Effective Date:	03/01/201
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CU W-9 and Vendor Authorization (CUW9)

University of Colorado Procurement Service Center (PSC) Page 1 of 2

Return to CU. Do not send to IRS.

Purpose:

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Used to establish or update a vendor account with the University of Colorado (CU). This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications for Federal procurement reporting and claims for exemption, and CU requirements for vendor establishment. *International individuals/entities should instead complete the appropriate W-8 form: https://www.cu.edu/psc/forms/quick-glance/w-8.html.*

CU Contact Information To be completed by CU department prior to sending to vendor					
	Name: I	is Rumbley Email Address: iris.rumb	oley@colorado.edu	1	
Campus & I	Department: S	tudent Recreation Services at Boulder Campus Phone: 303-492-	303-492-1482		
		Vendor Name and Information			
Legal Na	me:	DBA (Business) Name, if different:			
Emplo	yer Identificat	on Number (EIN) or Social Security Number (SSN) Taxpayer Identification Num	ımber:		
Entity Typ	e 🗌 I	dividual Corporation Partnership Non-prof	fit		
(check one	e): 🗌 S	ble Proprietor LLC LLP Other - E	Explain:		
Vendor Cor	ntact Name:	Phone:	Fax	x:	
5	Lin	ə 1:			
Legal Mailing Address	Lin	e 2:			
gal Maili Address	City, State,	Zip:			
Le	Email Addr	ss			
a',		Method to Receive Orders: Email Fax			
Ordering Address, if different than Legal	Lin	ə 1:			
g Ado t thar	Lin	e 2:			
lerin (feren	City, State,	Zip:	Phone:		
Ord if dif	Email Addr		Fax:		
'ss,	Lin	e 1:			
emit To Addres if different than Legal	Lin	e 2:			
To Ad fferent Legal	City, State,	Zip:	Phone:		
Remit To Address, <i>if different than</i> Lega <i>l</i>	Email Addr	Payment	t Terms:	•	
			l other vendors		
		2-page form is required. Sign and date the Complete both pages of date the Certification, below, and submit as instructed on the date the Certification			
		bottom of this page. sections c	could result in payme	nt delays.	
Certifications					
Under penalties of perjury, I certify by signing below that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and					
 (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or 					
(b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or, (c) the IRS has notified me that I am no longer subject to backup withholding; and,					
(3) I am a U.S. citizen or other U.S. person. Furthermore, I understand that any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, women-owned, or Veteran or Service-Disabled Veteran-					
Owned Small Business concern in order to obtain a contract awarded under the Small Business Act shall: (1) be punished by imposition of fine, imprisonment, or both;					
 (2) be subject to administrative remedies including suspension and debarment; and, (3) be ineligible for participation in programs conducted under the Authority of the Act. 					
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Signature: Date:				
	If 'Individ	al' entity selected, above : Fax signed, completed Page 1 to Procurement S	Service Center, 30	3 764 3434	

All other vendors : Continue to Page 2

Effective Date: 03/01/2011

CU W-9 and Vendor Authorization (CUW9)

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Procurement	Service	Contor	(PSC)
Procurement	Service	Center	(F3C)

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		-	
Legal Name:		N	DBA (Business) Name, if different:
	Business Classification	1 & I	Diversity Information
	For additional descriptions, see: https://www.cu.edu	J/psc	c/purchasing/smallbusiness_definitions.htm
options below. A			e Business Concern" (LBC) or "Small Business Concern" (SBC) from the ply; multiple sub-classifications may be appropriate. Failure to complete this
Large Bu	usiness Concern (LBC)	<u>or</u>	Small Business Concern (SBC)
Dominant ir (FAC 9.201	n field of operations per Federal Acquisitions Circular).		Independently owned and operated, and meets industry size and receipt requirements for small businesses per SBA 13 CFR 121. Section 3 of the Small Business Act.
Sub-classific	ations: (select all that apply)	5	Sub-classifications: (select all that apply)
Minorit	ty-Owned Business Enterprise (MBE)		Small Disadvantaged Business (SDB)
 Minimum 51% owned, controlled and operated day-to-day by one or more minority individuals; includes the following categories: African American Hispanic American Asian-Pacific American Native American (American Indian, Eskimo, Aleut, Native Hawaiian) Woman-Owned Business Enterprise (WBE) 		 Minimum 51% owned, controlled and operated day-to-day by one or more socially disadvantaged individuals. May be Section 8(a)-certified per 13 CFR 124.1002. Small Disadvantaged Ethnicity definitions include the following categories: African American Asian-Pacific American Native American (American Indian, Eskimo, Aleut, Native Hawaiian) 	
	51% owned and controlled by one or more women who have		Woman-Owned Small Business (WOSB)
active involvement in day-to-day operations.		Minimum 51% owned, controlled and operated day-to-day by one or more women.	
			Historically Black Colleges/Universities & Minority Institutions
			An institution determined by the Secretary of Education to meet the requirements of 34 CFR Section 608.2. The term also means any nonprofit research institution that was an integral part of such a college or university before November 14, 1986.
			HUBZone Small Business (HUB Zone)
			SBA certified; is small and is located in an 'historically underutilized business zone' and is owned, controlled and operated at least 51% by U.S. citizens and at least 35% of employees reside in HUB zone.
			Veteran-Owned Small Business (VOSB)
			Minimum 51% owned, controlled and operated day-to-day by one or more U.S. veterans.
		Service-Disabled Veteran-Owned Small Business (SDVOSB)	
			Minimum 51% owned by one or more service-disabled veterans (if publicly owned, minimum 51% of the stock is owned by one or more service-disabled veterans), and the management and daily business operations of which are controlled by one or more service-disabled veterans (if permanently and severely disabled, by their spouse or primary care giver).
			Alaskan Native Corporations (ANCs) & Indian Tribes
		L	

Remember to sign and date the Certifications section on Page 1 before submission!