



### Supplier Certification Application Form

Saskatoon Public Schools welcomes your interest in becoming a valued supplier of goods and services. In order to facilitate the supplier registration process there is some information we need from any prospective new supplier. This application must be completed, returned to the Purchasing Services Branch and approved by the Manager of Purchasing Services before goods and services are supplied and any payment is issued.

**New Supplier**       **Update Supplier Information**

<b>Legal Company Name:</b> _____	
<b>Contact Name:</b> _____	<b>E-mail:</b> _____
<b>Telephone:</b> _____	<b>Fax:</b> _____ <b>Website:</b> _____
<b>GST Number:</b> _____	

<b>Address to where official correspondence should be sent:</b>			
<b>Address:</b> _____			
<b>City:</b> _____	<b>Prov:</b> _____	<b>Postal Code:</b> _____	<b>Phone:</b> _____
<b>Fax:</b> _____	<b>E-Mail:</b> _____	<b>Contact:</b> _____	
<b>Do you accept Visa for payment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<p><b>Conflict of Interest:</b> In line with provincial guidelines, Saskatoon Public Schools cannot purchase goods or services from SPS employees or from companies in which employees have an ownership interest unless authorized by the Chief Financial Officer.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    Are you or any Officer, Director, Owner or Partner in this company an employee of the Saskatoon Board of Education?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    Is a direct family member of any of the above an employee of the Saskatoon Board of Education? (direct family member includes spouse/partner or minor child.)</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    Does any Board employee have an ownership interest in your firm?</p> <p>If yes to any of the above, please provide the names of the individual(s) involved:</p> <p>_____</p> <p>_____</p>
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**Type of Business:**

- Manufacturer
- Manufacturer's Agent
- Wholesaler
- Dealer
- Retailer
- Distributor
- Contractor
- Other (Explain)

**Ownership:**

- Proprietorship
- Partnership
- Limited Company
- Incorporated
- Registered
- Subsidiary
- Branch

**Goods/Services Provided:****Product Details:**

Please list materials, articles and equipment you wish to quote/tender on: \_\_\_\_\_

Please list services, repairs etc, you are capable of supplying: \_\_\_\_\_

**References (List 2):****Reference 1**

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Goods/Services provided: \_\_\_\_\_

**Reference 2**

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Goods/Services provided: \_\_\_\_\_

**Certification:**

I certify that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified supplier list.

If any of the supplier information on this form changes the supplier must complete a new form and check updated supplier information. The form must then be resubmitted to the address indicated at the bottom form.

**Signature of Authorized Agent of the Business:**

\_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed and signed form to the address listed below.

For additional information or help with this form, phone (306)683-8228 or email [PurchasingMail@spsd.sk.ca](mailto:PurchasingMail@spsd.sk.ca)

Mail completed form to: Saskatoon Public Schools  
 Purchasing Services  
 310 – 21<sup>st</sup> Street East  
 Saskatoon, SK S7K 1M7



**REQUEST FOR CONSENT**

Canada’s anti-spam legislation (“**CASL**”) requires that Saskatoon Public Schools obtain your consent to send you commercial electronic messages (“**CEMs**”), for example notices about RFP’s or other vendor opportunities. We are seeking your consent on behalf of our Board to receive commercial electronic messages relating to the promotion of goods and services to the Board.

Please indicate your consent by checking here: \_\_\_\_\_

Name of Vendor and Title: \_\_\_\_\_

(I have the authority to bind the corporation)

Your consent to receive CEMs can be revoked at any time by contacting the Board. We will be setting up an “unsubscribe” button on our public website and there will be an “unsubscribe” mechanism that will be included in all CEMs we send you.

**Saskatoon Public Schools, 310-21<sup>st</sup> Street East, Saskatoon, SK S7K 1M7**

**Phone: (306) 683-8228 Fax: (306) 657-3969**

**Email: [purchasingmail@spsd.sk.ca](mailto:purchasingmail@spsd.sk.ca)**

**Website: [www.spsd.sk.ca](http://www.spsd.sk.ca)**

**Notice regarding Vendor Compliance with CASL**

Please note that vendors are required to comply with all applicable laws, including CASL, in providing goods or services to the Board. This also extends to communications sent on the Board’s behalf. You are hereby put on notice that you will be required to indemnify the Board for any failure by you to comply with CASL, to the extent that your action, or inaction, could expose the Board to liability.

**Harley Camsell**

Manager of Purchasing Services

Phone: (306) 683-8228

Fax: (306) 657-3969



Dear Supplier,

In an effort to make payments more convenient for our suppliers and to reduce our internal administrative costs, we are offering payment by way of direct deposit/electronic funds transfer.

If you would like to take advantage of this convenient feature, please complete the section below and return this communication to us. Alternatively, you can fax the completed communication to 306.657.3969.

Thank you.

Diana Thivierge,  
Supervisor of Financial Services  
Saskatoon Board of Education

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Please complete all areas to sign up for direct deposit. As well, we require a copy of a void business cheque, or a letter from your bank including this banking information, to help ensure we process all banking information correctly.

Company Name:

Company Address:

Accounts Receivable  
Contact and Phone  
Number:

Bank Name and  
Location:

Bank Address:

Bank Number:

Bank Transit  
Number:

Bank Account  
Number:

Email Address to  
Send Electronic  
Notice of Payment: