

Requisition #: _____
Banner #: _____

Reference #: IER#0000130
Fiscal Year: 2026-2027



Instructional Equipment Request (IER) Form

Title of Submission:	Replacement Wine Press		
Requestor Name:	Lopez, Brianna	Division:	STEM
Date Submitted:	10/07/2026	Discipline:	Viticulture/Winery Technology
Type of Request:	A Replacement		

Describe the specific equipment requested.

Include model/specs if known. State whether this replaces existing equipment, upgrades current technology, or fills a new need.

The VWT Program is requesting a Euro-Machines Europress EP1-27 commercial membrane grape press to replace the programs previous press, which was more than 14 years old, failed, and could not be repaired. The press is capable of processing 2.2 tons of whole cluster fruit, 6 tons of de-stemmed/crushed fruit, or 9 tons of fermented must. Replacing the failed press is necessary to restore a core component of hands on winery instruction. The new press will also provide students with access to modern commercial technology, greater processing capacity, improved process control, and safety features representative of equipment used.

KEY DEADLINES

Action	Deadline
IER form submitted to Division Dean	10/07/2026
Division Review of IER forms (Dean signature)	10/14/2026
IER due to Exec. Assistant, Administrative Services (with Dean & VP signatures)	10/21/2026

PRE-SUBMISSION CHECKLIST

- ☒ All fields in the form **MUST** be completed in full.
- ☒ Valid vendor quote* must be attached (include shipping, installation, and tax where applicable)
Do not split quotes or submit duplicates. For more details or assistance see Quote Requirements*
- ☒ IER form signed and submitted to Division Dean by the deadline, must include:
 - ☐ Quote (required)
 - ☐ New Vendor Application (if new vendor)
 - ☐ W-9 (if new vendor)

***Quote Requirements:** By law, purchases between \$ 30,000.00 and \$ 119,099.99 require 3 quotes from 3 different vendors. Purchases at or above \$ 119,100.00 require an RFP (bid) process and Board approval; if your request is approved, we provide further instructions via email. We are required to proceed with the cheapest option unless a compelling argument can be provided for a more expensive option. For assistance with quotes, contact Bill Pagano at bpagano@clpccd.org or (925) 485-5271.

[More information on Instructional Equipment can be found here.](#)

IER RUBRIC: HOW YOUR REQUEST WILL BE SCORED

Criteria	Max Points	Strong Evidence	Adequate Evidence	Limited Evidence
Mission & Planning Priorities [Section 2]	5	4–5: Clear and compelling evidence/data that equipment fully supports LPC Mission and Planning Priorities.	2–3: Clear evidence/data that equipment supports LPC Mission and Planning Priorities.	0–1: Limited or no evidence/data.
Programmatic Impact & Institutional support [Section 3]	10	8–10: Clear and compelling evidence/data (from program review) of substantial instructional impact.	4–7: Clear evidence/data of substantial impact on program instruction.	0–3: Limited or no evidence/data.
Teaching & Learning Enhancement [Section 4]	10	8–10: Clear and compelling evidence/data that equipment provides much-needed enhancement to instruction.	4–7: Clear evidence that equipment provides enhanced instruction not met through current means.	0–3: Limited or no evidence/data.
Student Learning Outcomes [Section 5]	5	4–5: Clear and compelling evidence/data that equipment support course and/or program outcomes beyond current capability.	2–3: Clear evidence that equipment supports course and/or program outcomes beyond current capability.	0–1: Limited or no evidence/data.
Safety and/or Org. Effectiveness [Section 6]	5	4–5: Clear and compelling evidence/data that equipment will support safety and/or organizational effectiveness beyond current capability.	2–3: Clear evidence/data that equipment will support safety and/or organizational effectiveness beyond current capability.	0–1: Limited or no evidence/data.
Total	35			

Tip: Use specific data and evidence in each narrative section. Requests without evidence receive lower scores. Incomplete requests will not be ranked.

INSTRUCTIONAL EQUIPMENT: ALLOWABLE & NON-ALLOWABLE ITEMS

Allowable Items – Instructional equipment expenditures are eligible only when the equipment, library material, or technology is used for classroom instruction, student instruction or demonstration, or in the preparation of learning materials within an instructional program. All eligible items must function as durable assets with a useful life exceeding one year. Requests must fall within one of the five categories below (requests are not limited to the examples provided within the categories):

- 1. Equipment and Furniture:** Instructional equipment and furniture for primary use by students in instructional programs. Examples include, but are not limited to: classroom and laboratory equipment, such as, whiteboards, screens, projectors, lab instruments; and, instructional furniture, such as, desks, tables, podiums, chairs.
- 2. Information Technology:** Instructional IT equipment for student use in classrooms, laboratories and/or in direct support of student services. Examples include, but are not limited to: desktops, laptops, monitors, printers, servers, network/wireless infrastructure, AV/TV, and multimedia systems.
- 3. Adaptive Equipment:** Equipment for ADA/OCR-eligible students that assists them in a learning environment.

NOTE: Each individual item must cost \$200 or more.

Non-Allowable Items – Equipment that serve administrative or non-instructional purposes. Examples are: Photocopiers, file cabinets, bookcases, computers used primarily for administrative functions, networking infrastructure for non-instructional use, and software licenses for administrative systems. Items that would be considered supplies or have a useful life of less than one year.

SECTION 1 — Location and Compliance Information

Equipment Location: Building #: 3700

Room #: 3700

If applicable, describe any legal requirement, mandate, or safety concern.

Cite specific regulations or compliance requirements.

The press is commercial processing equipment with rotating components, pinch and crush hazards, electrical power, and compressed air/vacuum systems. Students will receive supervised training before operation, including safe loading and unloading, emergency stop procedures, startup and shutdown, wet floor awareness, cleaning, sanitation, and appropriate response to abnormal operating conditions. The quoted Europress includes emergency stop cables on both sides of the machine, an emergency stop button at the control panel, and a door detection system that prevents a press program from starting while the door is open. The equipment requires 3-phase electrical service which we have.

SECTION 2 — Mission & Planning Priorities

Scored 0–5 points

LPC MISSION STATEMENT

Las Positas College is an inclusive, learning-centered, equity-focused environment that offers educational opportunities and support for completion of students' transfer, degree, and career-technical goals while promoting lifelong learning.

LPC PLANNING PRIORITIES

- ☒ **Equity:** Affirm LPC's unwavering commitment to equity by deepening campus-wide engagement, enhancing professional development, embedding equity-minded practices in decision-making, assessment, and accountability processes; and building capacity to resolve inequities.
- ☒ **Student Success:** Increase student success and completion through sustainable college practices, processes, academic support, removal of barriers, and focused professional development.
- ☐ **Health & Wellness:** Establish a knowledge base and appreciation for health and wellness in the workplace; create a sense of urgency about wellness; prioritize wellness in decision-making, assessment and accountability; and build capacity to support wellness.

Explain how this equipment supports LPC's Mission and the Planning Priority/Priorities checked above.

Strong responses provide clear and compelling evidence or data that the equipment supports the LPC Mission and Planning Priorities (e.g., specific program goals, student populations, or outcomes).

The equipment supports LPC's mission by restoring an essential hands-on component of the VWT curriculum and providing students with direct experience using commercial winery technology. Pressing is a fundamental winemaking operation. Students need the opportunity to participate in equipment preparation, loading, press program selection, monitoring, juice or wine recovery, sanitation, and evaluation of the resulting product. The request supports student success by developing technical skills students can take directly into harvest, cellar, production, and winemaking positions. It also supports equity by ensuring that all students can gain experience with commercial scale pressing equipment on campus, regardless of whether they already work in the wine industry or have outside access to winery equipment.

SECTION 3 — Program Review & Programmatic Impact

Scored 0–10 points

Strong responses provide clear and compelling evidence or data from program review of substantial instructional impact. If this equipment was not included in your most recent program review, provide a clear explanation of the instructional need.

Specify the educational programs this equipment supports:

The press supports the Enology Associate and Certificate, specifically courses such as introduction to enology, applied enology, fundamentals of wine science, fall winery operations, fall vineyard operations, and spring winery operations. The press will be used for white before fermentation and red wine pressing after fermentation, juice recovery, press fraction evaluation, sanitation, and other harvest and production activities. Because the program's previous press has failed and cannot be repaired, replacement is necessary to maintain complete grape to wine instruction within the Campus Hill Teaching Winery.

Is the equipment part of an upcoming Program Review? Was it included last year? If not, why? Use language from your Program Review as evidence to support this request.

Quote or paraphrase relevant language directly from your Program Review. If not included in Program Review, explain why this need emerged outside the regular planning cycle.

This equipment was already flagged as an extremely important piece of equipment that is needed in order for the program to continue. The need was always present but became urgent when the program's existing press, which had been in service for more than 14 years, failed and could not be repaired. Because pressing is a core winery operation, loss of this equipment creates a direct gap in hands on instruction and limits the program's ability to complete normal harvest and production activities with students. The replacement also provides an opportunity to move from aging equipment to current commercial technology with improved capacity, programmable process control, and integrated safety features.

Section 4 — Teaching & Learning Enhancement

Scored 0–10 points

Provide clear and compelling evidence or data that this equipment enhances instruction and student learning beyond current capability. Strong responses demonstrate a much-needed instructional enhancement not met through existing means.

How does this equipment enhance teaching and the quality of instruction? Use evidence and data

Be specific about what instructors can do with this equipment that they cannot do now.

The Europress will allow faculty to teach pressing as a controlled winemaking process rather than simply as a mechanical step. Its programmable control system allows students to examine how press cycle design, drum rotation, pressure progression, and processing strategy influence juice recovery, solids, extraction, and wine quality. With 24 customizable programs, instructors can demonstrate and compare different pressing approaches rather than relying on a single fixed cycle. Students can participate in the complete process from loading through pressing, fraction collection, unloading, cleaning, and documentation. This provides a realistic commercial winery experience while allowing faculty to connect processing decisions directly to enology, wine chemistry, and sensory outcomes.

How does this equipment directly improve student learning?

Consider engagement, accessibility, hands-on practice, preparation for transfer or employment, etc.

Students will gain direct experience with:

- Pre-operation equipment inspection
- Safe loading and unloading
- Selecting and adjusting press programs
- Monitoring pressure and extraction
- Evaluating juice and wine flow
- Separating and comparing press fractions
- Calculating yield and recovery
- Connecting pressing decisions with sensor quality
- Caning and sanitizing commercial equipment
- Recognizing abnormal operating conditions
- Working safely as part of a winery production team

The press allows students to develop both technical competence and decision-making skills expected in commercial winery environments.

Estimated impact of this equipment:

Number of Classes / Sections Impacted:	5+	Estimated Number of Students Per Year:	75+
---	----	---	-----

SECTION 5 — Student Learning Outcomes (SLOs)

Scored 0–5 points

Strong responses provide clear and compelling evidence or data that this equipment supports course and/or program outcomes beyond current capability.

Which course or program SLOs does this equipment support? List them.

Reference the relevant SLO language from your course outline or program.

The equipment directly supports Enology outcomes related to:

- Safely starting, operating, and shutting down winery equipment
- Applying appropriate winemaking practices to produce sound wines
- Performing quality-control activities during harvest, fermentation, cellaring, and preparation for bottling
- Connecting winery processing decisions with wine composition and sensory quality

It also supports course level learning in grape processing, winery operations, sanitation, equipment safety, juice handling, fermentation management, and production decision-making.

How will this equipment enable measurable improvement of your current SLO attainment?

Consider how the equipment addresses gaps in current instructional capability, student practice, or skill development.

Students can be assessed through a practical press operation competency in which they demonstrate their ability to inspect and prepare the equipment, identify safety controls, select an appropriate press program, monitor operation, evaluate press fractions, calculate yield, complete shutdown procedures, and properly clean the press. This provides direct evidence that students can safely and effectively operate winery equipment rather than demonstrating that knowledge only through written assessment.

SECTION 6 — Safety & Organizational Effectiveness

Scored 0–5 points

Strong responses provide clear and compelling evidence or data that this equipment supports safety and/or organizational effectiveness beyond current capability.

Describe, in detail, the impact this equipment will have on safety and/or organizational effectiveness:

Replacing the failed press will restore a critical production function within the winery and reduce the disruption caused by working without reliable pressing equipment during time sensitive harvest operations. The Europress also provides current safety features, including emergency stop cables, a control panel emergency stop, and a door detector that prevents operation while the door is open. Its larger processing capacity and programmable cycles will improve winery workflow by allowing meaningful student participation without creating unnecessary processing bottlenecks. Faculty can organize students into defined roles for loading, monitoring, sampling, fraction collection, unloading, and sanitation while maintaining appropriate supervision. The result will be a safer, more organized instructional environment and a more reliable harvest workflow.

SECTION 7 — Total Cost of Ownership & Sustainability

How does this equipment meet or exceed LPC's [Sustainability Efforts](#)?

Consider energy efficiency, reduced waste, longevity, and end-of-life disposal plan.

The Europress is a durable commercial asset designed for repeated use over many harvest seasons. Its programmable pressing cycles and variable speed drum allow processing conditions to be adjusted to the fruit and desired wine style, helping maximize usable juice recovery while avoiding unnecessarily aggressive processing. The press is constructed primarily of stainless steel and food grade materials designed for repeated sanitation and long term use. Preventative maintenance, seasonal inspection, and proper cleaning will be incorporated into winery operations to extend equipment life and protect the college's investment. Replacing an older press that could no longer be repaired with equipment that can be professionally supported and maintained also provides a more sustainable long term solution than continuing to invest resources in obsolete equipment.

Does the new equipment replace older equipment?

If yes, will you retire/surplus the old equipment? If not, where will it be stored and what are the storage costs?

Yes. The Europress EP1-27 will replace the VWT Program's previous wine press, which was more than 14 years old, failed, and could not be repaired. The loss of the existing press has created an immediate instructional and operational need because pressing is required for both white wine production and post fermentation red wine processing. The replacement press restores this essential instructional capability while providing updated commercial technology, greater capacity, programmable controls, improved safety systems, and a serviceable platform appropriate for the program's current needs. The failed press will be surpluses in accordance with District procedures.

SECTION 7 – Total Cost of Ownership & Sustainability (continued)

Operator		Maintenance & Repair	
Primary Operator	Brianna Lopez	Who will perform maintenance & repairs?	Brianna Lopez
Does the work align with current position duties?	Yes	Does the work align with current position duties?	Yes
Cost to train primary operator:	0.00	Cost to train for maintenance and repairs:	0.00
Estimated hours equipment will be used per month:	30+	Estimated hours per month:	2

Comments:

Routine preventative maintenance will include cleaning, inspection of membrane and seals, lubrication where required, safety control verification, and pre- and post-harvest inspections. The quoted Eopress includes a two-season warranty.

FOAP (Budget) for Recurring Costs:	<u>103001</u>	-	<u>34900</u>	-	<u>5220</u>	-	<u>60100</u>
	Fund		Org		Account		Program

Estimated Lifespan of Equipment: 15-20 years

Part A: Initial Start-Up Costs	Cost (\$)	Notes
Equipment / Materials	\$103,164.00	Europress EP1-27
Shipping & Delivery	\$0.00	Included
Installation	\$0.00	
Operator Training	\$0.00	
Facilities Modification	\$0.00	
Other	\$9,000.00	10.25% Livermore sales/use tax
Discounts (enter as positive)	\$22,495.00	Vendor discount
Subtotal	\$89,669.00	
Part B: Annual Operating Costs	Cost (\$)	Notes
Service / Maintenance	\$1,000.00	Preventive maintenance and occasional servicing
Part Replacement	\$750.00	Seals, gaskets, small mechanical parts, etc
Software Licensing	\$0.00	
Supplies	\$250.00	Cleaning, lubrication where required, etc
Vendor Calibration / Standardization	\$0.00	
Storage	\$0.00	
Other	\$0.00	
Subtotal	\$2,000.00	

Overall Cost (Start-Up + Annual)	\$91,669.00
---	--------------------

APPROVALS & SIGNATURE ROUTING

Before signing below, please confirm all fields are completed, the information is correct, and the request is for allowable items. A vendor quote must be attached before the form is submitted.

3  Quote (Preferred Vendor)

Title	Signature	Date
Requestor:	<i>Brianna R Lopez</i>	10/07/2026
Division Dean:	<i>Paula Checchi</i>	10/12/2026
Vice President:	<i>Nan Ho</i>	10/13/2026
College Technology Services Manager:	<i>Stephen Gunderson</i>	10/14/2026
M&O Director:	<i>JOHN SEYBERT</i>	10/17/2026
Vice President, Administrative Services:	<i>Sean Brooks</i>	10/26/2026

REFERENCE: IER Process Flow

1	Requestor submits completed packet to Division Dean
2	Dean reviews and forwards to Vice President
3	Vice President reviews and forwards to Executive Assistant of Administrative Services
4	Executive Assistant logs request; forwards to M&O and IT for technical review
5	RAC reviews and scores requests
6	Executive Assistant compiles final rankings for RAC review
7	RAC Co-Chairs meet with College President to discuss ranked requests
8	President issues approval memo to RAC
9	RAC notifies requestors of approved requests and any additional steps (e.g., additional quotes, board packet)
	<i>For requests that meet the board threshold, Purchasing will initiate the RFP (bid) process in collaboration with the requestor. Purchasing will notify the requestor of the winning bid/vendor. Bid process takes approximately 6 weeks.</i>
10	Requestor submits Requisition with updated quote(s) (itemization not required on Reqs for IERs) see example
11	Business Office reviews and enters requisitions into Banner; forwards requests to Purchasing*
	<i>*For board requests, bid process must be completed first, then requisition submitted to Business Office for entry into Banner, then Division submits board packet with copy of req entered into Banner (note Banner Doc # on packet).</i>

Questions? Contact the [RAC Co-Chairs](#) or the [Executive Assistant, Administrative Services](#).



CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

Vendor Profile Application

Return Completed Form to:

Contact Person Requesting Your Services

PLEASE TYPE OR PRINT.

For questions regarding this form or the application process, please contact the Purchasing Department at (925) 485-5230.

1. Vendor Name: <u>Euro-Machines, Inc.</u> DBA (if any): _____ Check payable to <u>Euro-Machines, Inc.</u>	
2. This information must be supplied. If not , the application will be returned. W9 form Required. Federal ID Number <u>54</u> - <u>1376799</u> or Social Security Number _____ - _____ - _____ A. Federal Tax Classification ☐ Individual/Sole Proprietor (S) ☐ Joint Venture (J) ☐ Partnership ☐ Single-Member LLC ☒ Corporation (C), State where incorporated <u>Virginia</u> B. Is it a Non-Profit Organization? ☐ Yes ☒ No , If yes provide Tax-Exempt Form C. Business Start/Incorporation Date <u>01</u> / <u>01</u> / <u>1986</u>	
3. Addresses A. <u>Primary/Mailing</u> Street <u>741 Old Brandy Road P.O. Box 843</u> City <u>Culpeper, VA</u> Zip Code <u>22701</u> Primary Contact Name <u>Rebekka Korte</u> Phone (<u>540</u>) <u>825</u> - <u>5700</u> Ext. _____ Fax (_____) _____ - _____ Email <u>rebekka@euromachinesusa.com</u> B. <u>Order (for Purchase Orders, if different from above)</u> Street <u>497 Edison Court, Ste G</u> City <u>Fairfield, CA</u> Zip Code <u>94534</u> Primary Contact Name <u>Harvey Gonzalez</u> Phone (<u>707</u>) <u>695</u> - <u>7352</u> Ext. _____ Fax (_____) _____ - _____ Email <u>harvey@euromachinesusa.com</u> C. <u>Remittance (for checks if different from above)</u> Street <u>P.O. Box 843</u> City <u>Culpeper, VA</u> Zip Code <u>22701</u> Primary Contact Name <u>Amy Stone</u> Phone (<u>540</u>) <u>825</u> - <u>5700</u> Ext. _____ Fax (_____) _____ - _____ Email <u>amy@euromachinesusa.com</u>	
4. Vendor Category ☐ Disabled Veteran ☐ Minority Owned ☐ Small Business ☐ Women Owned	
5. Type of Business: Check the one which best describe your company: ☐ Broker ☒ Manufacturer ☐ Manufacturer's Rep ☐ Wholesaler ☐ Retailer <u>Service</u> ☐ Architect, Engineer, Construction ☐ Professional ☐ Other	
6. Sales Tax Collection ☒ Collects all Sales/Use Tax for Alameda County ☐ Collects Selected Taxes _____ % ☐ Does not collect Sales Tax California Seller or Use Tax Permit Number _____ Do you supply recycled products? ☐ Yes ☒ No	
7. Type of commodities or services that your business provides <u>Supplier of Winery Equipment, including service and parts and technical support 24/7 during harvest season</u>	
8. Name of person completing the form Name <u>Rebekka Korte</u> Title <u>Branch Manager, East Coast</u> Phone No. <u>cell: 540-305-5554</u> Signature <u>Rebekka Korte</u> Date _____ Email Address: _____ Digitally signed by Rebekka Korte Date: 2025.07.06 15:43:16 -0400	

DO NOT COMPLETE – For CLPCCD use only ☐ New ☐ Updated

Received by Purchasing on _____ VENDOR NO. _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Euro-Machines, Inc	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. PO Box 843	
6 City, state, and ZIP code Culpeper, VA 22701		
7 List account number(s) here (optional)		
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
5	4	-	1	3	7	6	7	9	9

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person *Karen Eiser*

Date JANUARY 1, 2026

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



August 19, 2026

Campus Hill Winery-Las Positas College

Ms. Brianna Lopez
300 Campus Hill Drive
Pleasanton, CA 94551
951.760.5428
brlopez@laspositascollege.edu

Dear Ms. Lopez,

Thank you for your continued interest in Euro-Machines and our equipment. Please find below the information on the equipment you requested. Due to the fluctuations in the exchange rate the **enclosed pricing is valid for thirty (30) days only.**

If you should have any questions, please feel free to contact me directly at (707) 695-7352 or Harvey@euromachinesusa.com. We look forward to hearing from you soon and again, thank you for your interest in Euro-Machines.

With kindest regards,

Harvey Gonzalez

Euro-Machines, Inc.

EUROPRESS GRAPE PRESS**MODEL EP1-27****IN STOCK**

- Open style membrane press with conical slots/ Size: 2700 liters (713 gallons)
- Approximate pressing capacities:

Whole cluster	2.2 t
Destemmed/crushed	6.0 t
Fermented must	9.0 t
- **NEW generation fully automatic digital control unit with 24 fully customizable programs**
Large 10" touch screen
Easy quick start and pre-programmed maceration program
 - Analog controls (Emergency override)
 - **SOLUS:** The ability to self-learn pressing techniques of the user by creating programs based on how the winemaker manually presses along with the possibility to save the created programs.
 - Safety: Emergency stop cables on each side of the machine, Emergency stop button at control panel
 - All stainless-steel construction
 - Hinged side panels for greater access to the drum
 - Polished drum for easier cleaning
 - **VFD-PLUS** – frequency-controlled drive motor
 Sense of rotation: clockwise and counterclockwise
 6 different adjustable speeds of rotation for gentle handling of fruit
 Reducing phenolic substances and solids
 - Built-in high efficiency compressor
 - High volume vacuum pump also functions as pre-blower
 - Muffler for noise reduction
 - Special membrane attachment also assisting for a faster pomace break up
 - Membrane composed of food grade materials, heat tolerant up to 70° C (158° F)
 - Large volume juice tray w/ appr. 200 gal (760 liters) and 2" Tri Clover fitting
 - Removable juice tray outlet screen
 - Special pomace emptying bars underneath the membrane for faster emptying cycles
 - On four swivel wheels and with four handles for ease of mobility
 - Motors: 208 / 230 or 460 V / 60 cycles / 3 phases (to be specified upon order)
 - Large infill opening with 2 sliding doors 40" x 18" (1000 x 450 mm)
 - Door detector – No program starts while door open
- Dimensions:

Length	136" (3457 mm)
Width	65" (1640 mm)
Height	73" (1858 mm)

Euro-Machines, Inc.
Winery Equipment Company

WEST**PACIFIC NORTHWEST****EAST**

497 Edison Ct. Suite G - Fairfield, CA 94534
Phone 707-864-5800

10670 Main Street NE - Donald, OR 97020
Phone 707-695-5805

PO Box 843 - Culpeper, VA 22701
Phone 540-825-5700

INCLUDED OPTIONS FOR THE EUROPRESS EP1-27

- A. Stainless steel hopper, (mounted on TOP of press)
- B. Stainless steel 4” ball valve for central fill-in
- C. Press leg extensions 50 cm (19.7”)

LIST PRICE US \$103,164.00
Discounted Price US \$ 80,669.00

MISCELLANEOUS

Warranty:	TWO SEASONS FOR NEW EUROPRESS
Terms:	FOB Fairfield, CA
Delivery:	Immediately <i>after</i> signed Sales Order AND Deposits have been received. Euro-Machines assumes no responsibility for delivery delays resulting from third parties (shipping/freight lines and/or US Customs).
Price:	FOB Fairfield, CA
Purchase Schedule:	30% Deposit due with the Order 70% Deposit due prior to reinstallation of the equipment Balance, sales tax and freight due Net 30 days of invoice
Note:	Manual in English is delivered with the equipment.

PRICING IS VALID FOR THIRTY (30) DAYS ONLY

Euro-Machines, Inc.
Winery Equipment Company

WEST

497 Edison Ct. Suite G - Fairfield, CA 94534
Phone 707-864-5800

PACIFIC NORTHWEST

10670 Main Street NE - Donald, OR 97020
Phone 707-695-5805

EAST

PO Box 843 - Culpeper, VA 22701
Phone 540-825-5700



CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

Vendor Profile Application

Return Completed Form to:

Contact Person Requesting Your Services

PLEASE TYPE OR PRINT.

For questions regarding this form or the application process, please contact the Purchasing Department at (925) 485-5230.

1. Vendor Name: <u>BUCHER VASLIN NORTH AMERICA, INC</u> DBA (if any): _____ Check payable to <u>BUCHER VASLIN NORTH AMERICA, INC</u>	
2. This information must be supplied. If not , the application will be returned. W9 form Required. Federal ID Number <u>16</u> - <u>1225693</u> or Social Security Number _____ - _____ - _____ A. Federal Tax Classification ☐ Individual/Sole Proprietor (S) ☐ Joint Venture (J) ☐ Partnership ☐ Single-Member LLC ☒ Corporation (C), State where incorporated <u>NY</u> B. Is it a Non-Profit Organization? ☐ Yes ☒ No , If yes provide Tax-Exempt Form C. Business Start/Incorporation Date <u>04</u> / <u>11</u> / 1984	
3. Addresses A. <u>Primary/Mailing</u> Street <u>3100 DUTTON AVE STE 146</u> City <u>SANTA ROSA</u> Zip Code <u>95407</u> Primary Contact Name <u>JOSIE VIDRIO</u> Phone (<u>707</u>) <u>823</u> - <u>2883</u> Ext. _____ Fax (____) _____ - _____ Email <u>ACCOUNTING.BVNA@BUCHERVASLIN.COM</u> B. <u>Order (for Purchase Orders, if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name <u>CASS GOSSAGE</u> Phone (<u>707</u>) <u>823</u> - <u>2883</u> Ext. <u>1028</u> Fax (____) _____ - _____ Email _____ C. <u>Remittance (for checks if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name _____ Phone (____) _____ - _____ Ext. _____ Fax (____) _____ - _____ Email _____	
4. Vendor Category ☐ Disabled Veteran ☐ Minority Owned ☐ Small Business ☐ Women Owned	
5. Type of Business: Check the one which best describe your company: ☐ Broker ☐ Manufacturer ☐ Manufacturer's Rep ☐ Wholesaler ☒ Retailer <u>Service</u> ☐ Architect, Engineer, Construction ☐ Professional ☐ Other	
6. Sales Tax Collection ☒ Collects all Sales/Use Tax for Alameda County ☐ Collects Selected Taxes _____ % ☐ Does not collect Sales Tax California Seller or Use Tax Permit Number <u>SR OHB 30-661547</u> Do you supply recycled products? ☐ Yes ☒ No	
7. Type of commodities or services that your business provides <u>WINERY EQUIPMENT, PARTS AND PRODUCTS</u>	
8. Name of person completing the form Name <u>CELINA NUNEZ</u> Title <u>HR & FINANCE MANAGER</u> Phone No. <u>(707) 823-2883</u> Signature <u><i>Celina Nunez</i></u> Date <u>9/28/2026</u> Email Address: <u>ACCOUNTING.BVNA@BUCHERVASLIN.COM</u>	

DO NOT COMPLETE – For CLPCCD use only ☐ New ☐ Updated

Received by Purchasing on _____ VENDOR NO. _____

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Bucher Vaslin North America, Inc.	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 3100 Dutton Ave Ste 146	Requester's name and address (optional)
6 City, state, and ZIP code Santa Rosa, CA 95407		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

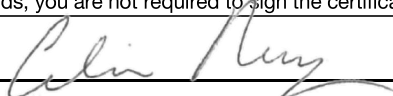
Social security number									
			-				-		
or									
Employer identification number									
1	6	-	1	2	2	5	6	9	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 01/12/2026
------------------	---	---------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Pellenc America, Inc

3171 Guerneville Rd , Santa Rosa - CA 95401 - (707) 568-7286
1650 Ramada Dr, Paso Robles, CA 93446 - (805) 239-7343
www.pellencus.com

CUSTOMER: Las Positas College (Campus Hill Winery)

T52

**Address: 3000 Campus Hill Drive
Livermore, CA 94551**

Date:

10/5/2026

Phone / Fax: 925.424.1200

E-mail: brlopez@laspositascollege.edu

Estimate #:

EST261005LV01

Contact: Brianna Lopez

REF.	DESCRIPTION	UNIT PRICE	QTY	DISC.	AMOUNT
SPC 40	PNEUMATIC SMART PRESS SPC 40 (DEMO)	\$90,000	1		\$90,000

Standard equipment:

Stainless steel tank 304L: capacity 40hl
Closed cage fitted with swiveling FAST PRESS draining grids
Electro-polished draining grids
Food-grade polyurethane membrane
1 motorized sealed door - 24" x 24"
EASY PRESS 2 Smart Pressing software
Programmable automatic controller: 20 programs
User-friendly 7" **touchscreen TOUCH PRESS**
Integrated juice box (50 gallons, juice outlet Ø 3" TC)
Integrated self-cleaning cycle
Pre-wired for axial feed option
Vacuum pump: 120 CFM
Air compressor not included
480V - 60 Hz - 30A - Total 5.1 kW



TOTAL PNEUMATIC SMART PRESS SPC 40 (DEMO) \$90,000

IMPLEMENT OPTIONS SMART PRESS SPC 40

CPH100	EMBEDDED AIR COMPRESSOR - 5.5 kW	\$8,250	1		\$8,250
T3KVA	EMBEDDED AIR COMPRESSOR	\$3,500	1		\$3,500
RH250	STANDARD ELEVATION LEGS - 10" - STAINLESS STEEL	\$1,300	1		\$1,300
R4P	SET OF WHEELS - 4 ROTATING	\$2,900	1		\$2,900
RDBJ	SAMPLING PORT ON JUICE BOX	\$300	1	100%	INCLUDED
EA125P	PNEUMATIC AXIAL FEED	\$5,500		Not Included	
EA125M	MANUAL AXIAL FEED	\$3,900		Not Included	
VANNES	PNEUMATIC VALVES ON JUICE OUTLETS	\$3,700	1		\$3,700
ENOXY+	ENOXY+ INJECTION FOR LIQUID SOLUTIONS (SO2, ENZYMES...)	\$10,500		Not Included	
INGAS	INGAS INJECTION FOR GAS SOLUTIONS (NITROGEN, CO2...)	\$9,000		Not Included	
POMP	AUTOMATIC JUICE PUMPING	\$3,200	1		\$3,200
SJ	AUTOMATIC JUICE SELECTION - PRESSURE REGULATED	\$9,000		Not Included	
PRI1.5	POSITIONING FEET - 0 TO 5' - STAINLESS STEEL	\$2,300		Not Included	
PCD	REMOTE STAND FOR TOUCH SCREEN - 30' LONG CABLE	\$900		Not Included	
HOPPER	FEEDING HOPPER	\$4,900	1		\$4,900
TOTAL IMPLEMENT OPTIONS SMART PRESS SPC 40					\$27,750

Additional Items

Comments	<i>Discount for a 2023 demo press. This unit is available now and in stock in the Pellenc America, Inc. store in Santa Rosa, CA. Free Delivery. Start-up and training included. Intelligent pressing cycles included.</i>	TOTAL RETAIL PRICE		\$117,750
		Discount	20.00%	(\$23,550)
		Freight / Delivery		\$5,000
TOTAL				\$99,200

Prices in U.S. \$ - FOB Santa Rosa or Paso Robles, CA - PRICES SUBJECT TO CHANGE WITHOUT NOTICE

Conditions of Warranty:

Normal Pellenc s.a.s. Conditions of Limited Warranty for a period of 1 year from the date of delivery to the customer.

TERMS:

To Be Determined

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) PELLENC AMERICA, INC	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. ☐	
5 Address (number, street, and apt. or suite no.). See instructions. 3171 GUERNEVILLE RD	Requester's name and address (optional)
6 City, state, and ZIP code SANTA ROSA, CA 95401	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
8	8	-	0	3	5	5	0	3	4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of
U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Offer

A N°: 2026.10.7.002

Sales Area Manager :
Sarah Donley

Phone No. :

+1 707 591 5152

@-Mail : sarah.donley@buchervaslin.com

Client : Las Positas College

Billing Address : 3000 Campus Hill Drive

Delivery address : 3000 Campus Hill Drive

Livermore, CA 94551

Contact name : Biranna Lopez

Phone No. : 925-424-1200

@-Mail : brlopez@laspositascollege.edu

TIN/EIN :



BUCHER VASLIN
North America

Date : 10/7/2026

Code	Equipment list	List-price		Qty	Currency : USD	
					Unit price	Total price
449,063	Bucher XPlus 30 LD IT washing gun	\$109,945		1	\$109,945	\$109,945
	Juice bin with outlet on right side, front measure	\$5,566		1	\$5,566	\$5,566
	Power outlet pump	\$502		1	\$502	\$502
	Axial inlet DN100	\$1,292		1	\$1,292	\$1,292
	Stainless steel ball valve for axial inlet	\$1,973		1	\$1,973	\$1,973
	Panel on the front - Intermediary position	\$565		1	\$565	\$565
	Polyamide wheels diam 200 mm	\$1,163		1	\$1,163	\$1,163
	Set of stainless steel spacers 300 mm	\$1,082		1	\$1,082	\$1,082
	XPlus 22-40 fixed single filling hopper	\$6,996		1	\$6,996	\$6,996
	High pressure gun	\$1,786		1	\$1,786	\$1,786
381,536	ADAPTER DIN 80F / CLAMP 76 + SEALS	\$286		1	\$286	\$286

Bucher Vaslin North America
3100 Dutton Avenue, Suite 146-142-134D, 132D
Santa Rosa, CA, 95407 - United States
Phone No. : +1 707 823 2883

VT77_Jan 2025

IMSC 0068



CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

Vendor Profile Application

Return Completed Form to:

Contact Person Requesting Your Services

PLEASE TYPE OR PRINT.

For questions regarding this form or the application process, please contact the Purchasing Department at (925) 485-5230.

1. Vendor Name: <u>Pellenc America, Inc</u> DBA (if any): _____ Check payable to <u>Pellenc America, Inc</u>	
2. This information must be supplied. If not , the application will be returned. W9 form Required. Federal ID Number <u>88</u> - <u>0355034</u> or Social Security Number _____ - _____ - _____ A. Federal Tax Classification ☐ Individual/Sole Proprietor (S) ☐ Joint Venture (J) ☐ Partnership ☐ Single-Member LLC ☒ Corporation (C), State where incorporated <u>California</u> B. Is it a Non-Profit Organization? ☐ Yes ☒ No , If yes provide Tax-Exempt Form C. Business Start/Incorporation Date <u>07</u> / <u>19</u> / 1999	
3. Addresses A. <u>Primary/Mailing</u> Street <u>3171 Guerneville Road</u> City <u>Santa Rosa</u> Zip Code <u>95401</u> Primary Contact Name <u>Lance Van De Hoef</u> Phone (<u>805</u>) <u>239</u> - <u>7343</u> Ext. _____ Fax (_____) _____ - _____ Email <u>lance.vandehoef@pellencus.com</u> B. <u>Order (for Purchase Orders, if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name _____ Phone (_____) _____ - _____ Ext. _____ Fax (_____) _____ - _____ Email _____ C. <u>Remittance (for checks if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name <u>Julie Abert</u> Phone (<u>707</u>) <u>568</u> - <u>7286</u> Ext. <u>1000</u> Fax (_____) _____ - _____ Email <u>bookkeeping@pellencus.com</u>	
4. Vendor Category ☐ Disabled Veteran ☐ Minority Owned ☐ Small Business ☐ Women Owned	
5. Type of Business: Check the one which best describe your company: ☐ Broker ☐ Manufacturer ☐ Manufacturer's Rep ☒ Wholesaler ☒ Retailer <u>Service</u> ☐ Architect, Engineer, Construction ☐ Professional ☒ Other	
6. Sales Tax Collection ☒ Collects all Sales/Use Tax for Alameda County ☐ Collects Selected Taxes _____ % ☐ Does not collect Sales Tax California Seller or Use Tax Permit Number <u>97- 486865</u> Do you supply recycled products? ☐ Yes ☒ No	
7. Type of commodities or services that your business provides <u>Winery and Vineyard Equipment and Parts</u>	
8. Name of person completing the form Name <u>Julie Abert</u> Title <u>Bookkeeper</u> Phone No. <u>(707) 568-7286</u> Signature <u>Julie Abert</u> Date <u>10/07/2026</u> Email Address: <u>bookkeeping@pellencus.com</u> Digitally signed by Julie Abert Date: 2026.10.07 09:32:32 -0700	

DO NOT COMPLETE – For CLPCCD use only ☐ New ☐ Updated

Received by Purchasing on _____ VENDOR NO. _____