



Supplier Clearinghouse 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 Standard Verification application.

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

The **Standard Verification Application** is for all suppliers who:

- Are not currently certified with the Clearinghouse
- Are either
 - Headquartered in California and have annual gross revenues **over** \$3.5 million **OR**
 - **Not** headquartered in California (all revenue levels)

If your company does not meet these conditions, please 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)?*

- Corporation
- LLC
- Partnership
- Sole Proprietorship
- Other _____

Service Areas (check all that apply)*

- Local
- State
- National
- International
- International

Date Established* _____/_____/_____



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Is a percentage of your firm owned by an affiliated company?*

YES NO

If yes, provide details of affiliated owner:

Company Name _____ Percent owned: _____%

Street Address _____

City, State & Zip Code _____

3. LICENSE/IDENTIFICATION NUMBERS

Federal Employer Tax ID* _____ Professional License _____

State Employer Tax ID _____ Name of Licensee _____

Annual Gross Sales for 2017:* \$ _____ 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 \$ _____

4. BUSINESS SPECIALTY

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



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Standard Industry Classification Codes:*

Primary SIC code:

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Additional SIC codes:

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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:

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Additional NAICS codes:

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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.

5. INSURANCE REFERENCE*

Insurance Carrier

Street Address

City, State & Zip Code

Phone Number

Contact Person



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6. BUSINESS FACILITIES AND EQUIPMENT

A. Does the firm own its own office?* YES NO

If no, provide the following information:

Landlord/Lessor _____

Landlord/Lessor's Street Address _____

City, State & Zip Code _____

Phone Number _____

B. Does applicant SHARE office space with another firm(s)?* YES NO

If yes, identify the firm(s):

Firm Name _____ Phone Number _____

Firm Name _____ Phone Number _____

C. List major equipment/assets owned by applicant (including computers, etc.)* Not Applicable

1. _____

2. _____

3. _____

4. _____

5. _____

D. List major equipment *leased* by applicant* Not Applicable

Equipment Leased	Lessor



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

Identify ALL persons & firms who own the business as well 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	
			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)
- 2 Black American
- 3 Hispanic American
- 4 Native American
- 5 White

Role Code:

- A Owner
- B Officer/Director
- C Key Personnel

Type of Authority/Responsibility:

- 1 Finance
- 2 Management
- 3 Hiring/firing
- 4 Marketing/Sales
- 5 Equipment Purchasing
- 6 Field Supervisor
- 7 Other



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8. 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

9. 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

10. OUTSTANDING LOAN(S)*

Not Applicable/No outstanding loans

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

Amount of loan(s)	Lenders/Creditors	Guarantors



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11. OUTSIDE CONSULTING SERVICES

Has any other firm provided management or financial consulting services to this firm during the past twelve months (other than CPA and/or legal counsel)?*

YES NO

If yes, list all consultants and include contact information:

Firm Name	Contact Person	Phone Number	Service Provided

12. BUSINESS LOCATIONS/WORK SITES

How many business locations/branch offices does your firm have?* _____

Provide information on your firm's business locations/work sites by city, number of employees on payroll (from whom FICA is deducted) in each location, SIC codes describing the primary work in each location, and the date your ownership was established. Attach additional sheets if more than five locations/worksites.

_____	_____	_____	_____	____/____/____
Zip code	City	# of Employees	Primary SIC Code	Date Established
_____	_____	_____	_____	____/____/____
Zip code	City	# of Employees	Primary SIC Code	Date Established
_____	_____	_____	_____	____/____/____
Zip code	City	# of Employees	Primary SIC Code	Date Established
_____	_____	_____	_____	____/____/____
Zip code	City	# of Employees	Primary SIC Code	Date Established
_____	_____	_____	_____	____/____/____
Zip code	City	# of Employees	Primary SIC Code	Date Established

13. 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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14. RESTRICTIONS ON STOCK OWNERSHIP (for corporations only)

A. Are there any outside stock purchase options, warrants, or agreements for issuance of such options or warrants?*

YES NO

If yes, please explain:

B. Are there any shares pledged subject to lien or agreement or beneficially owned by anyone other than that person in whose name it stands?*

YES NO

If yes, please explain:



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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 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, C, D, E1, 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 APPLICANTS	S	P	C
A. Supplier Clearinghouse Verification Application Form , 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. Business license and fictitious business name statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Business card from all owners (NOT COPIES) and a brochure/portfolio describing company's products or services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 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"/>
E1. Proof of qualifying owner(s)' ethnicity/minority status (required for firms applying for MBE or WMBE): <i>For applicants other than Native Americans, furnish:</i> (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. <i>For Native American applicants, furnish:</i> (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"/>



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<p>E2. Proof of qualifying owner(s)' gender (required for firms applying for WBE or WMBE):</p> <p>(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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>E3. Proof of qualifying owner(s)' LGBT status (required for firms applying for LGBTBE):</p> <p>(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).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>F. 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>G. Copy of full lease/rental agreement for main business site or copy of deed and/or purchase loan agreement reflecting ownership of property(s), or if working from home, state so in a letter & give copy of mortgage or property tax bill.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>H. Cancelled check or payment receipt for lease/rental or purchase of business site. For residence, mortgage/tax invoice.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>I. 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>J. 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>K. Federal tax returns for 2017 IN FULL:</p> <p>(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> <p><i>If 2017 taxes have not been filed, provide a copy of the firm's 2017 extension filing AND 2016 federal tax returns IN FULL.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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L. On a separate page, list two clients AND two suppliers with whom you have done business in the past twelve months. Include name of client/supplier, contact person, address, phone number, and nature of relationship to applicant firm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section II: ADDITIONAL DOCUMENTS REQUIRED OF <u>PARTNERSHIPS/LLCS</u>		P	
M. Partnership agreements and any amendments thereto.		<input type="checkbox"/>	
N. Profit-sharing agreements (if not included in partnership agreement).		<input type="checkbox"/>	
O. Buyout rights agreements (if not included in partnership agreement).		<input type="checkbox"/>	
Section III: ADDITIONAL DOCUMENTS REQUIRED OF <u>CORPORATIONS</u>			C
P. Articles of Incorporation , including documents issued by the Secretary of State			<input type="checkbox"/>
Q. 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"/>
R. Record of first organizational meeting AND subsequent minutes which record any change in ownership and/or control of the corporation (if applicable).			<input type="checkbox"/>
S. Copies of all current stock certificates. Include front & back			<input type="checkbox"/>
T. Copy of any stock transfer ledgers/stock ledgers.			<input type="checkbox"/>
U. If not a California corporation, a copy of Statement of Foreign Corporation Designation , if filed.			<input type="checkbox"/>
V. Copy of most recently filed Statement by Domestic Stock Corporation , if a California corporation.			<input type="checkbox"/>
W. Most recent annual report , if available			<input type="checkbox"/>



Supplier Clearinghouse Participation Agreement & Affidavit

It is important that you fully understand the terms upon which verification is granted by the Clearinghouse. Verification as a woman, minority, or LGBT-owned business enterprise imposes requirements that must be adhered to during the three-year period the verification is valid ("Verification Period"). Your eligibility to become a verified firm is contingent upon reading the terms set out below and signing this Agreement in the space provided.

I/We acknowledge that my/our application for verification is subject to and contingent upon the following:

1. I/We understand that verification by the Clearinghouse confirms that the ownership, management and control of my/our company meets the eligibility standards set out in General Order 156 and applicable Clearinghouse guidelines. I/We also understand that verification does not constitute an endorsement of my/our company's technical capabilities or guarantee placement on utility bid lists or award of any utility contracts.
2. I/We understand that, if my/our company is verified, the terms of this Agreement will apply during the Verification Period. I/We also understand that FAILURE to disclose and comply with any of the terms below can result in the automatic rejection of my/our verification application or revocation of my/our verification if my/our company is granted verified status by the Clearinghouse.
 - a. I/We agree to submit to the Clearinghouse all documentation that may be requested in order to determine my/our eligibility. This may include, but not be limited to, all documents requested in the VAP and any additional documentation required by the Clearinghouse to clarify statements made in the VAP or that clearly evidence eligibility.
 - b. I/We agree to notify the Clearinghouse within thirty (30) days following any change in the ownership, management or control of my/our company.
 - c. I/We agree that I/we will not knowingly or willfully submit to the Clearinghouse information that is FALSE, MISLEADING OR INCORRECT.
 - d. I/We agree to submit to the Clearinghouse, within the required timeframe, proof of continued eligibility
 - i. Upon expiration of the three-year Verification Period (if verified under the full Supplier Clearinghouse verification procedure); or
 - ii. Upon expiration of certification by a comparable agency (if verified under the Comparable Agency Verification procedure); or
 - iii. Upon receipt of notice from the Clearinghouse that it has made a decision to reinvestigate my/our company's eligibility.
3. I/We understand that the Clearinghouse has the authority to reinvestigate, for good cause, my/our company's eligibility during the Verification Period.
4. I/We agree to cooperate fully with the Clearinghouse in the conduct of on-site field audits, before or after verification, to determine the initial and/or continuing eligibility of my/our company. The field audit may include interviews and examination of business records and any other information deemed necessary by the Clearinghouse.
5. I/We understand that if I/we cancel a scheduled field audit without good cause and without at least four (4) working days advance notice to the Clearinghouse, the Clearinghouse may not be able to schedule a new field audit due to fiscal or other constraints. Therefore, I/we understand that such cancellation may lead to a presumptive denial of verification if the Clearinghouse cannot determine the eligibility of my/our company without conducting a field audit.
6. I/We understand that verification by the Clearinghouse will be automatically revoked if my/our company ceases doing business during the Verification Period.
7. I/We understand that the Clearinghouse has the authority to revoke my/our company/s verification at anytime during the Verification Period for good cause, including, but not limited to, failure to comply with any of the terms contained in paragraph 2 of this Agreement.



Supplier Clearinghouse Participation Agreement & Affidavit

8. I/We understand that if my/our company is denied verification, neither its owner(s), officers, nor any key employee may reapply to the Clearinghouse for verification during the twelve (12) months following the date of the final denial by the Clearinghouse. Notwithstanding the above, if my/our company rebuts any denial of verification through the Clearinghouse appeals process and exhausts its administrative remedies at the CPUC, and there has been a real demonstrable change in my/our company's ownership, management, and/or control, my/our company may reapply for verification within the 12- month period.
9. I/We understand that only documents submitted with the application as of the date of my/our affidavit will be considered during the review of the application in response to written requests from the Supplier Clearinghouse.
10. I/We understand that if my/our company elects to appeal a denied verification, that the review of my/our appeal will be based solely on the documents submitted with the original application as of the date of my/our affidavit. I /We understand that the Supplier Clearinghouse will not accept updated, revised, or new documents when reviewing my/our appeal.
11. I/We understand that if my/our company is denied verification and if I/we do not file a complaint with the CPUC within ninety (90) days following the date of final denial by the Clearinghouse, my/our VAP will be deemed closed.
12. I/We understand that the Clearinghouse may release the following information to the public:
 - a. Name of firm, address, and telephone number
 - b. Ethnicity of owner(s) and/or controlling members
 - c. Gender of owner(s) and/or controlling members
 - d. Name of the agency and party that performed a site visit and date of site visit, if applicable
 - e. Name of agency that conducted the verification process
 - f. Product or service categories
 - g. Geographical area
 - h. Type of ownership
 - i. Any additional local requirements met by the enterprise, if applicable
 - j. A record of actions by a participating state or local agency resulting in verification denial or de-verification
13. I/We understand that my/our entire verification file may be made available to other agencies which perform verification, as necessary to comply with the Public Utilities Contract Code Sections 2050 through 2057.
14. I/We understand that, SUBJECT TO THE ABOVE, the Clearinghouse will seek to protect the confidentiality of information submitted as part of the verification application process, including, but not limited to, the application form, supporting documents, and any subsequent information as part of any protest, or verification procedure, to the extent permitted by law and the Agreement with the CPUC. The CPUC cannot be held liable for release of information pursuant to requests from participating utility companies, or parties authorized by the CPUC, or pursuant to any administrative, judicial or regulatory proceedings.

WARNING

Any applicant for Clearinghouse verification who misrepresents or falsifies information or documentation requested in this verification application process is subject to the penalties provided by the Public Utilities Code, Section 8285:

Any person or corporation, through its directors, officers, or agents, which falsely represents a business as a women, minority, disabled veteran, or LGBT business enterprise in the procurement of, or attempt to procure, contracts from an electrical, gas, water or telephone corporation with gross annual revenues exceeding twenty-five million dollars (\$25,000,000), or a commission-regulated subsidiary or affiliate subject to this article, shall be punished by a fine of not more than five thousand dollars (\$5,000), by imprisonment in a county jail for not more than one (1) year or in the state prison, or by both that fine and imprisonment. In the case of corporation, the fine or imprisonment, or both, shall be imposed on every director, officer, or agent responsible for the false statements.



Supplier Clearinghouse Participation Agreement & Affidavit

AFFIDAVIT

I/We, the undersigned, swear that all the information provided by me/us in this application package, including all supporting documentation submitted by me/us, is true and correct. I/We have read Section 8285 of the Public Utilities Code, State of California, contained in the application package, and understand the penalties for violation of this code.

I/We agree to release any documents or information required by the Clearinghouse to determine eligibility. Additionally, the Clearinghouse may conduct an on-site field audit of this business at any time during the application and/or eligibility periods to verify eligibility.

I/We understand further that it is my/our responsibility to notify the Clearinghouse within thirty (30) days of any change of ownership, operation, or control in the business herein applying for Clearinghouse verification. Failure to do so may be cause for reapplication and/or determination of ineligibility.

I/We state that I/we are properly authorized for _____ (name of firm) to execute this affidavit.

<i>Name of Qualifying Owner (print)</i>	<i>Signature of Qualifying Owner</i>	<i>Title of Qualifying Owner</i>	<i>Date</i>

ALL QUALIFYING MINORITY, WOMAN, AND LGBT OWNERS OF THE FIRM WHOSE TOTAL OWNERSHIP REPRESENTS AT LEAST 51% OWNERSHIP IN THE FIRM ARE REQUIRED TO SIGN THIS AFFIDAVIT. MULTIPLE AFFIDAVITS CAN BE SUBMITTED FOR DIFFERENT QUALIFYING OWNERS. NON-QUALIFYING OWNERS ARE NOT REQUIRED TO SIGN.

NOTARY

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Stamp

Notary Public

Commission Expires

Note: THIS APPLICATION IS INVALID WITHOUT A NOTARIZED SIGNATURE