**University of California**

**Consultants Profile Form**

To be completed by all firms or individuals proposing to do business with the University of California.

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| GENERAL INFORMATION |
| FIRM NAME: |
| PRIMARY **(MAILING)** ADDRESS, CITY, STATE ZIP:  |
| BILLING ADDRESS (if different from street address):  |
| MAILING ADDRESS: **[ ]** PRIMARY **[ ]** SECONDARY |
| EMPLOYER IDENTIFICATION NUMBER (EIN)       **Note: This is not your Social Security Number** |
| DEPARTMENT OF INDUSTRIAL RELATIONS (DIR) REGISTRATION NUMBER:       |
| CONTACT |
| CONTACT PERSON:  |
| TELEPHONE NO.:  |  |
| E-MAIL:  |
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| **OWNERSHIP INFORMATION**Select **one** of the following, if applicable  |
| **[ ]** [ ]  **SMALL BUSINESS ENTERPRISE (SBE)** - an independently owned and operated concern certified as a small business by the California Department of General Services Office of Small Business, and DVBE Services (OSDS) or other accepted certifying agency\* | [ ]  **[ ]** [ ]  **DISABLED VETERAN BUSINESS ENTERPRISE (DVBE)** - an independently owned and operated concern certified as a DVBE by the State of California Office of Small Business and DVBE Services (OSDS) or other accepted certifying agency\* |  |
| \*Definitions of SBE/DVBE can be found here. <https://ucop.edu/sbe-dvbe-certifications>  |
| **Checking either SBE or DVBE will make the firm eligible for participation in the Sheltered Applicant Pool program** |

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| ACCOUNTING/BILLING  |
| **CONTACT NAME:** | **CONTACT TELEPHONE NO.:**  | **CONTACT E-MAIL:** |
| INFORMATION |
| **Are any of the owners or owners’ relatives currently employed by the University of California?****[ ]  Yes [ ]  No If YES, please provide the following details on an attached sheet of paper: name(s), department(s) and relationship(s).**  |
| DOLLAR RANGE OF PROJECTS YOUR FIRM IS INTERESTED IN:**[ ]** UP to $100,000 **[ ]** $100,000-$300,000 **[ ]** $300,000-$640,000 **[ ]** $640,000-$5,000,000 **[ ]** $5,000,000-$10,000,000 **[ ]** $10,000,000-$25,000,000**[ ]** $25,000,000-$50,000,000 **[ ]** Over $50,000,000 |
| PRINCIPALS (P) AND ASSOCIATES (A) **(attach additional sheets if necessary)** |
| Name | P | A | License or Certificate |
|  | **[ ]**  | **[ ]**  |  |
|  | **[ ]**  | **[ ]**  |  |
|  | **[ ]**  | **[ ]**  |  |
| AREAS OF EXPERTISE:  |

| **BUSINESS ORGANIZATION: (CHECK ONE)** |
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| **[ ]** Corporation | IF THE FIRM IS A CORPORATION, USE THE CORPORATE TITLE. Corporate Title State of  |
| **[ ]** Limited Liability Corporation | IF THE FIRM IS A CORPORATION, USE THE CORPORATE TITLE.  |
| **[ ]** General Partnership | IF THE FIRM IS A GENERAL PARTNERSHIP, LIST THE NAMES OF ALL OF THE PARTNERS. IF THE PARTNERSHIP IS OPERATING AS A “DOING BUSINESS AS (DBA)” FIRM, INCLUDE THE DBA NAME. STIPULATE AFTER ALL LISTED NAMES THE TERM “Co-Partners.” |
| **[ ]** LimitedPartnership | FOR A LIMITED PARTNERSHIP, LIST THE NAMES OF ALL OF THE GENERAL AND LIMITED PARTNERS, SPECIFYING “General Partner” OR “Limited Partner” AFTER EACH NAME. |
| **[ ]** Individual/Sole Proprietorship | IF THE FIRM IS A SOLE PROPRIETORSHIP, LIST THE NAME OF THE INDIVIDUAL, FOLLOWED BY THE WORDS “An Individual.” IF THE SOLE PROPRIETORSHIP IS OPERATING AS A DBA FIRM, INCLUDE THE DBA NAME.} |

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| NAME OF BUSINESS: |  |
| NAME: |  |  | TITLE: |  |
| SIGNATURE: |  |  | DATE: |  |

**UNIVERSITY OF CALIFORNIA DIRECTORY**

**CONTACT ANY OF THE UNIVERSITY CAMPUSES LISTED IN THE LINK BELOW WITH WHICH YOU WISH TO DO BUSINESS:**

[**https://www.ucop.edu/construction-services/advertisements/index.html**](https://www.ucop.edu/construction-services/advertisements/index.html)