



Senior Programs Division Qualified Vendor List Process
Accepting applications March 2025 through October 30, 2028
Executed contracts valid until June 30, 2029

As part of the ongoing Qualified Vendor List (QVL) application process, applicants must complete this page.

Information about the QVL application process is available on our website, www.phoenix.gov, on the Human Services Department Page, or by clicking below:

[Doing Business with Human Services | City of Phoenix](#)

Select "Contracted Instructors & Entertainers Needed!" and click to download "Vendor Packet Information"

I have reviewed Vendor Packet Information

(initial)

I have reviewed the Sample Contract

(initial)

I understand that anyone who will be providing service as part of the contract, including any employees and/or volunteers, are required to submit a completed Maximum Risk Level I Background Check or fingerprint clearance card at the time of application; and/or any new additional instructor / entertainer / performer / volunteer prior to services being rendered

(initial)

I understand there may be insurance requirements, depending upon the nature of the service provided, and that the City of Phoenix must be named as Additional Insured (see *Exhibit C*)

(initial)

I understand applications will be reviewed on a monthly basis (starting July 2025 until October 2028)

(initial)

Send questions about the application process and completed applications to:

hsd.seniorservices@phoenix.gov



RECREATION SERVICES APPLICATION The city desires to engage qualified individuals or organizations to provide various recreational, educational, health and wellness, and entertainment services at various senior centers and facilities located throughout Phoenix. Categories for recreational services and special events include, but are not limited to, sports, dance, fitness activity, performing arts and music instruction, arts and crafts, science and language instruction, physical and emotional wellness, cognition/memory games and activities, and miscellaneous events and services.

Instructors are IMPORTANT to the success of programs and to the City of Phoenix. Please complete this application and submit to hsd.seniorservices@phoenix.gov

INSTRUCTIONS: Please print. Fill in all spaces. Be accurate and complete.

LAST NAME		FIRST NAME		MIDDLE NAME
ADDRESS		APT. #	CITY	ZIP
HOME PHONE		WORK PHONE		EMERGENCY CONTACT/PHONE
E-MAIL ADDRESS				
<p>Have you ever been found guilty of, pled guilty to, pled no contest to, been convicted of, paid a fine for, served probation for, or served any type of sentence for any crime or offense (whether misdemeanor or felony), including any offenses which may have been vacated or expunged? Include any convictions by military trial and any criminal charges for which you are awaiting trial. You are not required to include any minor traffic violations or juvenile offenses. NOTE: DUI and Reckless Driving are not minor violations and must be disclosed. *</p> <p><input type="checkbox"/> NO <input type="checkbox"/> Yes; if YES, give details (dates, charges, dispositions, sentence received, etc.)</p> <p>*Answering yes to the above question does not automatically exclude you from consideration. Relevance of the information to the assignment will be considered. <u>However, failure to completely disclose all information may prevent your selection or result in termination of your services.</u> Any service will be contingent upon satisfactory background check, including submittal of your fingerprints to appropriate law enforcement agencies for verification.</p> <p>I certify that all the information contained herein is true to the best of my knowledge. I consent to having a background history check, which may include fingerprinting. I understand that all omissions or misstatements may result in termination of my services. I will keep the Human Services Department advised of changes in my address and/or phone numbers or status.</p> <p>Applicant Signature _____ Date _____</p> <p>Print Name _____</p>				
<p>To request reasonable accommodation or this publication in an alternative format call (602) 262-6862 (voice) or (602) 262-6713 (TTY) (602) 534-3787 (FAX). E-mail: hsd.seniorservices@phoenix.gov The City of Phoenix prohibits discrimination on the basis of race, ethnicity, national origin, sex, religion, age, sexual orientation, or disability in its services, programs, and activities. Anyone who believes he or she has been discriminated against may file a complaint with the City of Phoenix Equal Opportunity Department.</p> <p>Rev. 12-19-23</p>				

EXHIBIT C LIST OF ACTIVITIES REQUIRING INSURANCE

Activities in which insurance is waived	Activities where insurance is required
Category I: Arts & Crafts, Science & Language Instruction*	Category IIX: Health & Fitness Instructors*
Category II: Music Instruction*	Category IX: Dance & Performing Arts Instruction
Category III: Instruction Community Education	Category X: Sports Management & Instruction
Category IV: Technology Services	
Category V: Special Event Entertainment & Special Event Services	
Category VI: Home and Garden	
Category VII: Miscellaneous Services	

Individual classes marked with an asterisk () on the attached list will require Commercial General Liability insurance. Please consult with the respective department(s) if you have questions whether insurance will be required or waived for your specific contract.

CATEGORIES

ACTIVITIES IN WHICH INSURANCE IS WAIVED

Category I: Arts & Crafts, Science & Language Instruction
Archaeology
Art
Art Appreciation
Beading
Ceramics* if a student is required operate kiln
Chinese (Mandarin and/or Cantonese)
Clay, Hand Building* if wheel or kiln is involved only
Computer Instruction/Tech Support
Crafts
Creative Writing
Crocheting
Drawing
English As a Second Language
Genealogy

Jewelry Making
Knitting
Painting
Photography
Sewing
Spanish
Category II: Music Instruction
Brass Instruments
Drumming* involving sticks
Piano
Keyboarding
Sing Along
Wind Instruments
Guitar
Category III: Instruction Community Education
Financial Education
Resume Writing
Toddler
Writing Skills Instruction
Category IV: Technology Services
Computer Programming
Gaming
Robotics
Video Editing
Photo Editing
Coding
Game Design
Mobile App Usage
General Computer Skills
General Technology Courses
Virtual Literacy Courses
Category V: Special Event Entertainment & Special Event Services
Accordion Music
African Drumming
Balloon Artist
Band
Carnival Games
Clowns
Comedian
DJ/Emcee
Face Painting
Hawaiian Luau

Impersonator
Karaoke
Keyboard Player
Magician
Mariachi
Mexican Folklorico Dance (performance)
Polka Music
Polynesian Dance Performers
Salsa Dance Performers
Special Event Support
Steel Drum Performers
Storyteller
Theatre Performers
Vocalist
Category VI: Home and Garden
Gardening
Composting
Plant Selection
Irrigation & Controller
Right Tree, Right Place
Outdoor Discovery
Category VII: Miscellaneous Services
Auto Mechanics
Woodworking
Lapidary
First Aid CPR

ACTIVITIES WHERE INSURANCE IS REQUIRED

Category IIX: Health & Fitness Instructors
Aerobics*
Aromatherapy
Boot Camp*
Cardio/Circuit*
Chair Exercise*
Group Fitness*
Jujitsu*
Meditation
Natural Health Instruction
Nutrition/Wellness
Pilates*
Qigong*
Stretch/Flexing

Reflexology*
Self-Improvement
Taekwondo*
Tai Chi*
Weight Loss
Weight Training*
Yoga*
Zumba*
Category IX: Dance & Performing Arts Instruction
Acting/Theatre
Ballet
Ballroom
Belly Dancing
Breakdancing
Chinese Cultural Dance
Clogging
Folklorico
Hip Hop
Jazz
Line Dancing
Salsa
Swing Dance
Tap
Acting/Theatre
Cinema
Film/Video Production
Poetry
Category X: Sports Management & Instruction
Archery
Basketball
Fencing
Karate
Pom and Cheer
Volleyball
Water Exercise
Pickleball

ATTACHMENT A RESPONSE FORM

INSTRUCTIONS: Clearly identify all classes, programs, and miscellaneous services for consideration. You may offer additional classes, programs and/or miscellaneous services for consideration. This list of programs and activities is not all-inclusive.

Category I: Arts and Crafts, Science and Language Instruction

<input type="checkbox"/> Archaeology	<input type="checkbox"/> Art	<input type="checkbox"/> Beading	<input type="checkbox"/> Ceramics
<input type="checkbox"/> Clay	<input type="checkbox"/> Computer/Tech	<input type="checkbox"/> Crafts	<input type="checkbox"/> Creative Writing
<input type="checkbox"/> Crocheting	<input type="checkbox"/> Drawing	English as Second Language	<input type="checkbox"/> Genealogy
<input type="checkbox"/> Jewelry Making	<input type="checkbox"/> Knitting	<input type="checkbox"/> Painting	<input type="checkbox"/> Photography
<input type="checkbox"/> Sewing	<input type="checkbox"/> Spanish		

Category II: Music Instruction

<input type="checkbox"/> Wind Instruments	<input type="checkbox"/> Brass Instruments	<input type="checkbox"/> Sing-Along	<input type="checkbox"/> Drumming	<input type="checkbox"/> Piano
<input type="checkbox"/> Guitar	<input type="checkbox"/> Keyboarding			

Category III: Instruction Community Education

<input type="checkbox"/> Financial Education	<input type="checkbox"/> Resume Writing	<input type="checkbox"/> Test Prep
<input type="checkbox"/> Writing Skills Instruction	<input type="checkbox"/> Reading	<input type="checkbox"/> Writer Workshop

Category IV: Technology & Miscellaneous Services (anything not listed above)

<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Gaming	<input type="checkbox"/> Virtual Literacy Courses	<input type="checkbox"/> Robotics	<input type="checkbox"/> Video Editing
<input type="checkbox"/> Photo Editing	<input type="checkbox"/> Coding	<input type="checkbox"/> Game Design	<input type="checkbox"/> Mobile App Usage	<input type="checkbox"/> General Computer Skills
<input type="checkbox"/> General Technology Courses				

Category V: Special Event Entertainment & Special Events Services

<input type="checkbox"/> Accordion Music	<input type="checkbox"/> African Drumming	<input type="checkbox"/> Balloon Artists	<input type="checkbox"/> Band
<input type="checkbox"/> Carnival Games	<input type="checkbox"/> Clowns/Clowning	<input type="checkbox"/> DJ/Emcee	<input type="checkbox"/> Face Painting
<input type="checkbox"/> Hawaiian Luau	<input type="checkbox"/> Impersonator	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Keyboard Player
<input type="checkbox"/> Magician	<input type="checkbox"/> Mariachi	<input type="checkbox"/> Salsa Dance Performers	<input type="checkbox"/> Polynesian Dance Performers
<input type="checkbox"/> Polka Music	<input type="checkbox"/> Storyteller	<input type="checkbox"/> Theater	<input type="checkbox"/> Special Event Support

<input type="checkbox"/> Vocalist			
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Category VI: Home and Garden

<input type="checkbox"/> Gardening	<input type="checkbox"/> Composting	<input type="checkbox"/> Plant Selection	<input type="checkbox"/> Irrigation & Controller
<input type="checkbox"/> Right Tree, Right Place	<input type="checkbox"/> Outdoor Discovery		

Category VII: Miscellaneous Services (anything not listed above)

<input type="checkbox"/> Auto Mechanics	<input type="checkbox"/> Wood Working	<input type="checkbox"/> Lapidary
<input type="checkbox"/> CPR/First Aid		

Category IIX: Health, Fitness Instructors

<input type="checkbox"/> Aerobics	<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> Boot Camp	<input type="checkbox"/> Cardio / Circuit	<input type="checkbox"/> Chair Exercise
<input type="checkbox"/> Group Fitness	<input type="checkbox"/> Jujitsu	<input type="checkbox"/> Meditation	<input type="checkbox"/> Natural Health Instruction	<input type="checkbox"/> Nutrition/Wellness
<input type="checkbox"/> Pilates	<input type="checkbox"/> Qigong	<input type="checkbox"/> Reflexology	<input type="checkbox"/> Stretch/Flexing	<input type="checkbox"/> Taekwondo
<input type="checkbox"/> Tai Chi	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Weight Training	<input type="checkbox"/> Yoga	<input type="checkbox"/> Zumba
<input type="checkbox"/> Cognition and Memory Health				

Category IX: Dance & Performing Arts

<input type="checkbox"/> Ballet	<input type="checkbox"/> Ballroom	<input type="checkbox"/> Belly Dancing	<input type="checkbox"/> Breakdancing	<input type="checkbox"/> Clogging
<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Folklorico	<input type="checkbox"/> Jazz	<input type="checkbox"/> Line Dance	<input type="checkbox"/> Salsa
<input type="checkbox"/> Swing Dance	<input type="checkbox"/> Tap	<input type="checkbox"/> Acting/Theater	<input type="checkbox"/> Cinema	<input type="checkbox"/> Poetry
<input type="checkbox"/> Film/Video Production				

Category X: Sports

<input type="checkbox"/> Archery	<input type="checkbox"/> Swimming	<input type="checkbox"/> Basketball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Fencing	<input type="checkbox"/> Water Exercise	<input type="checkbox"/> Pickleball	<input type="checkbox"/> Pom and Cheer
<input type="checkbox"/> Karate			

Location Preferences

<input type="checkbox"/> Adam Diaz Senior Center	<input type="checkbox"/> Chinese Senior Center	<input type="checkbox"/> Deer Valley Community Center
<input type="checkbox"/> Desert West Community Center	<input type="checkbox"/> Devonshire Senior Center	<input type="checkbox"/> Goelet A. C. Beuf Community Center
<input type="checkbox"/> Helen Drake Senior Center	<input type="checkbox"/> Marcos de Niza Senior Center	<input type="checkbox"/> McDowell Place Senior Center
<input type="checkbox"/> Paradise Valley Community Center	<input type="checkbox"/> Pecos Community Center	<input type="checkbox"/> Senior Opportunities West Senior Center
<input type="checkbox"/> Shadow Mountain Senior Center	<input type="checkbox"/> South Mountain Community Center	<input type="checkbox"/> Sunnyslope Community Center

Company Name:	Address:
Printed Name:	
Signature:	Date:

ATTACHMENT B HUMAN SERVICES CONTRACTOR INFORMATION TO INCLUDE EMPLOYEE, ADDITIONAL INSTRUCTORS, AND PERFORMERS

(please complete, sign, and return with the application)

INSTRUCTIONS: Clearly identify all contractor information and list all employees, additional instructors, and performers who will be assisting on this contract.

Contractor Name:
Type of Business:
Owner(s) Name:
Address:
Contact Number(s):
Email:

Print a list of employees, additional instructors, and performers who will be assisting on this contract (*Duplicate this page if you have more than four Employees/Additional Instructors/Performers who will be assisting on this contract*):

Legal Name:			
Address:	City:	State:	Zip Code:
Phone:	Email:		

Legal Name:			
Address:	City:	State:	Zip Code:
Phone:	Email:		

Legal Name:			
Address:	City:	State:	Zip Code:
Phone:	Email:		

Legal Name:			
Address:	City:	State:	Zip Code:
Phone:	Email:		

ATTACHMENT - C
SCOPE OF SERVICES AND FEES

(please complete, sign, and return with the application)

Name and or/Business Name:
Vendor Number:

Service Title:
Service Cost: \$_____ per _____
Description of Services:

Service Title:
Service Cost: \$_____ per _____
Description of Services:

Service Title:
Service Cost: \$_____ per _____
Description of Services:

Submit additional pages, as needed

ATTACHMENT D COSTS AND PAYMENTS

(please complete, sign, and return with the application)

PAYMENT TERMS & OPTIONS: Vendors must choose an option, if a box is not checked, the City **will default to 0% – net 45 days:**

Contractor offers a prompt payment discount of either _____% – 30 days or 0% – 45 days – to apply after receipt of invoice or final acceptance of the products (invoice approval), whichever date is later, starts the 30 days. If no prompt payment discount is offered, the default is 0%, net 45 days; effective after receipt of invoice or final acceptance of the products, whichever is later. **Payment terms offering a discount will not be considered in the price evaluation of your offer.**

Contractor may be paid immediately upon invoice approval, if enrollment is made to the Single Use Account (SUA) Program, administered by the city’s servicing bank (“Bank”). By checking this box, the vendor accepts transaction costs charged by their merchant bank and agrees not to transfer to the city those extra charges. The city will not pay an increase in our services for the SUA charges; if an audit uncovers an upcharge for the SUA charges the vendor will owe the city all costs. The vendor may opt-out of the SUA program once but then may not rejoin during the same contract term. **For more information about the SUA program or to enroll, send email to mailbox.sua@phoenix.gov.**

**ATTACHMENT E
YEARS IN BUSINESS AND REFERENCES**

(please complete, sign, and return with the application)

The contractor certifies that they have provided _____ listed in this application for a period of _____ year(s).

Contractor shall furnish the names, addresses, and telephone numbers of a minimum of three firms or government organizations for which the Contractor is currently furnishing or has furnished, the goods or services.

Name of Company: _____
Name of Contact: _____
Email Address: _____
Phone Number _____

Name of Company: _____
Name of Contact: _____
Email Address: _____
Phone Number _____

Name of Company: _____
Name of Contact: _____
Email Address: _____
Phone Number _____

ATTACHMENT F OFFER

(please complete, sign, and return with the application)

TO THE CITY OF PHOENIX, the Undersigned hereby offers and agrees to furnish the material and or service(s) in compliance with all terms, conditions, and specifications.

Arizona Sales Tax No. _____

Use Tax No. for Out-of-State Suppliers City _____
of Phoenix Sales Tax No. _____

Arizona Corporation Commission File No. _____

Taxpayer's Federal Identification No.: If recommended for contract award, Offeror agrees to provide its federal taxpayer identification number or as applicable its social security number to the City of Phoenix for the purpose of reporting to appropriate taxing authorities, monies paid by the City of Phoenix under the awarded contract. If the Offeror provides its social security number, the city will only share this number with appropriate state and federal officials. This submission is mandatory under 26 U.S.C. § 6041A.

Enter City's Registration System ID Number Located at city's eProcurement website (see SECTION 2, INSTRUCTIONS: CITY'S REGISTRATION)	
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Offeror has read, understands, and will fully and faithfully comply with this application, its attachments and any referenced documents. Offeror certifies that the prices offered were independently developed without consultation with any other Offeror or potential Offerors.

Authorized Signature

Date

Print Name and Title
(*President, Manager, Member*)

Offeror Legal Name and Company Type
(*LLC, Inc., Sole Proprietor*)

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

ATTACHMENT G CONFLICT OF INTEREST AND TRANSPARENCY FORM

(please complete, sign, and return with the submittal)

This form must be signed and submitted to the city and all questions must be answered (or N/A) or your application may be considered non-responsive.

1. Name of person submitting this disclosure form:

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First	MI	Last	Suffix
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2. Contract Information

Name:

3. Name of individual(s) or entity(ies) seeking a contract with the city, i.e. parties to the Contract

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4. List any individuals(s) or entity(ies) that are owners, partners, parent, sublessees, joint venture, or subsidiaries of the individual or entity listed in Question 3. Please include all Board members, executive committee members and officers for each entry. If not applicable, indicate N/A.

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5. List any individuals or entities that will be subcontractors on this contract or indicate N/A.

Subcontractors may be retained, but not known at the time of this submission.

List of subcontracts, including the name of the owner(s) and business name:

6. List any attorney, lobbyist, or consultant retained by any individuals listed in Questions 3, 4, or 5 to assist in the proposal or seeking the resulting contract. If none, indicate N/A.

--

7. Disclosure of Conflict of Interest

A. City Code Section 43-34

Are you aware of any fact(s) with regard to this application or resulting contract that would raise a “conflict of interest” issue under City Code, Section 43-34?

“An elected city official or a city employee shall not represent any person or business for compensation before the City regarding any part of a procurement, including any resulting contract, if during the time the elected official is or was in office or the employee is or was employed by the City such elected official or employee played a material or significant role in the development of the application, any other part of the procurement, or the contract award.

I **am not** aware of any conflict(s) of interest under City Code Section 43-34

I **am** aware of the following potential or actual conflict(s) under City Code Section 43-44:

B. ARS Sections 38-501 et. Seq. & City Charter Chapter 11

State law and the Phoenix City Charter and Code prohibit public officers or employees, their close relatives, and any businesses they, or their relatives, own from (1) representing before the city any person or business for compensation, (2) doing business with the city by any means other than through a formal procurement, and (3) doing business with the city without disclosing that the person has an interest in the contract. This prohibition extends to subcontracts on city contracts and also applies to parent, subsidiary, or partner businesses owned by a public officer or employee. *See A.R.S. Sections 38-501 through 38-511, for more information (City Charter, Chapter 11, applies the state conflict-of-interest law to city employees)*

Please note that any contract in place at the time a person becomes a public officer, or employee may remain in effect. But the contract may not be amended, extended, modified, or changed in any manner during the officer’s or employees’ city service without following city administrative regulations.

Are you aware of any fact(s) with regard to this contract that would raise a “conflict of interest” issue under A.R.S. Sections 38-501 through 38-511? (*See Arizona Revised Statutes regarding conflict of interest at www.azleg.gov*)

I **am not** aware of any conflict(s) of interest under Arizona Revised Statutes Sections 38-501 through 38-511

I **am** aware of the following conflict(s) of interest:

8. Acknowledgements

A. Application Transparency Policy, No Contact with City Officials or Staff During Evaluation

- I understand that a person or entity who seeks or applies for a city contract, or any other person acting on behalf of that person or entity, is prohibited from contacting city officials and employees regarding the contract after a solicitation has been posted.
- This “no contact” provision only concludes when the contract is awarded at a City Council meeting. If contact is required with City officials or employees, the contact will take place in accordance with procedures by the City. Violation of this prohibited contacts provision, set out in City Code Sections 2-190.4 and 43-36, by respondents, or their agents, will lead to **disqualification**.

B. Fraud Prevention and Reporting Policy

- I acknowledge that the City has a fraud prevention and reporting policy and takes fraud seriously. I will report fraud, suspicion of fraud, or any other inappropriate action to telephone no. 602-261-8999 or 602-534-5500 (TDD); or aud.integrity.line@phoenix.gov

The purpose of the fraud policy is to maintain the City's high ethical standards. The policy includes a way for our business partners to report wrongdoing or bad behavior. Suspected fraud should be reported immediately to the Phoenix Integrity Line. The City has adopted a zero-tolerance policy regarding fraud.

OATH	
I affirm that the statements contained in this form, including any attachments, to the best of my knowledge and belief are true, correct, and complete. Should any of the answers to the above questions change during the course of the contract, particularly as it relates to any changes in ownership, the applicant agrees to update this form with the new information within 30 days of such changes. Failure to do so may be deemed a breach of contract.	
PRINT NAME	TITLE
SIGNATURE	DATE
COMPANY (CORPORATION, LLC, ETC.) NAME and DBA	

ATTACHMENT H
Confidential Information Form

(please complete, sign, and return with the submittal)

By checking this box, the Offeror acknowledges that they are not providing any information they declare to be confidential or proprietary.

If Offeror has submitted any information they declare to be confidential or proprietary, please describe below:

Page Title	Confidentiality and Proprietary Information

Note: use additional pages as necessary

Print Name

Title

Authorized Signature

Date

ATTACHMENT - I

AFFIDAVIT OF LAWFUL PRESENCE (Mail_in.Version)

Instructions: Your completion of this form is required by Arizona state law. A.R.S. §§ 1-501 and -502 if you are a sole proprietor. This law does not apply to fictitious entities such as corporations, partnerships, and limited liability companies.

I, _____ (print full name exactly as on document), hereby affirm, upon penalty of perjury, that I have made a true and accurate copy of the document checked below, that I have attached that copy to this Affidavit for purposes of mailing both documents to the City, that I am lawfully present in the United States, and that I am the person stated on the document. (select one category only)

- Arizona driver license issued after 1996.**

Print first four numbers/letters from license:

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- Arizona non-operating identification license.**

Print first four numbers/letters:

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- Birth certificate or delayed birth certificate issued in any state, territory or possession of the U.S.**

Year of birth: _____; Place of birth: _____

- United States Certificate of Birth Abroad.**

Year of birth: _____; Place of birth: _____

- United States Passport.**

Print first four numbers/letters on Passport:

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- Foreign Passport with United States Visa.**

Print first four numbers/letters on Passport:

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Print first four numbers/letters on Visa:

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- I-94 Form with a photograph.**

Print first four numbers on I-94:

--	--	--	--

- USCIS Employment Authorization Document (EAD).**

Print first four numbers/letters on EAD:

--	--	--	--

or Perm. Resident Card (acceptable alternative):

--	--	--	--

- Refugee Travel Document.**

Date of issuance: _____ Refugee country: _____

- U.S. Certificate of Naturalization.**

Print first four digits of CIS Reg. No.:

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- U.S. Certificate of Citizenship.**

Date of issuance: _____; Place of issuance: _____

- Tribal Certificate of Indian Blood.**

Date of issuance: _____; Name of tribe: _____

- Tribal or Bureau of Indian Affairs Affidavit of Birth.**

Year of birth: _____; Place of birth: _____

Signed: _____ Dated: _____

Office Use Only	Employee Name:	Ref. No.:
Promptly report all observed violations of federal immigration law to: azicereport@dhs.gov		
<input type="checkbox"/> Reported violation (check if applicable and attach copy of email to this form)		

**ATTACHMENT J
CITY OF PHOENIX
SOLE PROPRIETOR WORKERS' COMPENSATION WAIVER**

NOTE: THIS FORM IS TO BE USED ONLY BY THE CITY OF PHOENIX WHEN CONTRACTING WITH A SOLE PROPRIETOR THAT HAS NO EMPLOYEES. THIS FORM DOES NOT APPLY WHEN CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR SOLE PROPRIETOR WITH EMPLOYEES.

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, A.R.S. 23-901 (et. seq.), and specifically, A.R.S. 23-961(M), that provides that a Sole Proprietor may waive his / her rights to workers' compensation coverage and benefits.

I am a sole proprietor, and I am doing business as _____.
(name of sole proprietor's business)

I am performing work as an independent contractor for the City of Phoenix. I am not an employee of the City of Phoenix, for workers' compensation purposes, and, therefore, I am not entitled to workers' compensation benefits from the City of Phoenix. I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Sole Proprietor address:

Signature of
Sole Proprietor: _____ Date: _____

City Contract Number: _____

City of Phoenix Department: _____

THE SIGNED FORM WILL BE MAINTAINED IN THE CONTRACT FILE