

**LOS ANGELES UNIFIED SCHOOL DISTRICT
FACILITIES SERVICES DIVISION
FACILITIES CONTRACT SERVICES**

REQUEST FOR ACCESS TO LAUSD ONLINE TOOLS

Company Name: _____

E-mail Address: _____

Mailing Address: _____

Phone Number(s): _____ **Fax Number(s):** _____

Federal Tax ID Number: _____ **Contractor License Number:** _____

(Attach W-9 Form for Verification)

Please select:

- Prime Contractor Subcontractor

Please specify your request:

- Pre-Bid Certification Module** (to certify knowledge of prevailing wages)
 Online Certified Payroll Reporting System

If you select the Online Certified Payroll Reporting System, please complete and attach the Contract Add Form.

Please send the form(s) via fax to:

Facilities Contract Services/Labor Compliance Department
Fax Number: (213) 241-8356

If you have any questions, please contact Facilities Contract Services/Labor Compliance Department: (213) 241-4647

Office Use Only

Online CPR granted by: _____ Date: _____

Pre-Bid granted by: _____ Date: _____

**LOS ANGELES UNIFIED SCHOOL DISTRICT
Facilities Services Division, Labor Compliance Department**

**ONLINE CERTIFIED PAYROLL REPORTING SYSTEM
CONTRACT ADD FORM**

COMPANY: _____
(Must be registered or is registering for the LAUSD Online Tools)
 ADDRESS: _____

 PHONE: _____
 EMAIL: _____

DATE: _____
 TIME: _____
 FAX: _____
 REQUESTOR: _____

NO.	LAUSD CONTRACT #	ADD WORK DESCRIPTION (INCLUDE SCHOOL NAME)	PLEASE LIST YOUR PRIME AND THE GENERAL CONTRACTOR WITH WHOM YOU ARE CONTRACTED	PROJECT START DATE
1			LAUSD PRIME CONTRACTOR:	
			YOUR GENERAL CONTRACTOR <i>(if different)</i> :	
2			LAUSD PRIME CONTRACTOR:	
			YOUR GENERAL CONTRACTOR <i>(if different)</i> :	
3			LAUSD PRIME CONTRACTOR:	
			YOUR GENERAL CONTRACTOR <i>(if different)</i> :	
4			LAUSD PRIME CONTRACTOR:	
			YOUR GENERAL CONTRACTOR <i>(if different)</i> :	
5			LAUSD PRIME CONTRACTOR:	
			YOUR GENERAL CONTRACTOR <i>(if different)</i> :	

The Contract Add Form will only be accepted from Contractors who are registering or have registered for the LAUSD Online Tools. Please return this form via fax to: **(213) 241-8356**

<p>OFFICE USE ONLY CORRECTED BY: _____ DATE: _____</p>
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LOS ANGELES UNIFIED SCHOOL DISTRICT
Facilities Services Division

E-Signature Authorization Agreement and Request to Establish Personal Identification Number

A hard-copy of this Agreement containing an original wet signature must be first on file with the Los Angeles Unified School District's (LAUSD) Labor Compliance Department (LCD) before a vendor may establish a PIN and electronically sign documents online. **It may only be completed by a registered owner, partner, executive officer, or authorized employee (with proof of authorization) of the vendor submitting this form and must contain an original signature to be submitted to the LAUSD LCD offices.**

Authorization Agreement

I am an owner, partner, executive officer, or duly authorized employee of the vendor listed below submitting this form and have authority to enter into agreements on behalf of the below vendor. By signing this Electronic Signature Authorization Agreement and Request to Establish Personal Identification Number (PIN), I authorize the LAUSD to accept, via electronic submission, documents submitted from the below-listed vendor online as required by the LAUSD's Web-based Certified Payroll Reporting System, which may include, but is not limited to: Certified Payroll Records and Statements of Compliance; Pre-Job Conference Checklist; Letters of Assent (as applicable); and Form DAS 140 (as applicable).

I agree for the below-listed vendor that it will exclusively use LAUSD's Web-based Certified Payroll Reporting System for all LAUSD public works projects on which the below-listed vendor is required to submit Certified Payroll Reports. I understand that LAUSD may change the Web-based Certified Payroll Reporting System from time to time. I agree that the below-listed vendor will electronically sign, by use of an established PIN, all documents requiring a signature that are submitted to LAUSD via its' Web-based Certified Payroll Reporting System.

My signature on this form certifies that:

I agree that my Personal Identification Number (PIN) which I establish on LAUSD's Web-based Certified Payroll Reporting System after receiving a LAUSD-issued security code constitutes my electronic signature. I understand that any information and documents submitted using my PIN is electronically certifying my signature. I understand that I am legally bound, obligated, and responsible by use of my PIN/electronic signature as much as I would be by my handwritten signature. I agree that I will protect my signature from unauthorized use, and I that I will contact LAUSD immediately upon discovery, if I suspect that my PIN/electronic signature has been lost or stolen, or otherwise compromised. I certify that my PIN/electronic signature is for my own use, that I will keep it confidential, and that I will not delegate it or share it with any individual.

This request is effective immediately upon receipt by the LCD and will remain in effect until I choose to cancel this request via written notification to the LAUSD. I understand that it is my responsibility to update and/or cancel this request under all circumstances, including my departure or terminated association with the below-listed vendor.

Vendor Information

Vendor Name:		DIR Registration No.:
Mailing Address:		License Type & No.:
Email Address:		Select one: <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor
Phone No.:	Fax No.:	Federal Tax ID No.:

Vendor Signature

Print Name:	Print Title:
Signature of Owner/Partner/Executive Officer/Duly Authorized Employee:	Date:

Please send the signed copy of this Agreement to:

LAUSD Labor Compliance Department
333 S. Beaudry Ave. 21st Floor
Los Angeles, CA 90017

FOR INTERNAL USE ONLY

Accepted by Authorized LAUSD Officer Signature:	Date:
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