



Purchasing Division

100 N. Garfield, Room S348

Pasadena, CA 91101

Phone (626) 744-6755

<https://www.cityofpasadena.net/finance/doing-business-with-the-city/>

Vendor Questionnaire (Form AA-1)

Affidavit of Equal Opportunity Employment & Non-segregation

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.

Company Name:	
Address:	
City, State, Zip:	
Contact Person:	
Phone:	
E-mail Address:	
DBA (if applicable):	

Remit Address (if different):	
City, State, Zip:	

Please state clearly and concisely the type(s) of goods and services your company would provide on this contract	
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The following section is OPTIONAL and is for statistical reporting purposes only. Ownership (please check all that apply):

☐ African American

☐ Armenian

☐ Native

☐ Female

☐ Asian

☐ Hispanic

American

☐ Disabled



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Licenses and Certifications

Review the solicitation document to identify the required licenses or certifications, and list them on this form. This form is for quick reference only.

Company Name: _____

Project: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Agency, and Description	Number
City of Pasadena (Pasadena Business License)	
State of California, Department of Industrial Relations (Required For all Public Works: Pursuant to Division 2, Part 7, Chapter 1)	
State of California, Department of General Services (Small and Micro Business Certification)	

License/Certification Name	Issuing Organization	Issue Date	Status	License or Certification Number



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Project Workforce Utilization (Form AA-2)

This form is to be included in all bids for projects involving labor or services valued at \$25,000 or more.

Instructions: Please indicate the job titles/classifications to be used in the performance of this contract should it be awarded to your firm. Please indicate the number of employees in each job classification as well as the number of new hires, if any, as a result of this contract.

Company Name: _____

Project: _____

Job Titles/Classification	Estimated number of existing staff to be employed in this classification if awarded the contract	Estimated number of new hires to be employed in this classification if awarded the contract
Are any current employees or potential new hires Pasadena residents? If so, how many?		



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Current Permanent Workforce Utilization (Form AA-3) (OPTIONAL)

Company Name: _____

Project: _____

Completion of this form is OPTIONAL. Any information supplied by Proposers is for reporting purposes only and will not be factored into the award of any contract.

Instructions: Please indicate the number of employees in each Job Classification belonging to the following groups.

	White (not of Hispanic origin)	African-American (not of Hispanic origin)	Hispanic	Asian/Pacific Islander	Native American	Armenian	Male	Female
CLASSIFICATION								
Officials/Managers								
Professionals								
Technicians								
Office/Clerical								
Skilled Craft Workers								
Operators (semi- skilled)								
Laborers								
Service Workers								
TOTAL								

SIGNATURE PAGE AND LEGAL STATUS

Terms _____ 30 days

Delivery shall be no more than NINETY (90) days after receipt of City purchase order.

Firm _____

Address _____

City, State, Zip: _____

Phone _____

Email Address _____

The undersigned certifies that he is an official legally authorized to bind his firm and to enter into a contract should the City accept this proposal.

Bid proposal by _____

(Name of Firm)

Legal status of bidder: Please check the appropriate box

☐ Corporation State of Incorporation _____

☐ Partnership List Names _____

☐ DBA State full name _____

☐ Other Explain _____

Signature of Bidder _____ Title _____

(Authorized Signature)

Address _____ City _____ State _____ Zip _____

Telephone No. _____

Signed this _____ day of _____, 20____