND-RAISING  
7360 25 SVC; COMPUTER GRAPHICS/IMAGE RENDERING  
7360 65 SVC; CONCERT/CONVENTION/SPECIAL EVENT  
7360 32 SVC; ENTERTAINMENT  
7360 35 SVC; FILM/VIDEO PRODUCTION  
7360 45 SVC; MARKETING/RESEARCH/DEVELOPMENT  
7360 55 SVC; NEWSPAPER CLIPPING  
7360 60 SVC; PHOTOGRAPHY

**SERVICES;MEDICAL&HEALTH**

7400 10 SVC,MED/HLTH;AIDS  
7400 30 SVC,MED/HLTH;AMBULANCE  
7400 20 SVC,MED/HLTH;CMH (COMMUNITY MENTAL HEALTH)  
7400 14 SVC,MED/HLTH;COMMUNITY,DIRECT  
7400 16 SVC,MED/HLTH;COMMUNITY,SUPPORT  
7400 40 SVC,MED/HLTH;FITNESS/WELLNESS/RELATED  
7400 35 SVC,MED/HLTH;HEALTH MANAGEMENT CONSULTING  
7400 45 SVC,MED/HLTH;MEDICAL LABORATORY (TC65000)  
7400 50 SVC,MED/HLTH;MEDICAL TRANSCRIPTION  
7400 28 SVC,MED/HLTH;MEDICATION REPACKAGING/LABELING  
7400 22 SVC,MED/HLTH;PROFESSIONAL  
7400 55 SVC,MED/HLTH;PSYCHOLOGICAL/PSYCHIATRY  
7400 18 SVC,MED/HLTH;SUBSTANCE ABUSE

**SERVICES;PROPERTY MANAGEMENT,MAINTENANCE&SECURITY**

7420 10 SVC,JANITORIAL;  
7420 20 SVC,LANDSCAPING/MAINT  
7420 30 SVC,MANAGEMENT;BUILDING & PROPERTY  
7420 40 SVC,MANAGEMENT;PARKING GARAGE  
7420 50 SVC,REAL ESTATE & RELATED  
7420 60 SVC,SECURITY,GUARD,BUILDING/PROPERTY  
7420 70 SVC,SECURITY,MONITORING SYSTEMS

**SERVICES;TELECOMMUNICATIONS (ALSO SEE TELECOMMUNICATIONS SYS, ...)**

7450 10 SVC,TELECOMM;ANSWERING/PAGING/VOICE MAIL  
7450 50 SVC,TELECOMM;CELL PHONE/PAGER,WITH/WITHOUT EQPT RENTAL  
7450 20 SVC,TELECOMM;CONSULTING  
7450 30 SVC,TELECOMM;INFORMATION NETWORK ACCESS,PROPRIETARY  
7450 80 SVC,TELECOMM;RADIO SIGNAL TRANSMISSION/FREQUENCIES  
7450 70 SVC,TELECOMM;SATELLITE-DISH,GPS,PHONE, .....  
7450 45 SVC,TELECOMM;TELECONFERENCING  
7450 60 SVC,TELECOMM;TELEGRAM  
7450 40 SVC,TELECOMM;TELEPHONE

**SERVICES;TRANSPORT,TRANSPORTATION,FREIGHT DELIVERY/FOWARDING ...**

7460 10 SVC,TRANSPORT;ARMOUR  
7460 50 SVC,TRANSPORT;AUTOMOTIVE TOWING  
7460 45 SVC,TRANSPORT;CHARTERED BUS /SHUTTLE/TAXI ...  
7460 20 SVC,TRANSPORT;FREIGHT/PACKAGE DELIVERY/FORWARDING/TRUCKING  
7460 15 SVC,TRANSPORT;HOISTING/RIGGING/DRAYAGE  
7460 55 SVC,TRANSPORT;MARINE TOWING  
7460 40 SVC,TRANSPORT;MOVING/STORAGE  
7460 47 SVC,TRANSPORT;PUBLIC TRANSIT PREPAID PASS/TOKEN/TICKET  
7460 60 SVC,TRANSPORT;TRAFFIC SAFETY ESCORT  
7460 90 SVC,TRANSPORTATION;INMATE/PRISONER  
7460 25 SVC;MAILING-COLLATE/FOLD/INSERT/SEAL/METER/MAIL DOCUMENT/ENVELOPE  
7460 30 SVC;MESSENGER

**SERVICES;URBAN PLANNING,RESEARCH&RELATED**

7480 10 SVC,CONSULTING;AVIATION PLANNING/RESEARCH  
7480 20 SVC,CONSULTING;ENVIRONMENTAL IMPACT REPORT  
7480 30 SVC,CONSULTING;SOCIO/ECONOMIC/STATISTICAL STUDY  
7480 40 SVC,CONSULTING;URBAN PLANNING



CLASS

COMMODITY/SERVICE CODES BY CLASS &amp; SUBCLASS DESCRIPTION SEQUENCE

SUBCLASS

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**SERVICES;WRITING,LINGUISTIC&/RELATED**

7490 40 SVC;TRANSCRIPTION

7490 25 SVC;TRANSLATING/INTERPRETING,A/V IMPAIRED-CLOSE CAPTION,SIGNING, ...

7490 20 SVC;TRANSLATING/INTERPRETING,LANGUAGE

7490 30 SVC;WRITING/EDITING

**TELECOMMUNICATIONS SYS,EQPT,PARTS,ACCESS,MATLS&SUPPL**

9725 53 CELL PHONE &amp; PAGER SYS, EQPT, PARTS &amp; MAINT/REPAIR (SEE 7450-50 FOR SVC)

9725 07 GLOBAL POSITIONING SYSTEMS (GPS), EQPT, PARTS, MAINT/REPAIR &amp; RENTAL

9725 59 RADIO COMMUNICATION SYS, EQPT, PARTS, MAINT/REPAIR &amp; RENTAL

9725 55 TELECOMM SYS,EQPT,PARTS,INSTALL,MAINT/REPAIR&amp;RENTAL(ALSO SEE SVCS,TELECOMM)

**TEXTILES;FINISHED&UNFINISHED**

9850 68 CURTAINS, DRAPERIES &amp; ACCESS

9850 08 LINEN, INSTITUTIONAL; HOSPITAL, CORRECTIONAL FCLTY, FOOD SVC &amp; LAUNDRY

9850 10 MATTRESS, INSTITUTIONAL; HOSPITAL, CORRECTIONAL FACILITY

9850 79 TEXTILES, FINISHED &amp; UNFINISHED, ALL OTHERS NOT SPECIFICALLY IDENTIFIED



# Business Registration Certificate Requirement

## General

To receive an award, a vendor must have a current Business Registration Certificate or else not be required to register. The registration fee is \$25, \$150, \$250 or \$500, depending on the type and size of your business. The fee (except the \$25 fee) may be pro-rated for new registrations, depending on when during the year you started conducting business in San Francisco, and is based on estimated tax liability for your payroll expense. To determine your registration fee go online to: [www.sfgov.org/Tax/BusinessForms](http://www.sfgov.org/Tax/BusinessForms) and select "Understanding the S.F. Business Registration Certificate." In addition, every entity "conducting business in San Francisco" must file a combined Payroll Expense Tax Statement and Business Registration renewal annually. Effective January 1, 2009, businesses with a computed tax of \$3,750 or less are exempt from paying payroll expense tax provided the statement is filed on time.

## Who must obtain a Business Registration Certificate?

Any business that is located or conducting business in San Francisco.

## What is "conducting business in San Francisco"?

If an entity answers "yes" to any of Items 1-8 on the reverse, it is considered to be "conducting business in San Francisco."

## Are there exceptions?

Yes. An entity receiving rental income solely from one cooperative housing corporation, one residential structure of fewer than 4 units, or one residential condominium shall not be deemed to be engaging in business.

## My business is not located in San Francisco. Is a registration certificate still required?

- If the entity "conducts business in San Francisco," a registration certificate is required. See Items 1-8 on the reverse.
- Entities that do not "conduct business in San Francisco" (excluding government agencies) must sign and return the Declaration.

## What's involved in obtaining a registration certificate?

Obtaining a certificate is easy, but not automatic. Once the Tax Collector receives an application, the office must check the payment status of other taxes (Unsecured Personal Property Tax, Payroll/Business Tax), licenses/permits. If any tax or license/permit fee is delinquent, the certificate cannot be issued. Only when all taxes and fees are paid in full will the certificate be issued.

## How do I apply for and obtain the certificate?

Complete an application form and submit it along with the appropriate registration fee in person or by mail to:

Office of the Treasurer & Tax Collector  
ATTN: Taxpayer Assistance  
City Hall, Room 140  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4696

There are two different application forms, one for Sole Proprietorships and one for all other ownership types. Both applications are available in person at the address above or online at: [www.sfgov.org/Tax/BusinessForms](http://www.sfgov.org/Tax/BusinessForms)

## Do Company Divisions, Parents and Subsidiaries have to register separately?

That depends on a company's individual situation. Contact the Tax Collector at (415) 554-6718 or 554-4400 for more information.

## Can I do business with the City without a certificate?

As a rule, if you do not "conduct business in San Francisco" as outlined on the reverse, you are not required to obtain a Business Registration Certificate. The City can make purchases from businesses only in the following situations:

- The entity conducts business in San Francisco and has registered and possesses a current Business Registration Certificate.
- The entity does not conduct business in San Francisco and has signed and submitted the Declaration.
- The entity is a government agency.
- There is an emergency. Although OCA can award the contract, the vendor may be subject to business taxes and required to possess a certificate.

These requirements cover service contracts, construction contracts, and product purchases.

## What if my application is pending during a bid evaluation?

If you are the low bidder on a City contract, and have applied for the certificate but your application has not yet been approved, the City may make the award to you if you sign the Declaration. If you have a receipt from the Tax Collector for the registration fee, submit a copy of the receipt with your bid.

## What if I currently "do not conduct business in San Francisco," but would register if I win this bid?

You may answer the questions based on your current status, and you should not register at this time. If you win the bid, you should register with the Office of the Treasurer & Tax Collector.

## What must I file?

Unless you previously submitted this form, fax it to the Treasurer & Tax Collector at (415) 554-6207 or mail it to Treasurer & Tax Collector, City Hall, Room 140, #1 Carlton B Goodlett Place, San Francisco, CA 94102-4696.

If you are bidding on a City contract, you must resolve any Business Tax issues before the contract can be awarded to you. That means either registering with the Tax Collector if you are required to do so, or submitting this form showing that you are not required to register.

## What if I have submitted this form previously?

If you submitted this form for an earlier transaction, and if your business tax status has not changed, please discard this form.

## What if I don't have a City vendor number yet?

You need to get one before submitting this form. To do that, go to <http://www.sfgov.org/site/oca>. Click on "Required Vendor Forms," download the IRS Form W-9 and New Vendor Number Request Form and fax them to the Controller at (415) 554-6261.

## For more information:

For information on how to apply for the certificate, call the Tax Collector's Office at (415) 554-6718 or 554-4400. For information on your eligibility to receive a particular award, call the Office of Contract Administration at (415) 554-6743.

## Business Tax Declaration

Please indicate "Yes" or "No" by marking the boxes on Items 1-8, based on your company's situation *as of now*, whether a contract is signed or not. If any answers would change for your company if awarded a bid that is pending, see the last paragraph in this column\*.

### Do you conduct business in San Francisco?

- | Yes                      | No                       | <u>Does the business entity currently...</u>   |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. ...maintain a fixed place of business within San Francisco?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. ...exercise corporate or franchise powers within San Francisco?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. ...own or lease real property within San Francisco for business purposes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. ...regularly maintain a stock of tangible personal property for sale in San Francisco?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. ...employ or loan capital on property within San Francisco?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. ...solicit business within San Francisco for all or part of any seven days during one fiscal year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. ...perform work or render services within San Francisco for all or part of any seven days during one fiscal year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. ...utilize the street within San Francisco in connection with the operation of motor vehicles for business purposes for all or part of any seven days during one fiscal year? |

- If you indicated "Yes" to any of Items 1-8, you must complete Items 9-15 in this Declaration and **must register immediately**.
- If you answered "No" to **all** Items 1-8, ordinarily you are not conducting business in San Francisco. In this case, you need not register with the Tax Collector and may omit items 9-15, but you **must sign and return** this Declaration, which is subject to review by the Tax Collector.

\* If the awarding of a bid would cause any of the responses to items 1-8 to change to "Yes," indicate those item numbers here:

- 1    2    3    4    5    6    7    8

If awarded a bid, an application for a Business Registration Certificate must be submitted within 15 days of the effective date.

### Tax-exempt Entities, Banks, Insurance Companies, Others

If you answer "Yes" to any of Items 9-12, you still need to register but need not pay the registration fee. To register, you must submit proof of tax-exempt status to the Tax Collector, with other forms. For non-profit entities, proof is usually an exemption letter from the IRS, noting §501(c) or (d) of the Internal Revenue Code.

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 9. This is a non-profit, tax-exempt entity.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. This entity is a bank or an insurance company. If "Yes," indicate your type of business:<br>_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. This entity is a skilled nursing facility licensed under Title 22, CA Admin. Code, Div. 5.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Other Exemptions. See Francisco Business and Tax Regulations Code Article 12A, Section 906(d) to (f), available online at: <a href="http://www.sfgov.org/BTRcode">www.sfgov.org/BTRcode</a> |

### Applying for a Business Registration Certificate

If you answered "Yes" to any of Items 1-8, check item 13, 14, or 15 and complete any applicable blanks. If no item is checked, or if the Declaration is not signed, this will constitute a basis for OCA to reject the bid.

- 13. This entity has registered with the Tax Collector and is assigned Certificate Number: \_\_\_\_\_ (6 digits, e.g., "123456").
- 14. This entity applied for a Certificate by mailing the application and fee to the Tax Collector, or by submitting the application in person, on \_\_\_\_\_ (mm-dd-yyyy).  
The application is pending.  
(NOTE: Completing this Declaration is not the same as applying for a Business Registration Certificate.)
- 15. This entity needs to register and will do so immediately.

I understand that my representation, if any, that I am not engaged in business in San Francisco is subject to review by the Tax Collector. If the Tax Collector determines that I am conducting business in San Francisco, the City may either cancel the contract or withhold payment ten days after written notification by the Tax Collector. I declare (or certify) under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_ (City) \_\_\_\_\_ (State)

\_\_\_\_\_  
Name of company (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City vendor number (see reverse for how to obtain one)

\_\_\_\_\_  
Name of person signing

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Federal Employer Identification Number (FEIN)

- Routing:**
- Please fax this P-25 form to (415) 554-6207, or you may mail it to Treasurer & Tax Collector, City Hall, Room 140, #1 Carlton B. Goodlett Place, San Francisco, CA 94102-4696 or email it to [txx.VendorAccounts@sfgov.org](mailto:txx.VendorAccounts@sfgov.org)
  - If you are registering, obtain an application from the Tax Collector's website (<http://sfgov.org/tax/businessforms>). Include this form.
  - If you submitted this form previously and if your business tax status has not changed, discard this form.

- Questions:**
- ... regarding how to apply for a certificate, call the Tax Collector at (415) 554-6718 or (415) 554-4400.
  - ... regarding a bid, call the Office of Contract Administration at (415) 554-6743.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>																
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.  <b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; font-weight: bold;">Social security number</td> </tr> <tr> <td style="width: 20%; height: 20px; text-align: center;"> </td> <td style="width: 20%; height: 20px; text-align: center;">-</td> <td style="width: 20%; height: 20px; text-align: center;"> </td> <td style="width: 20%; height: 20px; text-align: center;">-</td> <td style="width: 20%; height: 20px; text-align: center;"> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="2" style="text-align: center; font-weight: bold;">Employer identification number</td> </tr> <tr> <td style="width: 20%; height: 20px; text-align: center;"> </td> <td style="width: 20%; height: 20px; text-align: center;">-</td> <td style="width: 20%; height: 20px; text-align: center;"> </td> <td style="width: 20%; height: 20px; text-align: center;"> </td> <td style="width: 20%; height: 20px; text-align: center;"> </td> <td style="width: 20%; height: 20px; text-align: center;"> </td> </tr> </table>	Social security number			-		-		Employer identification number			-				
Social security number																
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Employer identification number																
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<b>Part II Certification</b>			
Under penalties of perjury, I certify that:			
<ol style="list-style-type: none"> <li>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</li> <li>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</li> <li>3. I am a U.S. citizen or other U.S. person (defined below), and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol>			
<b>Certification instructions.</b> You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.			
<b>Sign Here</b>	<table style="width: 100%;"> <tr> <td style="width: 60%;">Signature of U.S. person ▶</td> <td style="width: 40%;">Date ▶</td> </tr> </table>	Signature of U.S. person ▶	Date ▶
Signature of U.S. person ▶	Date ▶		

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China Income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for ...	THEN the payment is exempt for ...
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its Instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Part I. Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup>  The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>1</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor <sup>*</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

GENERAL SERVICES AGENCY  
OFFICE OF LABOR STANDARDS ENFORCEMENT  
DONNA LEVITT, MANAGER



### Minimum Compensation Ordinance (MCO) Declaration

**What the Ordinance does.** The Minimum Compensation Ordinance (MCO) became effective October 8, 2000, and was later amended by the Board of Supervisors, with an effective date for the amendments of October 14, 2007. The MCO requires City contractors and subcontractors to pay Covered Employees a minimum hourly wage and to provide 12 compensated and 10 uncompensated days off per year. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements.

The MCO applies only if you have at least \$25,000 in cumulative annual business with a City department or departments and have more than 5 employees, including employees of any parent, subsidiaries and subcontractors.

The City may require contractors to submit reports on the number of employees affected by the MCO.

**Effect on City contracting.** For contracts and amendments signed on or after October 8, 2000 the MCO will have the following effect:

- In each contract, the contractor will agree to abide by the MCO and to provide its employees the minimum benefits the MCO requires, and to require its subcontractors subject to MCO to do the same.
- If a contractor does not agree to provide the MCO's minimum benefits, the City will award a contract to that contractor **only** if the contractor has received an approved exemption or waiver under MCO from the Office of Labor Standards Enforcement (OLSE) through the contracting Department. The contract will not contain the agreement to abide by the MCO if there is an exemption or waiver on file.

**What this form does.** If you can assure the City now that, beginning with the first City contract or amendment you receive after October 8, 2000 and until further notice, you will provide the minimum benefit levels specified in the MCO to your covered employees, and will ensure that your subcontractors also subject to the MCO do the same, this will help the City's contracting process.

If you cannot make this assurance now, please do not return this form.

**For more information,** (1) see our Website, including the complete text of the ordinance: [www.sfgov.org/olse](http://www.sfgov.org/olse), (2) e-mail us at: [MCO@sfgov.org](mailto:MCO@sfgov.org), (3) Phone us at (415) 554-6292.

**Where to Send this Form.** Mail: Vendor File Support, City Hall, Room 484, San Francisco CA 94102. Fax: (415) 554-6261  
Email: [vendor.file.support@sfgov.org](mailto:vendor.file.support@sfgov.org)

### Declaration

In order to be a certified vendor with the City and County of San Francisco, this company will provide, if applicable, the minimum benefit levels specified in the MCO to our Covered Employees, and will ensure that our subcontractors also subject to the MCO do the same, until further notice. This company will give such notice as soon as possible.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
City Vendor Number (if known)

\_\_\_\_\_  
Company Name

( ) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Federal Employer ID #



GENERAL SERVICES AGENCY  
OFFICE OF LABOR STANDARDS ENFORCEMENT  
DONNA LEVITT, MANAGER



### Health Care Accountability Ordinance (HCAO) Declaration

**What the Ordinance Requires.** The Health Care Accountability Ordinance (HCAO), which became effective July 1, 2001, requires Contractors that provide services to the City or enter into certain leases with the City, and certain Subcontractors, Subtenants and parties providing services to Tenants and Subtenants on City property, to provide health plan benefits to Covered Employees, or make payments to the City for use by the Department of Public Health (DPH), or, under limited circumstances, make payments directly to Employees.

The HCAO applies only to Contractors with at least \$25,000 (\$50,000 for non-profit organizations) in cumulative annual business with a City department(s) and have more than 20 Employees (50 Employees for non-profit organizations) including Employees of any parent, subsidiaries and subcontractors.

The City may require Contractors to submit reports on the number of Employees affected by the HCAO.

**Effect on City Contracting.** For contracts and amendments signed on or after July 1, 2001, the HCAO requires the following:

- Each contract must include terms ensuring that the Contractor will agree to abide by the HCAO and either to provide its employees with health plan benefits meeting the Minimum Standards set forth by the Director of Health or to make the payments required by the HCAO;
- All City Contractors must agree to comply with the requirements of the HCAO unless the Contracting Department has obtained an approved exemption or waiver under the HCAO from the Office of Labor Standards (OLSE).
- Contractors must require any Subcontractors subject to the HCAO to comply with the HCAO:

**The Purpose of This Declaration.** By submitting this declaration, you are providing assurances to the City that, beginning with the first City contract or amendment you receive after July 1, 2001 and until further notice, you will either provide the health plan benefits meeting the Minimum Standards to your covered employees or make the payments required by the HCAO, and will ensure that your Subcontractors also abide by these requirements. If you cannot provide this assurance, do *not* return this form.

To obtain more information regarding the HCAO, Visit our website, which includes links to the complete text of the HCAO, at [www.sfgov.org/olse/hcao](http://www.sfgov.org/olse/hcao); send an e-mail to [HCAO@sfgov.org](mailto:HCAO@sfgov.org); or call (415) 554-6237.

**Where to Send this Form.** Mail: Vendor File Support, City Hall, Room 484, San Francisco CA 94102. Fax: (415) 554-6261 Email: [vendor.file.support@sfgov.org](mailto:vendor.file.support@sfgov.org)

### Declaration

In order to be a certified vendor with the City and County of San Francisco, the company named below will either provide, if applicable, health benefits specified in the HCAO to our covered employees or make the payments required by the HCAO, and will ensure that our subcontractors that are subject to the HCAO also comply with these requirements, until further notice. The company named below will provide such notice as soon as possible.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
City Vendor Number (if known)

\_\_\_\_\_  
Company Name

( ) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Federal Employer ID #



# CITY AND COUNTY OF SAN FRANCISCO CONTRACT MONITORING DIVISION

## S.F. ADMINISTRATIVE CODE CHAPTERS 12B & 12C DECLARATION: NONDISCRIMINATION IN CONTRACTS AND BENEFITS (CMD-12B-101)

### ► Section 1. Vendor Information

Name of Company: \_\_\_\_\_

Name of Company Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Vendor Number (if known): \_\_\_\_\_

Federal ID or Social Security Number: \_\_\_\_\_

Approximate Number of Employees in the U.S.: \_\_\_\_\_

Are any of your employees covered by a collective bargaining agreement or union trust fund?  Yes  No

Union name(s): \_\_\_\_\_

DATE & TIME RECEIVED BY CMD (FOR CMD USE ONLY)

### ► Section 2. Compliance Questions

#### Question 1. Nondiscrimination – Protected Classes

A. Does your company agree it will not discriminate against its employees, applicants for employment, employees of the City, or members of the public on the basis of the fact or perception of a person’s membership in the categories listed below? **Please note:** a “YES” answer is required for compliance. Please answer yes or no to each category.

- |                   |                              |                             |  |                              |                             |
|-------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| • Race            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Sex                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Color           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Sexual orientation                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Creed           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Gender identity (transgender status) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Religion        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Domestic partner status              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • National origin | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Marital status                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Ancestry        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Disability                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Age             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • AIDS/HIV status                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Height          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Weight                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B. Does your company agree to insert a similar nondiscrimination provision in any subcontract you enter into for the performance of a substantial portion of the contract you have with the City? **Please note:** you must answer this question even if you do not intend to enter into any subcontracts.

Yes  No

#### Question 2. Nondiscrimination – Equal Benefits for Employees with Spouses and Employees with Domestic Partners

A. Does your company provide or offer access to any benefits to employees with spouses or to spouses of employees?

Yes  No

B. Does your company provide or offer access to any benefits to employees with (same or opposite sex) domestic partners\* or to domestic partners of employees?

Yes  No

Questions 2A and 2B should be answered YES even if your employees pay some or all of the cost of spousal or domestic partner benefits.

\*The term “Domestic Partner” includes both same-sex and opposite-sex couples who have registered with any state or local government domestic partnership registry. See S.F. Admin. Code Ch. 12B.1(c).

**If you answered “NO” to both** Questions 2A and 2B, go to Section 4, complete and sign the form, filling in all items requested.

**If you answered “YES” to either** or both Questions 2A and 2B, please continue to Question 2C.

(OVER)

**Question 2. (continued)**

C. Please check all benefits that apply to your answers above and list in the “other” section any additional benefits not already specified. Note: some benefits are provided to employees because they have a spouse or domestic partner, such as bereavement leave; other benefits are provided directly to the spouse or domestic partner, such as medical insurance.

BENEFIT	Yes for Employees with Spouses	Yes for Employees with Domestic Partners	No, this Benefit is Not Offered	Documentation of this Benefit is Submitted with this Form
• Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vision Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Retirement (Pension, 401(k), etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Bereavement Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Family Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Parental Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Employee Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Relocation & Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Company Discount, Facilities & Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Credit Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dependent Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** If you can't offer a benefit in a nondiscriminatory manner *because of reasons outside your control*, (e.g., there are no insurance providers in your area willing to offer domestic partner coverage) you may be eligible for Reasonable Measures compliance. To comply on this basis, you must agree to pay a cash equivalent, submit a completed Reasonable Measures Application Form (CMD-12B-102) with all necessary attachments, and have your application approved by the Contract Monitoring Division. For more information, see Rules of Procedure section II B or contact the CMD.

➤ **Section 3. Required Documentation**

**YOU MUST SUBMIT SUPPORTING DOCUMENTATION**

**to verify each benefit marked in Question 2C.** Without proper documentation, your company cannot be certified as complying with Chapters 12B & 12C. For example, to document medical insurance submit a letter from your insurance provider or a copy of the eligibility section of your plan document; to document leave programs, submit a copy of your company's employee handbook. If documentation of a particular benefit does not exist, attach an explanation. For more information see the Equal Benefits Documentation Guide at <http://sfgsa.org/modules/showdocument.aspx?documentid=9560> or contact the CMD.

Have you submitted supporting documentation for each benefit offered?     Yes     No

➤ **Section 4. Executing the Document**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Name of Signatory (please print)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Title

➔ **Submit this form and supporting documentation to:** Contract Monitoring Division, 30 Van Ness Ave., Suite 200, San Francisco, CA 94102-6020, or to [CMD.EqualBenefits@sfgov.org](mailto:CMD.EqualBenefits@sfgov.org) or to the City department that sent it to you if the department so requests.

✓ **Resource Materials** and additional copies of this form may be found at: [www.sfgov.org/CMD](http://www.sfgov.org/CMD).

☎ **For assistance** please contact the Contract Monitoring Division at 415-581-2310.