

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

REQUEST FOR ACCESS TO LAUSD ONLINE TOOLS

Company Name: _____

User Name & Title: _____

User Email Address: _____

Mailing Address: _____

SAP Vendor No.: _____ **DIR Registration #:** _____

Federal Tax ID Number: _____ **License Number (CSLB/Professional) :** _____

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

Please include the following forms:

- Proof of Active DIR Public Works Contractor Registration
- Copy of CSLB License (if none, provide Professional License/Secretary of State Corporate/LLC, etc.)
- User E-Signature Authorization Agreement
 - o If User is *NOT* listed on license, include the additional forms:
 1. Licensee E-Signature Authorization Agreement
 2. User E-Signature Authorization Agreement
 3. Delegation of Authority Letter signed by Licensee and User

Please specify your request:

- ☐ NEW VENDOR
 - Attach W-9 Form for Verification
 - Complete and attach the Contract Add Form
- ☐ ADD E-SIGNATURE USER
 - Maximum of 3 users

Please send the ORIGINAL Wet Signature E-Signature form(s) to:

Los Angeles Unified School District Facilities Services Division – Labor Compliance Department
P.O. Box 513307 Los Angeles, CA 90051

and

E-mail: lcp@lausd.net

If you have any questions, please contact Labor Compliance Department: (213) 241-4647 or lcp@lausd.net

Office Use Only

Online CPR granted by: _____ Date: _____



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.:
SAP Vendor No.:		License Type & No.:
Mailing Address:		Select one: ☐ Prime Contractor ☐ Subcontractor
Phone No.:	Fax No.:	Federal Tax ID No.:

Signee Information

Print Name:	Print Title:
Signee Email Address:	
Signature:	Date:

Please send the original signed copy of this Agreement to: **LAUSD Labor Compliance Department**
P.O. Box 513307
Los Angeles, CA 90051

FOR INTERNAL USE ONLY

Accepted by Authorized LAUSD Officer	Date:
Signature:	