



Supplier Clearinghouse

FAST TRACK PROCESS VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

IMPORTANT!

Please read carefully before beginning your Fast Track Process application.

1. Please make sure you have selected the correct application type.

The **Fast Track Process Application** is for suppliers who:

- Are not currently certified with the Clearinghouse
- Are headquartered in California
- Have annual gross revenues less than \$3.5 million **OR** are manufacturers with 25 or fewer employees.

If your company does not meet all three of these conditions, please do NOT submit this application. Return to our website to select a different application type.

2. Missing documentation will significantly delay the processing of your application. Please be sure to submit full copies of ALL required documents listed on the Document Checklist with your application.

- If you do not have a required document, please provide a brief written statement explaining why the document is not included.
- If you have a question about a required document, please email us at info@thesupplierclearinghouse.com or call 1-800-359-7998 for assistance **before** submitting your application.
- The Clearinghouse **cannot** begin verifying your application until all required documents have been received. Please do not submit an incomplete application.

Applications submitted online in the secure Supplier Clearinghouse certification system are able to be reviewed faster. Applicants are welcome to print and submit this application in paper form, but the Supplier Clearinghouse recommends online submissions for all firms.



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For which status are you applying? **MBE** **WBE** **WMBE** **LGBTBE**

1. BUSINESS IDENTIFICATION

Business Name* _____

DBA Name* _____

Phone Number* _____ Fax Number _____

Primary Business Location* _____

Number Street

City State Zip County

Mailing Address (if different) _____

Number Street

City State Zip County

Email* _____ Website _____

Contact Person* _____

Name

Phone Email

2. OWNERSHIP TYPE & AFFILIATIONS

What is the business structure of your firm (check one)?*

Service Areas (check all that apply)*

Corporation

Local

LLC

State

Partnership

National

Sole Proprietorship

International

Other _____

International

Date Established* ____/____/____



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3. BUSINESS SPECIALTY

Provide a brief description of products/services you provide:*

Standard Industry Classification Codes:*

Primary SIC code:

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Additional SIC codes:

*A full listing of SIC codes may be obtained from the U.S. Department of Labor website at <http://www.osha.gov/oshstats/sicser.html>
Please provide the full four-digit code for each entry.*

North American Industry Classification System (NAICS):*

Primary NAICS code:

--	--	--	--	--	--	--

Additional NAICS codes:

*A full listing of NAICS codes may be obtained from the U.S. Census Bureau website at <http://www.census.gov/naics>
Please provide the full six-digit code for each entry.*



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4. LICENSE/IDENTIFICATION NUMBERS

Federal Employer Tax ID* _____ Professional License _____

State Employer Tax ID _____ Name of Licensee _____

Annual Gross Sales for 2016:* \$ _____ Is this firm a Small Business? YES NO

Number Employees:* Full Time _____ Part Time _____ Contract Personnel _____

Construction Companies Only:

Contractor License # _____ Bonding Company _____

Name of Licensee _____ Bonding Limit \$ _____

5. OWNERS, OFFICERS, KEY PERSONNEL, BUSINESS MANAGEMENT & DECISION MAKING*

Identify ALL persons & firms who own the business as wells as officers, directors & key personnel. Include also individuals responsible for day-to-day management and policy decision-making. Ownership total MUST equal 100%. Attach additional sheets if more lines are needed.

Name/Firm	Title	% Owned	US Citizen/ Permanent Resident	Race/ Ethnic Code	Gender	LGBT Status	Role (circle all applicable)	Type of Authority (enter all applicable)
			Y N		M F	Y N	A B C	
			Y N		M F	Y N	A B C	
			Y N		M F	Y N	A B C	
			Y N		M F	Y N	A B C	
			Y N		M F	Y N	A B C	
			Y N		M F	Y N	A B C	
			Y N		M F	Y N	A B C	
			Y N		M F	Y N	A B C	

Primary Race/Ethnic Code: 1 Asian/Pacific American (includes Asian Indian) Role Code: A Owner
 2 Black American 4 Native American B Officer/Director
 3 Hispanic American 5 White C Key Personnel

Type of Authority/Responsibility: 1 Finance 5 Equipment Purchasing
 2 Management 6 Field Supervisor
 3 Hiring/firing 7 Other
 4 Marketing/Sales



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6. OUTSTANDING LOAN(S)*

Not Applicable/No outstanding loans

List any outstanding loans greater than \$10,000:

Amount of loan(s)	Lenders/Creditors	Guarantors

7. RELATIONSHIPS WITH OTHER BUSINESS CONCERNS

Do individuals (owner or key employee) in this firm have ownerships or business relationships with ANY other firms?*

YES NO

If yes, list name of person, name of other business, and relationship:

Individual Name	Firm Name	Relationship

8. PREVIOUS BUSINESS OWNERSHIP

Have any individuals (owner or key employee) in this firm conducted business under ANY other business name?*

YES NO

If yes, provide name of person, name of other business, position with other business and dates of involvement:

Individual Name	Firm Name	Position	Dates



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9. OUTSIDE CONSULTING SERVICES USED IN THE PREPARATION OF THIS APPLICATION

Has any other firm provided assistance to applicant business in the preparation of this application?*

YES NO

If yes, name of firm providing assistance: _____

Was there a charge for this service? No Yes If yes, indicate amount: \$ _____



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APPLICATION DOCUMENT LIST

THE FOLLOWING INSTRUCTIONS SHOULD BE READ CAREFULLY

The following checklist will guide you in compiling all supporting business documents that are required to be submitted with your Fast Track Process Verification Application in order to enable the Clearinghouse to verify ownership and control of the applicant business concern.

The checklist includes the minimum supporting documents required to be submitted with the verification application in accordance with General Order 156 and the contract between the Commission and the Clearinghouse. **If any document is missing or not available, please provide a brief written explanation.**

FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS MAY DELAY THE PROCESSING OF YOUR APPLICATION.

To assist the Clearinghouse in acknowledging receipt of a complete package, please compile your supporting documents in the same sequence as the checklist, and mark each document on the upper right hand corner with the letter or number that applies to each document (e.g. A, B, C1, D, etc.).

SECTION I IS APPLICABLE TO ALL FORMS OF BUSINESS. Check the box for each document enclosed in the column designated by the letter that is applicable to your form of business, using the following key:

S: SOLE PROPRIETOR

P: PARTNERSHIP/LLC

C: CORPORATION

Section I: DOCUMENTS REQUIRED OF ALL FAST TRACK APPLICANTS	S	P	C
A. Supplier Clearinghouse Fast Track Verification Application , completed, signed by the authorized owner(s) or officer(s), and notarized. Only the original form will be accepted. Copies will not be accepted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Proof of qualifying owner(s) U.S. citizenship or legal, permanent U.S. resident alien status: (a) copy of certified birth certificate from applicable county, state or federal registrar; or, (b) copy of U.S. passport; or (c) copy of voter's registration card; or, (d) copy of U.S. military record (Form DD214); or, (e) copy of front and back of INS permanent resident visa card; or, (f) INS certificate of naturalization; or, (g) INS certificate of U.S. citizenship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C1. Proof of qualifying owner(s)' ethnicity/minority status (required for firms applying for MBE or WMBE): <u>For applicants other than Native Americans, furnish</u> (a) copy of certified birth certificate from applicable county, state or federal registrar; or, (b) three declarations from recognized minority community organizations; or, (c) copy of parents' or grandparents' birth certificates. <u>For Native American applicants, furnish:</u> (a) copy of tribal enrollment card; or, (b) letter of Tribal Chairman; or, (c) letter from BIA if reservation is terminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Proof of qualifying owner(s)' gender (required for firms applying for WBE or WMBE):: (a) copy of certified birth certificate from applicable county, state or federal registrar; or (b) copy of U.S. driver's license; or, (c) copy of U.S. passport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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<p>C3. Proof of qualifying owner(s)' LGBT status (required for firms applying for LGBTBE)::</p> <ul style="list-style-type: none"> (a) Copy of valid, municipal or state license/certificate of marriage, civil union, or domestic partnership; or, (b) Proof of domestic partnership health insurance utilization; or, (c) Copy of petition for same-sex partner hospital visitation rights; or, (d) Evidence of completed or attempted parenting or family building efforts with same-sex partners including surrogacy, adoption, or in-vitro fertilization procedures; or, (e) Joint living arrangement paperwork naming same-sex partner and reference to same-sex partner status must be made in the document. Examples of acceptable documents include: property, deeds/titles, lease or rental agreement, insurance (auto, health, home, etc.), phone/utility bills, wills, retirement plans, loans, lines of credit, investment holdings, etc.; or, (f) One letter from the NGLCC affiliate chamber leader attesting to LGBT status of each business owner; or, (g) Three letters of reference from personal contacts on their company letterhead or stationery who: (a) have known owner for over one year; and (b) can vouch/attest to LGBT status; or, (h) One letter from a recognized LGBT organization attesting to LGBT status and signed by the organization leader or board member; or, (i) Physician carry letter evidencing gender reassignment or related medical procedures (for transgender applicants); or, (j) Proof of media coverage, including publications, newspapers, or articles, explicitly stating LGBT status of owner(s); or, (k) Physician or attorney letter establishing LGBT status of owner(s); or, (l) Certificates, awards, recognition of owners as outstanding members of LGBT community; or, (m) Legal petition for name/gender change (for transgender applicants). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>D. Federal tax returns for <u>2016</u> IN FULL:</p> <ul style="list-style-type: none"> (a) Form 1120, 1120A, or 1120S, include all statements and applicable schedules for Corporations; or, (b) Form 1065, include all statements and applicable schedules for Partnerships or LLCs; or, (c) Form 1040, include entire return with W2 and 1099 statements and all applicable schedules for Sole Proprietors; or, (d) Form 4562 for all businesses (if applicable). <p><i><u>If 2016 taxes have not been filed, provide a copy of the firm's 2016 extension filing AND 2015 federal tax returns IN FULL.</u></i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>E. Detailed resume OR work history of all principals and key employees, summarizing education, training, and employment history, with dates, duties, and responsibilities.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>F. Business bank account information: copy of bank account signature card or letter from your bank verifying person(s) authorized to sign checks and the number of signatures required.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>G. Evidence of personal capital contributions (such as cancelled checks) or an explanation and substantiating evidence of other consideration given to acquire ownership interest in the business (initial investment).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Section II: ADDITIONAL DOCUMENTS REQUIRED OF <u>PARTNERSHIPS/LLCS</u></p>		P	
<p>H. Partnership agreements and any amendments thereto.</p>		<input type="checkbox"/>	
<p>I. Profit-sharing agreements (if not included in partnership agreement).</p>		<input type="checkbox"/>	
<p>J. Buyout rights agreements (if not included in partnership agreement).</p>		<input type="checkbox"/>	



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Section III: ADDITIONAL DOCUMENTS REQUIRED OF <u>CORPORATIONS</u>			C
K. Articles of Incorporation , including documents issued by the Secretary of State			<input type="checkbox"/>
L. By-Laws and any amendments thereto pertaining, but not limited to, the following: stock options, stockholder agreements, stockholder voting rights, ownership of voting securities, facts pertaining to values of shares and restrictions on disposal of stock loan agreements.			<input type="checkbox"/>