**University of California**

**Consultant 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 REALTIONS (DIR) REGISTRATION NUMBER: | | | | | | |
| CONTACT | | | | | | |
| CONTACT PERSON: | | | | | | |
| TELEPHONE NO.: | | | | | |  |
| E-MAIL: | | | | | | |
| |  |  |  | | --- | --- | --- | | **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** | | | | | | | | | |
| ACCOUNTING/BILLING (*Campus can edit this out if not required)* | | | | | | |
| **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)** | |
| --- | --- |
| 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)

**IF YOU’D LIKE TO DO BUSINESS WITH UC DAVIS HEALTH – FACILITIES PLANNING & DEVELOPMENT, PLEASE COMPLETE AND EMAIL THIS FORM TO:** [**contracts@health.ucdavis.edu**](mailto:contracts@health.ucdavis.edu)