



Purchasing & Payables Division

100 N. Garfield Ave., Room 328

Pasadena, CA 91101

(626) 744-6755

(626) 744-6757 Fax

Internet: www.cityofpasadena.net/purchasing

Vendor List Questionnaire (Form AA-1)

Affidavit of Equal Opportunity Employment & Non-segregation

In order to be placed to the City’s vendor list and be eligible to receive City business, you must provide the following information except where indicated as “optional”. By submitting this form you are declaring under penalty of perjury under the laws of the State of California and the laws of the United States that the information is true and correct. Furthermore, you are certifying that your firm will adhere to equal opportunity employment practices to assure that applicants and employees are not discriminated against because of their race, religion, color, national origin, ancestry, disability, sex or age. And, your firm does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not and will not permit its employees to perform their services at any location, under its control, where segregated facilities are maintained.

Name of Company _____ Business Telephone _____

Address _____ Fax number _____
(optional)

City _____ State _____ Zip _____

Contact Person _____ E-mail Address _____

Name (as shown on your income tax return) _____

Tax ID Number (or Social Security Number) _____ EIN Social Security #

Remit Address (if different) _____

Please state clearly and concisely the type(s) of goods and services your company provides:

Small and Micro Business Preference Program: If certified by California Department of General Services as a small or micro business, please provide DGS Reference Number _____. Visit the Purchasing Division website for additional information.

The following section is **OPTIONAL** and is for statistical reporting purposes only. Ownership (please check all that apply):

African-American _____ Asian _____ Armenian _____ Hispanic _____ Native American _____
Disabled _____ Female _____