



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Purpose

Use this procedure to register directly as a new LAUSD supplier/vendor.

Trigger

A supplier/vendor that is not already an LAUSD supplier/vendor and is interested in doing business with LAUSD must register via LAUSD's Supplier Self-Registration page.

Prerequisites

- None.

Menu Path

Use the following menu path(s) to begin this transaction:

- The Supplier Self-Registration page will be accessible via a link on LAUSD's Procurement's website (<http://psd.lausd.net/>) under Vendor Resources.

Transaction Code

ROS (self)

Helpful Hints




- xxxx within a document represents a variable which may consist of a name, number, etc.
- In the field description tables, **R** indicates the action is required, **O** indicates the action is optional, and **C** indicates the action is conditional.
- The following notes maybe used throughout this work instruction:



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Note Type	Icon	Description
General		Offers additional information such as policy.
Cautionary		Indicates that an action MUST BE completed.
Critical		Indicates that an action MUST NOT BE completed.
Shortcut		Indicates a shortcut to a process.



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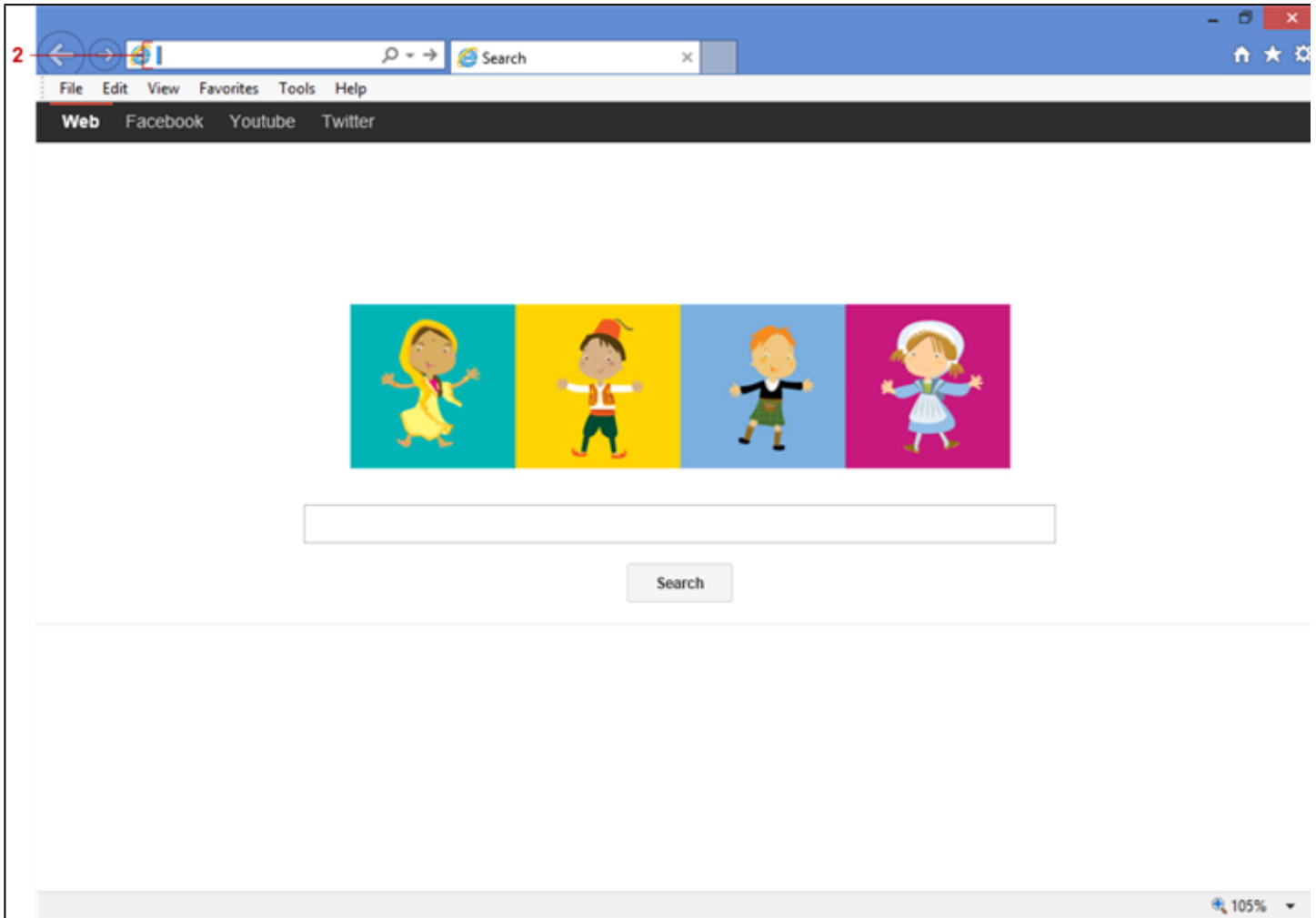
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Procedure

1. Start the web browser using Internet Explorer and access Los Angeles Unified School District's Procurement Services Division website at <http://psd.lausd.net/>.

Search - Windows Internet Explorer



2. As required, complete/review the following fields:

Field	R/O/C	Description
Address and search using Search The Web (privitize)	R	Example: http://psd.lausd.net/



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Procurement Services Division

3. Click to select **VENDORS/CONTRACTORS RESOURCES** link.



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Vendors/Contractors Resources

The screenshot shows the website for the Procurement Services Division (PSD) of the Los Angeles Unified School District. The page has a blue header with the PSD logo and navigation links: LAUSD HOME, PSD HOME, FAQ, CONTACT US, and FORMS. Below the header is a navigation bar with four categories: PROCUREMENT BRANCH, MATERIEL MANAGEMENT BRANCH, PROCUREMENT COMPLIANCE, GRANTS & STRATEGIC CONTRACTING COORDINATION, and FACILITIES CONTRACTS. The main content area is titled 'Welcome to the Procurement Services Division' and includes a section for 'Vendors/Contractors' with the heading 'Register Your Business as a Vendor for the Los Angeles Unified School District'. The text explains that users can register to bid on LAUSD solicitations and receive payment. A red arrow points to the link 'LAUSD SAP Vendor Registration (Supplier Self Registration)'. Other links include 'Supplier Self Registration Terms and Conditions', 'Supplier Portal Log-In', 'Web-Based Learning Training Modules', and 'Business Policies and Procedures Documents'. A footer note mentions browser requirements for the vendor portals.

4. Click [LAUSD SAP Vendor Registration \(Supplier Self Registration\)](#) link to start the self registration process.




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5. As required, complete/review the following fields:

Field	R/O/C	Description
Employer Identification Number:	R	<p>9 digit Employer Identification Number</p> <p> Enter Employer Identification Number or Social Security Number, for example select Employer Identification Number. (Please do not provide hyphens/dashes in EIN/SSN.)</p> <p>Validations are performed against the Taxpayer Identification Number provided to check that it does not already exist in LAUSD's system.</p>



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Supplier Self-Registration

Supplier Self-Registration

Send

Los Angeles Unified School District
Supplier Self Registration

Welcome to Los Angeles Unified School District's Vendor/Supplier Self Registration website. This website serves as the initial point of entry for future suppliers/vendors to do business with LAUSD. Vendors/Suppliers may register for LAUSD's procurement needs including commodities, general services, professional services, and construction services. (Please see LAUSD's Supplier Self Registration System [Terms and Conditions](#))

NOTE: Before proceeding with the self-registration process, please have the following information readily available: Taxpayer Identification Number, Contact Information, Business Information, Seller's P Resale Number (if applicable), and Small Business Enterprise (SBE) Information (if applicable, such as SBE Certifying Agency, SBE Certification Expiration Date, Number of Employees, and Three-Year Annual Sales).

For assistance, please contact LAUSD's Procurement's Prequalification / Vendor Services Unit via e-mail at psq-vs@lausd.net or by phone at (562) 654-9404.

* Fields marked with an asterisk are mandatory.

Taxpayer Identification Number

An Employer Identification Number **OR** a Social Security Number must be provided.

Employer Identification Number:

Social Security Number:

6 Are you 1099 reportable in accordance with IRS guidelines: No ▾

IRS Form W-9, [Request for Taxpayer Identification Number and Certification](#), must also be submitted. **This site does not accommodate attachments.** The completed IRS Form W-9 can be sent to LAUSD's Procurement / Vendor Services Unit via e-mail at psq-vs@lausd.net or by fax at (562) 654-9498.

Company / Individual Details

Name of Company / Individual: *

(Extension of Name or DBA):

Address:

6. Select the appropriate answer for "Are you 1099 reportable in accordance with IRS guidelines: combo box No ▾".



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Supplier Self-Registration

Supplier Self-Registration

Send

**Los Angeles Unified School District
Supplier Self Registration**

Welcome to Los Angeles Unified School District's Vendor/Supplier Self Registration website. This website serves as the initial point of entry for future suppliers/vendors to do business with LAUSD. Vendors/Suppliers may register for LAUSD's procurement needs including commodities, general services, professional services, and construction services. (Please see LAUSD's Supplier Self Registration System [Terms and Conditions.](#))

NOTE: Before proceeding with the self-registration process, please have the following information readily available: Taxpayer Identification Number, Contact Information, Business Information, Seller's P. Resale Number (if applicable), and Small Business Enterprise (SBE) Information (if applicable, such as SBE Certifying Agency, SBE Certification Expiration Date, Number of Employees, and Three-Year Annual Sales).

For assistance, please contact LAUSD's Procurement's Prequalification / Vendor Services Unit via e-mail at psq-vs@lausd.net or by phone at (562) 654-9404.

* Fields marked with an asterisk are mandatory.

Taxpayer Identification Number

An Employer Identification Number **OR** a Social Security Number must be provided.

Employer Identification Number:

Social Security Number:

Are you 1099 reportable in accordance with IRS guidelines:

7. IRS Form W-9, [Request for Taxpayer Identification Number & Certification](#), must also be submitted. **This site does not accommodate attachments.** The completed IRS Form W-9 can be sent to LAUSD's Procurement's Prequalification / Vendor Services Unit via e-mail at psq-vs@lausd.net or by fax at (562) 654-9498.

Company / Individual Details

Name of Company / Individual: *

(Extension of Name or DBA):

Address:

7. For example, select list item . If "Yes" is selected, IRS Form W-9 must be submitted via fax or E-mail.



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Supplier Self-Registration

Employer Identification Number:

Social Security Number:

Are you 1099 reportable in accordance with IRS guidelines:

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Company / Individual Details

8 Name of Company / Individual: *

(Extension of Name or DBA):

Address:

Postal Code / City: *

Region / State:

Country: *

Phone Number: *

E-mail Address (Purchasing): *

(Registration Confirmation and Purchase Orders will be sent to this e-mail address.)

E-mail Address (Accounting):

(Please provide if e-mails related to payment-remittance are to be sent to a different e-mail address.)

Please note that in accordance with the California Franchise Tax Board, Publication 1017 and Revenue and California Taxation Code Section 18662, the Los Angeles Unified School District is required to withhold all payments made to non-California resident service providers for professional services, rents, leases, or royalties paid. Some vendors may be exempted from this requirement by completing a [Withholding Exemption Certificate \(California Form 590\)](#) certifying their exemption status and submitting the California Form 590 to LAUSD's Accounts Payable Branch via e-mail at accounts-payable@lausd.net or by fax at (213) 241-8913.

Payment Remittance Address (if different from previous section)

If a Payment Remittance address is being provided, please provide complete name and address information.

Same as above:

Name of Company:

(Extension of Name or DBA):

8. As required, complete/review the following fields:

Field	R/O/C	Description
Name of Company / Individual:	R	Name of the company/individual with 40 character limit Example: Test Company2



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Supplier Self-Registration

Employer Identification Number:

Social Security Number:

Are you 1099 reportable in accordance with IRS guidelines:

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Company / Individual Details

9 Name of Company / Individual: * x

(Extension of Name or DBA):

Address:

Postal Code / City: *

Region / State:

Country: *

Phone Number: *

E-mail Address (Purchasing): *

(Registration Confirmation and Purchase Orders will be sent to this e-mail address.)

E-mail Address (Accounting):

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Same as above:

Name of Company:

(Extension of Name or DBA):

9. As required, complete/review the following fields:

Field	R/O/C	Description
(Extension of Name or DBA):	R	Extension Name of the Company with 40 characters limit



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Supplier Self-Registration

Employer Identification Number:

Social Security Number:

Are you 1099 reportable in accordance with IRS guidelines:

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Company / Individual Details

Name of Company / Individual: *

(Extension of Name or DBA):

10 Address:

Postal Code / City: *

Region / State:

Country: *

Phone Number: *

E-mail Address (Purchasing): *

(Registration Confirmation and Purchase Orders will be sent to this e-mail address.)

E-mail Address (Accounting):

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Payment Remittance Address (if different from previous section)

If a Payment Remittance address is being provided, please provide complete name and address information.

Same as above:

Name of Company:

(Extension of Name or DBA):

10. As required, complete/review the following fields:

Field	R/O/C	Description
Address:	R	Address of the company with 60 characters limit Example: 333 S Beaudry Ave



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Employer Identification Number:

Social Security Number:

Are you 1099 reportable in accordance with IRS guidelines:

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Company / Individual Details

Name of Company / Individual:

(Extension of Name or DBA):

Address:

Postal Code / City:

Region / State:

Country:

Phone Number:

E-mail Address (Purchasing):

(Registration Confirmation and Purchase Orders will be sent to this e-mail address.)

E-mail Address (Accounting):

(Please provide if e-mails related to payment-remittance are to be sent to a different e-mail address.)

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Payment Remittance Address (if different from previous section)

If a Payment Remittance address is being provided, please provide complete name and address information.

Same as above:

Name of Company:

(Extension of Name or DBA):

11. As required, complete/review the following fields:

Field	R/O/C	Description
Postal Code / City:	R	5 Digit Postal Code Example: 90017



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Employer Identification Number:

Social Security Number:

Are you 1099 reportable in accordance with IRS guidelines:

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Company / Individual Details

Name of Company / Individual:

(Extension of Name or DBA):

Address:

Postal Code / City:

Region / State:

Country:

Phone Number:

E-mail Address (Purchasing):

(Registration Confirmation and Purchase Orders will be sent to this e-mail address.)

E-mail Address (Accounting):

(Please provide if e-mails related to payment-remittance are to be sent to a different e-mail address.)

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Payment Remittance Address (if different from previous section)

If a Payment Remittance address is being provided, please provide complete name and address information.

Same as above:

Name of Company:

(Extension of Name or DBA):

12. As required, complete/review the following fields:

Field	R/O/C	Description
Postal Code / City:	R	5 Digit Postal Code Example: Los Angeles



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Social Security Number:

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Company / Individual Details

Name of Company / Individual: *

(Extension of Name or DBA):

Address:

Postal Code / City: *

Region / State:

Country: *

Phone Number: *

E-mail Address (Purchasing): *

(Registration Confirmation and Purchase Orders will be sent to this e-mail address.)

E-mail Address (Accounting):

(Please provide if e-mails related to payment-remittance are to be sent to a different e-mail address.)

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Payment Remittance Address (if different from previous section)

If a Payment Remittance address is being provided, please provide complete name and address information.

Same as above:

Name of Company:

(Extension of Name or DBA):

- Click and type in the appropriate Region / State text box or Click button to search for the appropriate Region / State.



If the button is used for the Country option, this will drive the choices available for Region/State when using the button in that field.



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Region (State, Province, County): All Values

REGION_TEXT	Name
Alabama	USA
Alaska	USA
American Samoa	USA
Arizona	USA
Arkansas	USA
California	USA
Colorado	USA
Connecticut	USA
Delaware	USA
District of Columbia	USA

14. Select the appropriate line button and...

Region (State, Province, County): All Values

REGION_TEXT	Name
Alabama	USA
Alaska	USA
American Samoa	USA
Arizona	USA
Arkansas	USA
California	USA
Colorado	USA
Connecticut	USA
Delaware	USA
District of Columbia	USA



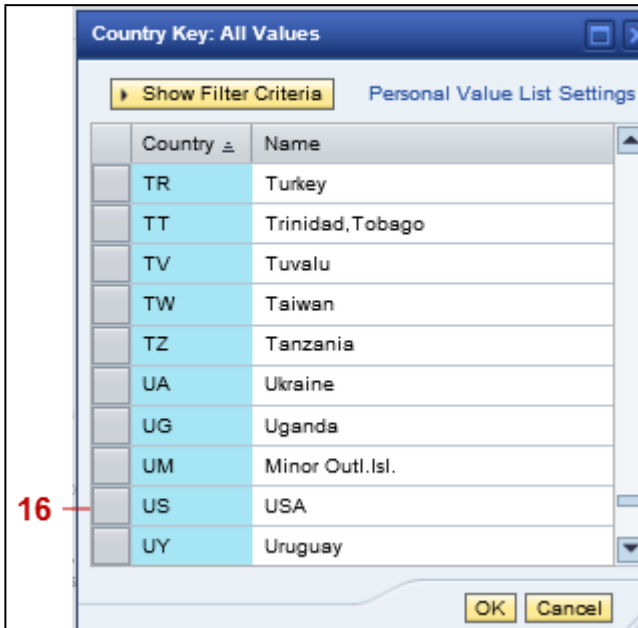
Business Process Procedure


Self Registration of Supplier

Transaction Code: ROS (Self)

15. Click OK button 

Country Key: All Values



16. Select the appropriate line button  and...



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Employer Identification Number:

Social Security Number:

Are you 1099 reportable in accordance with IRS guidelines:

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Company / Individual Details

Name of Company / Individual: *

(Extension of Name or DBA):

Address:

Postal Code / City: *

Region / State:

Country: *

Phone Number: *

E-mail Address (Purchasing): *

(Registration Confirmation and Purchase Orders will be sent to this e-mail address.)

E-mail Address (Accounting):

(Please provide if e-mails related to payment-remittance are to be sent to a different e-mail address.)

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Payment Remittance Address (if different from previous section)

If a Payment Remittance address is being provided, please provide complete name and address information.

Same as above:

Name of Company:

(Extension of Name or DBA):

17. Click and type in the appropriate Country text box or Click button to search for the appropriate Country.

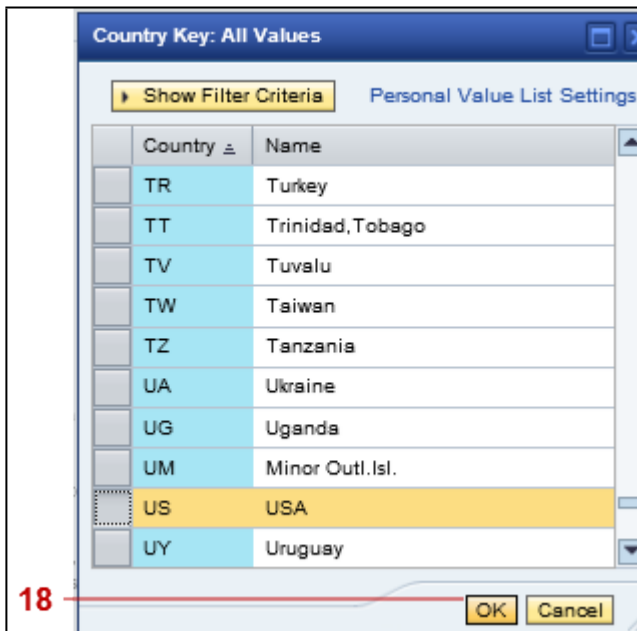


Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Country Key: All Values



18. Click OK button



Business Process Procedure

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Employer Identification Number:

Social Security Number:

Are you 1099 reportable in accordance with IRS guidelines:

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Company / Individual Details

Name of Company / Individual: *

(Extension of Name or DBA):

Address:

Postal Code / City: *

Region / State:

Country: *

19 Phone Number: *

E-mail Address (Purchasing): *

(Registration Confirmation and Purchase Orders will be sent to this e-mail address.)

E-mail Address (Accounting):

(Please provide if e-mails related to payment-remittance are to be sent to a different e-mail address.)

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Payment Remittance Address (if different from previous section)


If a Payment Remittance address is being provided, please provide complete name and address information.

Same as above:

Name of Company:

(Extension of Name or DBA):

19. As required, complete/review the following fields:

Field	R/O/C	Description
Phone Number:	R	Phone Number/Extension with 10 characters limit Example: 764-987-1256  Please provide the phone number in the format shown in the example.



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Employer Identification Number:

Social Security Number:

Are you 1099 reportable in accordance with IRS guidelines:

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Company / Individual Details

Name of Company / Individual:

(Extension of Name or DBA):

Address:

Postal Code / City:

Region / State:

Country:

Phone Number:

20 E-mail Address (Purchasing):

(Registration Confirmation and Purchase Orders will be sent to this e-mail address.)

E-mail Address (Accounting):

(Please provide if e-mails related to payment-remittance are to be sent to a different e-mail address.)

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Payment Remittance Address (if different from previous section)

If a Payment Remittance address is being provided, please provide complete name and address information.

Same as above:

Name of Company:

(Extension of Name or DBA):

20. As required, complete/review the following fields:

Field	R/O/C	Description
E-mail Address (Purchasing):	R	Email address of purchasing department Example: testing2@gmail.com



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Social Security Number:

Are you 1099 reportable in accordance with IRS guidelines:

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Company / Individual Details

Name of Company / Individual:

(Extension of Name or DBA):

Address:

Postal Code / City:

Region / State:

Country:

Phone Number:

E-mail Address (Purchasing):

(Registration Confirmation and Purchase Orders will be sent to this e-mail address.)

21 E-mail Address (Accounting):

(Please provide if e-mails related to payment-remittance are to be sent to a different e-mail address.)

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Payment Remittance Address (if different from previous section)


If a Payment Remittance address is being provided, please provide complete name and address information.

Same as above:

Name of Company:

(Extension of Name or DBA):

21. As required, complete/review the following fields:

Field	R/O/C	Description
E-mail Address (Accounting):	R	E-mail address of accounting department
		 The E-mail Address (Accounting) field is optional.



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Social Security Number:

Are you 1099 reportable in accordance with IRS guidelines:

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Company / Individual Details

Name of Company / Individual:

(Extension of Name or DBA):

Address:

Postal Code / City:

Region / State:

Country:

Phone Number:

E-mail Address (Purchasing):
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E-mail Address (Accounting):

(Please provide if e-mails related to payment-remittance are to be sent to a different e-mail address.)

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Payment Remittance Address (if different from previous section)

If a Payment Remittance address is being provided, please provide complete name and address information.

Same as above:

Name of Company:

(Extension of Name or DBA):

22. If the Payment Remittance address is the same as the address given in the previous section then skip the Payment Remittance Address section and proceed to the Communication Details section. However, an opportunity is given to provide a payment remittance E-mail address during the registration process.



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Employer Identification Number:

Social Security Number:

Are you 1099 reportable in accordance with IRS guidelines:

IRS Form W-9, [Request for Taxpayer Identification Number and Certification](#), must also be submitted. **This site does not accommodate attachments.** The completed IRS Form W-9 can be sent to LAUSD's Procurement / Vendor Services Unit via e-mail at psp-vsu@lausd.net or by fax at (562) 654-9498.

Company / Individual Details

Name of Company / Individual:

(Extension of Name or DBA):

Address:

Postal Code / City:

Region / State:

Country:

Phone Number:

E-mail Address (Purchasing):

(Registration Confirmation and Purchase Orders will be sent to this e-mail address.)

E-mail Address (Accounting):

(Please provide if e-mails related to payment-remittance are to be sent to a different e-mail address.)

Please note that in accordance with the California Franchise Tax Board, Publication 1017 and Revenue and California Taxation Code Section 18662, the Los Angeles Unified School District is required to withhold all payments made to non-California resident service providers for professional services, rents, leases, or royalties paid. Some vendors may be exempted from this requirement by completing a [Withholding Exemption Certificate \(California Form 590\)](#) certifying their exemption status and submitting the California Form 590 to LAUSD's Accounts Payable Branch via e-mail at accounts-payable@lausd.net or by fax at (213) 241-8913.

Payment Remittance Address (if different from previous section)

If a Payment Remittance address is being provided, please provide complete name and address information.

Same as above:

23 Name of Company:

(Extension of Name or DBA):

23. As required, complete/review the following fields:

Field	R/O/C	Description
Name of Company:	R	Name of the Remittance Company with 40 characters limit Example: Test Company Remittance 2



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

e-mail Address (Accounting):
 (Please provide if e-mails related to payment-remittance are to be sent to a different e-mail address.)

Please note that in accordance with the California Franchise Tax Board, Publication 1017 and Revenue and California Taxation Code Section 18662, the Los Angeles Unified School District is required to withhold all payments made to non-California resident service providers for professional services, rents, leases, or royalties paid. Some vendors may be exempted from this requirement by completing a [Withholding Exemption Certificate \(California Form 590\)](#) certifying their exemption status and submitting the California Form 590 to LAUSD's Accounts Payable Branch via e-mail at accounts-payable@lausd.net or by fax at (213) 241-8913.

Payment Remittance Address (if different from previous section)

If a Payment Remittance address is being provided, please provide complete name and address information.

Same as above:

Name of Company:

24 (Extension of Name or DBA):

Address:

Postal Code / City:

Region / State:

Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX.
 NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

First Name: *

Last Name: *

Form of Address: *

Phone Number: *

Fax Number:

E-Mail Address: *

Legal Business Entity Type

Type of Business: *

If you have a Seller's Permit / Use Tax Account / Resale

24. As required, complete/review the following fields:

Field	R/O/C	Description
(Extension of Name or DBA):	R	Extension Name of the Company with 40 characters limit



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

25

Name of Company:
 (Extension of Name or DBA):

Address:

Postal Code / City:

Region / State:

Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX.
 NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

First Name: * Phone Number: *
 Last Name: * Fax Number:
 Form of Address: * E-Mail Address: *

Legal Business Entity Type

Type of Business: *
 If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input type="checkbox"/>	PIPE, COPPER

25. As required, complete/review the following fields:

Field	R/O/C	Description
Address:	R	Address of the company with 60 characters limit Example: P.O. Box 521550



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

26

Name of Company:
 (Extension of Name or DBA):

Address: x

Postal Code / City:

Region / State:

Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX.
 NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

First Name: *

Last Name: *

Form of Address: *

Phone Number: *

Fax Number:

E-Mail Address: *

Legal Business Entity Type

Type of Business: *

If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input type="checkbox"/>	PIPE, COPPER

26. As required, complete/review the following fields:

Field	R/O/C	Description
Postal Code / City:	R	5 Digit Postal Code Example: 33152



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

27

Name of Company:
 (Extension of Name or DBA):

Address:
 Postal Code / City:
 Region / State:
 Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX.
 NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

First Name: *
 Last Name: *
 Form of Address: *

Phone Number: *
 Fax Number:
 E-Mail Address: *

Legal Business Entity Type

Type of Business: *
 If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities list below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input type="checkbox"/>	PIPE, COPPER

27. As required, complete/review the following fields:

Field	R/O/C	Description
Postal Code / City:	R	5 Digit Postal Code Example: Miami



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

28

Name of Company:
(Extension of Name or DBA):

Address:
Postal Code / City: x
Region / State:
Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX.
NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

First Name: *
Last Name: *
Form of Address: *

Phone Number: *
Fax Number:
E-Mail Address: *


Legal Business Entity Type

Type of Business: *
If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities list below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input type="checkbox"/>	PIPE, COPPER

28. Click button  to search for required State.



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Region (State, Province, County): All Values

REGION_TEXT	Name
Buenos Aires	Argentina
Capital Federal	Argentina
Catamarca	Argentina
Chaco	Argentina
Chubut	Argentina
Cordoba	Argentina
Corrientes	Argentina
Entre Rios	Argentina
Formosa	Argentina
Jujuy	Argentina

29. Select the appropriate State or click Cancel button  to manually enter the State.



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

30

Name of Company:
 (Extension of Name or DBA):

Address:
 Postal Code / City:
 Region / State:
 Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX.
 NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

First Name: *
 Last Name: *
 Form of Address: *

Phone Number: *
 Fax Number:
 E-Mail Address: *

Legal Business Entity Type

Type of Business: *
 If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities list below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input checked="" type="checkbox"/>	PIPE, COPPER

30. As required, complete/review the following fields:

Field	R/O/C	Description
Region / State	R	Region / State Example: FL



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

31

Name of Company:
 (Extension of Name or DBA):

Address:
 Postal Code / City:
 Region / State:
 Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX.
 NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

First Name: *
 Last Name: *
 Form of Address: *

Phone Number: *
 Fax Number:
 E-Mail Address: *

Legal Business Entity Type

Type of Business: *
 If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities list below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input type="checkbox"/>	PIPE, COPPER

31. As required, complete/review the following fields:

Field	R/O/C	Description
Country:	R	2 characters representing the country in which company is located Example: US



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Postal Code / City:

Region / State:

Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX
 NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

32 First Name: *

Last Name: *

Form of Address: *

Phone Number: *

Fax Number:

E-Mail Address: *

Legal Business Entity Type

Type of Business: *

If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities list below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES

32. As required, complete/review the following fields:

Field	R/O/C	Description
First Name:	R	First Name with 40 characters limit Example: Test Supplier 2



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Postal Code / City:

Region / State:

Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX
 NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

33 First Name: * X

Last Name: *

Form of Address: *

Phone Number: *

Fax Number:

E-Mail Address: *

Legal Business Entity Type

Type of Business: *

If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities list below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input checked="" type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES

33. As required, complete/review the following fields:

Field	R/O/C	Description
Last Name:	R	Last Name with 40 characters limit Example: ABC



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Postal Code / City:

Region / State:

Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX
NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

First Name: * Phone Number: *

Last Name: * Fax Number:

Form of Address: * E-Mail Address: *

34 **Legal Business Type**

Type of Business: *

If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities. List below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input checked="" type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES

34. Select the appropriate Form. Example: Mr. .



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Postal Code / City:

Region / State:

Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX
 NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

35

First Name: * Phone Number:

Last Name: * Fax Number:

Form of Address: * E-Mail Address: *

Legal Business Entity Type

Type of Business: *

If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities list below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input checked="" type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES

35. As required, complete/review the following fields:

Field	R/O/C	Description
Phone Number:	R	Phone Number/Extension with 10 characters limit Example: 305-762-8342



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Postal Code / City:

Region / State:

Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX
 NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

36 First Name: Phone Number:

Last Name: Fax Number:

Form of Address: E-Mail Address:

Legal Business Entity Type

Type of Business:

If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities list below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input checked="" type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES

36. As required, complete/review the following fields:

Field	R/O/C	Description
Fax Number:	R	Fax Number with 30 characters limit



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Postal Code / City:

Region / State:

Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX
 NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

37 First Name: * Phone Number: *

Last Name: * Fax Number:

Form of Address: * E-Mail Address:

Legal Business Entity Type

Type of Business: *


If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities list below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input checked="" type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES

37. As required, complete/review the following fields:

Field	R/O/C	Description
E-Mail Address:	R	<p>Example: testing2@gmail.com</p> <p> An opportunity is provided to identify a specific contact for bidding opportunities. The same E-mail address identified as the Purchasing E-mail address may be used or a different E-mail address may be entered.</p>



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Postal Code / City:

Region / State:

Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX
NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

First Name: * Phone Number: *

Last Name: * Fax Number:

Form of Address: * E-Mail Address: *

Legal Business Entity Type

38 Type of Business: *

If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities list below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input checked="" type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES

38. Click Type of Business: combo box to select type of business.



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Postal Code / City:

Region / State:

Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX
NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

First Name: Phone Number:

Last Name: Fax Number:

Form of Address: E-Mail Address:

Legal Business Entity Type

Type of Business:

If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

C Corporation
Partnership
S Corporation
Sole Proprietorship

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities. Please list below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input checked="" type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES

39. Select appropriate list item. Example: S Corporation .



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Postal Code / City:

Region / State:

Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX
NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

First Name: * Phone Number: *

Last Name: * Fax Number:

Form of Address: * E-Mail Address: *

Legal Business Entity Type

Type of Business: *

If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities list below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input checked="" type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES

40. As required, complete/review the following fields:

Field	R/O/C	Description
If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number:	R	Sellers Permit/Tax Account/ Resale Number with 20 Character limit Example:



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Postal Code / City:

Region / State:

Country:

Communication Details

Recommended phone/fax number format is XXX-XXX-XXXX
NOTE: The e-mail address identified in this section will be used for sending e-mail notifications relating to bidding opportunities.

First Name: *

Last Name: *

Form of Address: *

Phone Number: *

Fax Number:

E-Mail Address: *

Legal Business Entity Type

Type of Business: *

If you have a Seller's Permit / Use Tax Account / Resale Number issued by the California State Board of Equalization, please provide the number.:

Product Categories

Please enter product categories below. This information will assist Procurement staff in developing bidders lists of suppliers/vendors based on their identified areas of interest for participation in bidding opportunities. List below to identify your areas of interest.

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input checked="" type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES

41. Select and click product categories offered by the company. Example: check box for Plastics, Resins...



The selection of product categories allows a supplier/vendor the opportunity to identify their areas of interest for bidding opportunities.



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Check: Category Description

<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input checked="" type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES
<input type="checkbox"/>	PLUMBING FIXTURES AND PARTS: LAVATORIES, SINKS, TOILETS (WAT
<input type="checkbox"/>	PLUMBING TRIM: FAUCETS, FITTINGS, ETC.

Small Business Enterprise (SBE)

42 If you are a Small Business Enterprise, which of the following agencies are you certified with?:

When does your SBE Certification expire?:

(Please provide date in MM/DD/YYYY format.)

Average Annual Sales over a three-year period?:

(Please do not use dollar sign)

Number of Employees?:

(Please do not use commas)

Please enter a maximum of three (3) [North American Industry Classification System \(NAICS\)](#) codes below.

Demographics (Optional)


Are you a minority-owned and/or woman-owned enterprise?

Gender:

Ethnicity:

Certification

42. As required, complete/review the following fields:

Field	R/O/C	Description
If you are a Small Business Enterprise, which of the following agencies are you certified with?:	R	Certifying Agency Name with 3 characters limit  The Small Business Enterprise (SBE) section and Demographics section are optional and have not been completed in this self-registration example.



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

43

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input checked="" type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES
<input type="checkbox"/>	PLUMBING FIXTURES AND PARTS: LAVATORIES, SINKS, TOILETS (WAT
<input type="checkbox"/>	PLUMBING TRIM: FAUCETS, FITTINGS, ETC.

Small Business Enterprise (SBE)

If you are a Small Business Enterprise, which of the following agencies are you certified with?:

When does your SBE Certification expire?:
 (Please provide date in MM/DD/YYYY format.)

Average Annual Sales over a three-year period?:
 (Please do not use dollar sign)

Number of Employees?:
 (Please do not use commas)

Please enter a maximum of three (3) [North American Industry Classification System \(NAICS\)](#) codes below.

Demographics (Optional)

Are you a minority-owned and/or woman-owned enterprise?

Gender:

Ethnicity:

Certification

43. As required, complete/review the following fields:

Field	R/O/C	Description
When does your SBE Certification expire?:	R	Expiration date in MM/DD/YYYY format.



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input checked="" type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES
<input type="checkbox"/>	PLUMBING FIXTURES AND PARTS: LAVATORIES, SINKS, TOILETS (WAT
<input type="checkbox"/>	PLUMBING TRIM: FAUCETS, FITTINGS, ETC.

Small Business Enterprise (SBE)

If you are a Small Business Enterprise, which of the following agencies are you certified with?:

When does your SBE Certification expire?:
(Please provide date in MM/DD/YYYY format.)

44 Average Annual Sales over a three-year period?:
(Please do not use dollar sign)

Number of Employees?:
(Please do not use commas)

Please enter a maximum of three (3) [North American Industry Classification System \(NAICS\)](#) codes below.

Demographics (Optional)

Are you a minority-owned and/or woman-owned enterprise?

Gender:

Ethnicity:

Certification

44. As required, complete/review the following fields:

Field	R/O/C	Description
Average Annual Sales over a three-year period?:	R	Average Annual Sales with 16 digit limit



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Check Category Description

- PIPE, CAST IRON
- PIPE, CLAY
- PIPE, COPPER
- PIPE, STEEL
- PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
- BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
- PLUMBING FIXTURES
- IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES
- PLUMBING FIXTURES AND PARTS: LAVATORIES, SINKS, TOILETS (WAT
- PLUMBING TRIM: FAUCETS, FITTINGS, ETC.

Small Business Enterprise (SBE)

If you are a Small Business Enterprise, which of the following agencies are you certified with?:

When does your SBE Certification expire?:
 (Please provide date in MM/DD/YYYY format.)

Average Annual Sales over a three-year period?:
 (Please do not use dollar sign)

45 Number of Employees?:
 (Please do not use commas)

Please enter a maximum of three (3) [North American Industry Classification System \(NAICS\)](#) codes below.

Demographics (Optional)

Are you a minority-owned and/or woman-owned enterprise?

Gender:

Ethnicity:

Certification

45. As required, complete/review the following fields:

Field	R/O/C	Description
Number of Employees?:	R	Number of Employees with 7 digit limit



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

Check	Category Description
<input type="checkbox"/>	PIPE, CAST IRON
<input type="checkbox"/>	PIPE, CLAY
<input type="checkbox"/>	PIPE, COPPER
<input type="checkbox"/>	PIPE, STEEL
<input checked="" type="checkbox"/>	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINAT
<input type="checkbox"/>	BAGS AND LINERS, PLASTIC: GARBAGE CAN LINERS, JANITOR CART L
<input type="checkbox"/>	PLUMBING FIXTURES
<input type="checkbox"/>	IRRIGATION SYSTEMS, SUPPLIES, PARTS, AND ACCESSORIES
<input type="checkbox"/>	PLUMBING FIXTURES AND PARTS: LAVATORIES, SINKS, TOILETS (WAT
<input type="checkbox"/>	PLUMBING TRIM: FAUCETS, FITTINGS, ETC.

Small Business Enterprise (SBE)

If you are a Small Business Enterprise, which of the following agencies are you certified with?:

When does your SBE Certification expire?:
 (Please provide date in MM/DD/YYYY format.)

Average Annual Sales over a three-year period?:
 (Please do not use dollar sign)

Number of Employees?:
 (Please do not use commas)

46 Please enter a maximum of three (3) North American Industry Classification System (NAICS) codes below.

Demographics (Optional)

Are you a minority-owned and/or woman-owned enterprise?

Gender:

Ethnicity:

Certification

46. As required, complete/review the following fields:

Field	R/O/C	Description
NAICS	R	North American Industry Classification System (NAICS) codes with 6 digit character limit



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

PLUMBING FIXTURES AND PARTS: LAVATORIES, SINKS, TOILETS (WAT)

PLUMBING TRIM: FAUCETS, FITTINGS, ETC.

Small Business Enterprise (SBE)

If you are a Small Business Enterprise, which of the following agencies are you certified with?:

When does your SBE Certification expire?:
(Please provide date in MM/DD/YYYY format.)

Average Annual Sales over a three-year period?:
(Please do not use dollar sign)

Number of Employees?:
(Please do not use commas)

Please enter a maximum of three (3) [North American Industry Classification System \(NAICS\)](#) codes below.

Demographics (Optional)

Are you a minority-owned and/or woman-owned enterprise?

47 Gender:

Ethnicity:

Certification

I certify under penalty of perjury the information supplied herein is true and correct.

Name: *

Date: *

Reminder: Please e-mail (psg-vsuf@lausd.net) or fax (562-654-9498) your completed Request for Taxpayer Identification Number and Certification (IRS Form W-9) to LAUSD's Procurement's Prequalification / Vendor Services Unit. Also, if applicable, e-mail (accounts-payable@lausd.net) or fax (213-241-8913) your Withholding Exemption Certificate (California Form 590) to LAUSD's Accounts Payable Branch.

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47. Click Gender: combo box .



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

PLUMBING FIXTURES AND PARTS: LAVATORIES, SINKS, TOILETS (WAT
 PLUMBING TRIM: FAUCETS, FITTINGS, ETC.

Small Business Enterprise (SBE)

If you are a Small Business Enterprise, which of the following agencies are you certified with?:

When does your SBE Certification expire?:
(Please provide date in MM/DD/YYYY format.)

Average Annual Sales over a three-year period?:
(Please do not use dollar sign)

Number of Employees?:
(Please do not use commas)

Please enter a maximum of three (3) [North American Industry Classification System \(NAICS\)](#) codes below.

Demographics (Optional)

Are you a minority-owned and/or woman-owned enterprise?

Gender:

Ethnicity:

Certific

I certify under penalty of perjury the information supplied herein is true and correct.

Name: *

Date: *

Reminder: Please e-mail (psg-vsup@lausd.net) or fax (562-654-9498) your completed Request for Taxpayer Identification Number and Certification (IRS Form W-9) to LAUSD's Procurement's Prequalification / Vendor Services Unit. Also, if applicable, e-mail (accounts-payable@lausd.net) or fax (213-241-8913) your Withholding Exemption Certificate (California Form 590) to LAUSD's Accounts Payable Branch.

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48. Select the appropriate list item or leave it blank. Example: Male .



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

PLUMBING FIXTURES AND PARTS: LAVATORIES, SINKS, TOILETS (WAT)
 PLUMBING TRIM: FAUCETS, FITTINGS, ETC.

Small Business Enterprise (SBE)

If you are a Small Business Enterprise, which of the following agencies are you certified with?:

When does your SBE Certification expire?:
 (Please provide date in MM/DD/YYYY format.)

Average Annual Sales over a three-year period?:
 (Please do not use dollar sign)

Number of Employees?:
 (Please do not use commas)

Please enter a maximum of three (3) [North American Industry Classification System \(NAICS\)](#) codes below.

Demographics (Optional)

Are you a minority-owned and/or woman-owned enterprise?

Gender:

Ethnicity:

Certification

I certify under penalty of perjury the information supplied herein is true and correct.

Name: *

Date: *

Reminder: Please e-mail (psg-vsup@lausd.net) or fax (562-654-9498) your completed Request for Taxpayer Identification Number and Certification (IRS Form W-9) to LAUSD's Procurement's Prequalification / Vendor Services Unit. Also, if applicable, e-mail (accounts-payable@lausd.net) or fax (213-241-8913) your Withholding Exemption Certificate (California Form 590) to LAUSD's Accounts Payable Branch.

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49. As required, complete/review the following fields:

Field	R/O/C	Description
Ethnicity:	R	Ethnicity code with 2 digit limit



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

PLUMBING FIXTURES AND PARTS: LAVATORIES, SINKS, TOILETS (WAT)
 PLUMBING TRIM: FAUCETS, FITTINGS, ETC.

Small Business Enterprise (SBE)

If you are a Small Business Enterprise, which of the following agencies are you certified with?:

When does your SBE Certification expire?:
 (Please provide date in MM/DD/YYYY format.)

Average Annual Sales over a three-year period?:
 (Please do not use dollar sign)

Number of Employees?:
 (Please do not use commas)

Please enter a maximum of three (3) [North American Industry Classification System \(NAICS\)](#) codes below.

Demographics (Optional)

Are you a minority-owned and/or woman-owned enterprise?

Gender:

Ethnicity:

Certification

I certify under penalty of perjury the information supplied herein is true and correct.

Name:

Date:

Reminder: Please e-mail (psg-vsup@lausd.net) or fax (562-654-9498) your completed Request for Taxpayer Identification Number and Certification (IRS Form W-9) to LAUSD's Procurement's Prequalification / Vendor Services Unit. Also, if applicable, e-mail (accounts-payable@lausd.net) or fax (213-241-8913) your Withholding Exemption Certificate (California Form 590) to LAUSD's Accounts Payable Branch.

Data Privacy Statement

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50. As required, complete/review the following fields:

Field	R/O/C	Description
Name:	R	Name with 60 characters limit Example: Test Supplier 2



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

When does your bid Certification expire?:
(Please provide date in MM/DD/YYYY format.)

Average Annual Sales over a three-year period?:
(Please do not use dollar sign)

Number of Employees?:
(Please do not use commas)

Please enter a maximum of three (3) [North American Industry Classification System \(NAICS\)](#) codes below.

Demographics (Optional)

Are you a minority-owned and/or woman-owned enterprise?

Gender:

Ethnicity:

Certification

I certify under penalty of perjury the information supplied herein is true and correct.

Name: *

Date: *

Reminder: Please e-mail (psg-vsu@lausd.net) or fax (562-654-9498) your completed Request for Taxpayer Identification Number and Certification (IRS Form W-9) to LAUSD's Procurement's Prequalification / Vendor Services Unit. Also, if applicable, e-mail (accounts-payable@lausd.net) or fax (213-241-8913) your Withholding Exemption Certificate (California Form 590) to LAUSD's Accounts Payable Branch.

Data Privacy Statement

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51 Yes, I have read the data privacy statement and accept the terms.: *

51. Click Yes, I have read the data privacy statement and accept the terms.: check box

Yes, I have read the data privacy statement and accept the terms.:



This step must be taken in order to complete the registration process. The Send button cannot be clicked on until the check box is marked.



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Supplier Self-Registration

When does your bid Certification expire?:
(Please provide date in MM/DD/YYYY format.)
Average Annual Sales over a three-year period?:
(Please do not use dollar sign)
Number of Employees?:
(Please do not use commas)
Please enter a maximum of three (3) [North American Industry Classification System \(NAICS\)](#) codes below.

Demographics (Optional)

Are you a minority-owned and/or woman-owned enterprise?
Gender:
Ethnicity:

Certification

I certify under penalty of perjury the information supplied herein is true and correct.
Name: *
Date: *
Reminder: Please e-mail (psq-vsu@lausd.net) or fax (562-654-9498) your completed Request for Taxpayer Identification Number and Certification (IRS Form W-9) to LAUSD's Procurement's Prequalification / Vendor Services Unit. Also, if applicable, e-mail (accounts-payable@lausd.net) or fax (213-241-8913) your Withholding Exemption Certificate (California Form 590) to LAUSD's Accounts Payable Branch.

Data Privacy Statement

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 Yes, I have read the data privacy statement and accept the terms.: *

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52. Click Send button to complete the registration process. A Confirmation Pop-up window will appear stating that the registration was successful and a confirmation E-mail will be received. Two system-generated E-mail notifications will be sent out by LAUSD. The first E-mail notification will contain a website link and temporary User ID. The second E-mail notification will contain a temporary password. Following are examples of the E-mail notifications that will be received.



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Dear Sir/Madam,

We are pleased to welcome you as supplier Test Company2 in our Supplier Portal.

The user ID
81004DB9951
has been created for you.

Please log on to
https://sus-qa1.lausd.net/sap/bc/bsp/sap/srmsus_selfreg/userlogin.htm
as soon as possible using this temporary User ID.
You can then create an administration user for your supplier portal that you can then use to create further users and use all other Supplier Portal
See the Supplier Portal for more information.

Best Regards,

Procurement, Vendor Services
Los Angeles Unified School District

If you have any questions, send an e-mail to psg-vsua@lausd.net

You will receive a password for registration through a separate e-mail.

Dear Sir/Madam,

Your temporary password for registration is BSFec3<[DxG\MRBw>%Zkc7z6FQZFPFs~nj3SEV\

Please copy and paste the provided password to avoid any data entry error.

Best Regards,

Procurement, Vendor Services
Los Angeles Unified School District



Business Process Procedure

Self Registration of Supplier

Transaction Code: ROS (Self)

Result

The self registration process has been successfully completed. The next step is to access the link provided in the first system generated E-mail notification, use the temporary User ID and Password assigned, provide additional information to complete the supplier/vendor profile, establish a self-created User ID and Password, and access LAUSD's Supplier Portal.