



Michaelson, Connor & Boul

5312 Bolsa Avenue, Suite 200

Huntington Beach, CA 92649

Vendor Application & Current Data Requirements

Please check box that applies to the services provided by your company

- | | | | | |
|---|--------------------------------------|--|---|---|
| <input type="checkbox"/> Appraisal | <input type="checkbox"/> Inspection | <input type="checkbox"/> Extermination | <input type="checkbox"/> Landscaping/Snow Removal | |
| <input type="checkbox"/> Clean Out | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Sewer/Septic/Well (circle) |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Painting | <input type="checkbox"/> Carpentry | <input type="checkbox"/> General Repairs | |
| <input type="checkbox"/> Environment or Hazardous Abatement | Other: (Please specify) _____ | | | |

Section (1) General Information

Company Name		Telephone	
DBA		Fax	
Company Address (Physical address)			
Name & Addresses of all company owners/partners/share- holders			
Contact Person		Email Address	
Emergency Contact (after hours & weekend)		Emergency after-hours telephone/pager	

Section (2) Billing Information

Accounting Contact		Telephone	
Email Address		Fax	
Billing Address			
Fed. Tax. ID # (See vendor Registration Requirements)			

Section (3) Small and Disadvantaged Business Utilization

Please check:

- Small Business 8(a) Small Disadvantaged Businesses (SDB) Women Owned Small Businesses (WOSB)
 Service Disabled Veteran Owned Businesses (SDVOSB) Veteran Owned Small Business (VETOSB) HUBZone

Section (4) Insurance Information

Liability Insurance Carrier & Address			
Agent's Name		Telephone Number	

Worker's Compensation Carrier & Address					
Agent's Name				Telephone Number	
To be completed by MCB					
Verified Coverage		Liability	WCP	Verified by:	
<i>Section (5) References (list 3 names, addresses, and telephone numbers for companies you have performed work for)</i>					
1. Company				Address	
Contact				Telephone	
2. Company				Address	
Contact				Telephone	
3. Company				Address	
Contact				Telephone	
<i>Section (6) Business Licenses Held</i>					
List Name of issuing authority (attach copy)		1)	List Classification And/or type of License		1)
		2)			2)
		3)			3)
<i>Section (7) Listing of Company Vehicles that will be used for servicing this contract</i>					
Vehicle 1 (make/model)				Year	Plate
Vehicle 2 (make/model)				Year	Plate
Vehicle 3 (make/model)				Year	Plate
<i>Section (8) Office Technology</i>					
Please check:					
<input type="checkbox"/> Digital Camera <input type="checkbox"/> Computer <input type="checkbox"/> Email <input type="checkbox"/> Fax Machine <input type="checkbox"/> Scanner Software Capabilities (please list): _____					
To be completed by MCB					
Reference 1		Good	Fair	Poor	Comments
Reference 2					Comments
Reference 3					Comments

Declaration/Signature of Vendor

I declare under penalty of perjury that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of existing application and/or contract.

I agree to notify Michaelson, Conner & Boul, Inc., if any information provided on the application changes or becomes obsolete and/or if any criminal or civil actions are filed against me.

Signature _____ Title _____ Date _____ Witness _____ Date _____

Application Received: _____	Requirements Met: _____
Notification to Field Office: _____	MCB ID #: _____