



PEOPLE | PROCESS | PLANET

## KBM VENDOR-PARTNER™ APPLICATION

Business & Contact Information				
Business Name				Date
Address				
City		State/Province	Zip/Postal Code	
Company Telephone	Company Fax	Company Email		
Primary Contact				Title
Contact Telephone	Contact Fax	Contact Cell	Contact Email	
Secondary Contact				Title
Contact Telephone	Contact Fax	Contact Cell	Contact Email	
Business Entity	State of Filing	Year Started	# of Employees	Taxpayer ID #
Licenses & Insurance				
Business License #	City/County/Other			Exp Date
Contractors License #	Classifications/Trades	State	Exp Date	
General Liability Carrier	Policy #	Limits	Exp Date	
Workers' Comp Carrier	Policy #	Limits	Exp Date	
Bonding Company	Bond #	Limits	Exp Date	

**Operations**

Do you conduct pre-employment background checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:
What types of drug testing do you perform?	<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Cause / Post-Accident <input type="checkbox"/> Random	Number of Panels:
Do you provide uniforms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a written safety policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe hours & classroom/site:
List equipment used:		
If janitorial, list chemicals used (include manufacturer):		
What type of accounts are you looking for?		
Geographic Area:		
Industries Served:		
Time of Day:	Size:	Other:

**Please tell us the amount of experience you have in each of the following areas**

Type of Bldg.	Yrs.	Mos.	Type of Bldg.	Yrs.	Mos.	Type of Bldg.	Yrs.	Mos.
Bio Tech			Hotel & Motel			Other (Please List):		
Commercial			Medical					
Country Club			Property Mgmt.					
Education			Residential					
High Tech			Retail					

Business Size Coding		
<p><b>Size Information</b> (Check [ ] ^)</p> <p><input type="checkbox"/> Small Business (SB)</p> <p><input type="checkbox"/> Large Business</p> <p><input type="checkbox"/> Foreign Business</p> <p><input type="checkbox"/> Non-Profit Organization</p> <p><input type="checkbox"/> Non-Profit Organization - National Institute for the Blind and National Institute for the Severely Handicapped (NIB/NISH)</p>	<p><b>Ownership Information</b> (Check all blocks that apply)</p> <p><input type="checkbox"/> Minority Owned</p> <p><input type="checkbox"/> Woman Owned</p> <p><input type="checkbox"/> SBA-Certified Small Disadvantaged Business</p> <p><input type="checkbox"/> SBA (8A)-Certified Small Disadvantaged Business</p> <p><input type="checkbox"/> Self-Certified Small Disadvantaged Business</p> <p><input type="checkbox"/> SBA-Certified HUBZone SB</p> <p><input type="checkbox"/> Veteran (American) Owned</p> <p><input type="checkbox"/> Service-Disabled Veteran (American) Owned</p> <p><input type="checkbox"/> National Minority Supplier Dev. Council Certified (NMSDC)</p> <p><input type="checkbox"/> Women's Business Enterprise National Council Certified (WBENC)</p>	<p><b>Owner Ethnicity information</b> (Check all blocks that apply)</p> <p><input type="checkbox"/> Asian Pacific American</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Hispanic American</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Subcontinent Asian</p> <p><input type="checkbox"/> American</p> <p><input type="checkbox"/> Other – All other ethnicities</p> <p style="text-align: center;"><b>North American Industry Classification Code System (NAICS)</b> <a href="http://www.census.gov/epcd/naics02/naicod02.htm">http://www.census.gov/epcd/naics02/naicod02.htm</a></p> <p>Primary: _____</p> <p>Secondary: _____</p> <p>_____</p>
<p>For assistance in determining your business size, please visit the SBA's website at <a href="http://www.sba.gov">http://www.sba.gov</a>.</p> <p><b>*Provide copies of all certification letters by fax to 858-707-1010 or email to <a href="mailto:info@kbmfs.com">info@kbmfs.com</a></b></p>		

**NOTICE:** In accordance with 15 U.S.C. 645(d), any person who misrepresents a firm's proper size classification shall (1) be punished by imposition of a fine, imprisonment or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

<b>CERTIFICATION IS REQUIRED BY AN AUTHORIZED REPRESENTATIVE VERIFYING THE INFORMATION CONTAINED ON THIS FORM IS TRUE.</b>		
Print Name	Signature _____	Area Code & Phone Number
Title	Email Address	Date

**For information on how to become a certified diversity vendor, please visit our website at <http://www.kbmfs.com>.**

## Client References

*Please provide three (3) different client references – Include all contact information.*

<b>REFERENCE 1</b>	<b>Company</b>		
	<b>Address</b>		
	<b>City</b>	<b>State</b>	<b>Zip Code</b>
	<b>Contact Individual</b>		<b>Title</b>
	<b>Phone</b>	<b>Fax</b>	<b>Email</b>
	<b>Industry</b>	<b>Facility Size</b>	<b>Years Served</b>

<b>REFERENCE 2</b>	<b>Company</b>		
	<b>Address</b>		
	<b>City</b>	<b>State</b>	<b>Zip Code</b>
	<b>Contact Individual</b>		<b>Title</b>
	<b>Phone</b>	<b>Fax</b>	<b>Email</b>
	<b>Industry</b>	<b>Facility Size</b>	<b>Years Served</b>

<b>REFERENCE 3</b>	<b>Company</b>		
	<b>Address</b>		
	<b>City</b>	<b>State</b>	<b>Zip Code</b>
	<b>Contact Individual</b>		<b>Title</b>
	<b>Phone</b>	<b>Fax</b>	<b>Email</b>
	<b>Industry</b>	<b>Facility Size</b>	<b>Years Served</b>