



Department of General Services
 Procurement Division
 707 Third Street, 2nd Floor
 West Sacramento, CA 95605-2811

State of California

OFFICE MOVING SERVICES PROVIDER APPLICATION

If additional space is required, attach as Appendix 1.

* Designates a required field

PART I: Company Information			
* Company Name:			
* Mailing Address, City, State, Zip:			
* Telephone No.:		* Facsimile No.:	
* Email Address:			
* Contact Name:		* Reseller's Permit No.:	
Website: (optional)		* Federal Tax ID:	
* CPUC Carrier ID #:		* Status (active)	
Certifications: (California-Certified only)	<input type="checkbox"/> Small Business (SB) <input type="checkbox"/> Disabled Veteran Business Enterprise (DVBE)	Certification No.:	

PART II: Counties Served

* Check counties in which your firm is able to provide moving services			
<input type="checkbox"/> Entire State	<input type="checkbox"/> Inyo	<input type="checkbox"/> Nevada	<input type="checkbox"/> Santa Cruz
<input type="checkbox"/> Alameda	<input type="checkbox"/> Kern	<input type="checkbox"/> Orange	<input type="checkbox"/> Shasta
<input type="checkbox"/> Alpine	<input type="checkbox"/> Kings	<input type="checkbox"/> Placer	<input type="checkbox"/> Sierra
<input type="checkbox"/> Amador	<input type="checkbox"/> Lake	<input type="checkbox"/> Plumas	<input type="checkbox"/> Siskiyou
<input type="checkbox"/> Butte	<input type="checkbox"/> Lassen	<input type="checkbox"/> Riverside	<input type="checkbox"/> Solano
<input type="checkbox"/> Calaveras	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Sacramento	<input type="checkbox"/> Sonoma
<input type="checkbox"/> Colusa	<input type="checkbox"/> Madera	<input type="checkbox"/> San Benito	<input type="checkbox"/> Stanislaus
<input type="checkbox"/> Contra Costa	<input type="checkbox"/> Marin	<input type="checkbox"/> San Bernardino	<input type="checkbox"/> Sutter
<input type="checkbox"/> Del Norte	<input type="checkbox"/> Mariposa	<input type="checkbox"/> San Diego	<input type="checkbox"/> Tehama
<input type="checkbox"/> El Dorado	<input type="checkbox"/> Mendocino	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Trinity
<input type="checkbox"/> Fresno	<input type="checkbox"/> Merced	<input type="checkbox"/> San Joaquin	<input type="checkbox"/> Tulare
<input type="checkbox"/> Glenn	<input type="checkbox"/> Modoc	<input type="checkbox"/> San Luis Obispo	<input type="checkbox"/> Tuolumne
<input type="checkbox"/> Humboldt	<input type="checkbox"/> Mono	<input type="checkbox"/> San Mateo	<input type="checkbox"/> Ventura
<input type="checkbox"/> Imperial	<input type="checkbox"/> Monterey	<input type="checkbox"/> Santa Barbara	<input type="checkbox"/> Yolo
	<input type="checkbox"/> Napa	<input type="checkbox"/> Santa Clara	<input type="checkbox"/> Yuba

PART III: Terms and Conditions

**Office Moving Services
 Provider Application**

Applicants are required to read through the terms and conditions associated with this supplier application for State Master Service Agreement for Office Moving Services and indicate agreement below.

* I have read and agree to the State Master Services Agreement for Office Moving Services terms and conditions, TMU14-5-88-01a Rev 9/12/14.

PART IV: Signature

By signing this application, your company acknowledges that the person signing below is an authorized representative for your company and the information provided is true and accurate. Your company further agrees to abide by the terms and conditions set forth within this application. Failure to abide by these terms and conditions may result in the removal of your company from the Master Service Agreement for Office Moving Services Approved Provider listing.

"I (we) hereby certify that all employees engaged to perform work under any contract(s) resulting from this Application will be paid Prevailing Wage, as applicable, at the rate and classification set by the Department of Industrial Relations."

"I (we) hereby certify the information contained in this Application is accurate and all required documents (e.g. attachments, appendixes, etc.) submitted as a part of this Application are certified to be true and binding upon the Provider."

"I (we) hereby certify our ability and willingness to perform the services as described in TMU14-5-88-01."

* Name/Title:			
* Signature:		Date:	

1 SUBMITTAL INSTRUCTIONS:

Return the following completed application documents to the State Contract Administrator (Section 5, Attachment 1) via email, facsimile, or mail:

- Completed Application Form (TMU14-5-88-01f, REV 9/12/14)
 - Appendix 1: If additional space is required
- Completed Payee Data Record (STD 204) (see Section 6.1.5, <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>)
- California Public Utility Commission (CPUC) Household Goods Carrier Permit
- Attachment E: Contractor Certification Clauses (CCC-307)(The CCC can also be found on the Internet at www.ols.dgs.ca.gov/Standard+Language)
- Appendix 2: Business Licenses and CA Business Certification from Secretary of State
- Appendix 3: Certificates of Insurance: (1) Commercial General Liability, (2) Automobile Liability, (3) Workers' Compensations and Employers' Liability, (4) Motor Truck Cargo Legal Liability, and (5) Bailee's Liability (see Attachment D)
- California Small Business/Disabled Veterans Business Enterprise Certifications (if applicable)
- Completed Darfur Contracting Act Certification Form (if applicable)