



REQUEST TO ADD/MODIFY ALCOLINK VENDOR RECORD

E-Mail/FAX to: Auditor, Vendor Manager, QIC 20111, FAX: (510) 272-6502 or 26502

Sent by: Name: _____

Department Name: PUBLIC WORKS AGENCY

QIC: 50501 Telephone: X FAX _____

- Request: X Add new vendor
[] Add new doing-business-as (DBA) name for existing vendor
[] Add new address for existing vendor
Change: [] Name [] DBA [] Address for existing vendor (Check one)

Vendor Information:

ALCOLINK Vendor Number (if known): _____

Full Legal Name: _____

DBA Name: _____

- Type of Entity: [] Individual [] Sole Proprietor [] Partnership
[] Corporation [] Tax-Exempted [] Government or Trust

Check the boxes that apply to Alameda County payments you may receive:

- [] Goods Only [] Goods and Services [] Rents/Leases [] Rents/Leases paid to you as the agent
[] Medical Services [] Non-Medical Services - Describe: _____
[] Legal Services [] Other - Describe: _____

Federal Tax ID Number (required): _____

PO Box/Street Address: _____

City: _____ State: _____ ZIP: _____

- [] Alameda County - Local Vendor [] Non-County - Other - Non Local Vendor (Check one)

Vendor Contact's Name: _____

Vendor Contact's Telephone: _____ FAX _____

Vendor Contact's E-mail address: _____

Composition of Ownership. This is a Required Section.

Public Entity (government, church, community based organizations, school, non-profit, publicly traded) [] Yes [] No
If "Yes", skip Ethnicity and Gender below. The collection of ethnicity and gender data is for statistical and demographic purposes only. Please check the one most applicable category in each column:

- Ethnicity: [] African American or Black (> 50%) [] American Indian or Alaskan Native (> 50%) [] Asian (> 50%) [] Caucasian / White (> 50%) [] Filipino (> 50%) [] Hispanic or Latino (> 50%) [] Native Hawaiian or other Pacific Islander (> 50%) [] Multi-ethnic minority ownership (> 50%) [] Multi-ethnic ownership (50% Minority - 50% Non-Minority)
Gender: [] Female (> 50% ownership) [] Male (> 50% ownership)

List the Product and/or Services Vendor is interested in providing: include North American Industry Classification System (NAICS) Code (available at https://eweb1.sba.gov/naics/dsp_naicssearch2.cfm)

Auditor's Acknowledgment by _____ Date _____

- [] The Auditor's Office added/modified the vendor record according to the information provided above.
The assigned ALCOLINK vendor number is: _____
[] The Auditor's Office could not add or modify the vendor record for the following reason(s):

[] Please resubmit this form with the requested information.