

Application for DCFS ID

Every City department must report information about its bidders, contractors, procurement processes, and contracts on a quarterly basis. Reports are filed electronically through the Ethics Commission's Department Contract Filing System (DCFS). Each department head and the primary contract coordinator for each department must both have a unique identifier (DCFS ID) and password, which are used in place of a physical signature to file the reports.

This form must be used to apply for a DCFS ID and must be signed with a physical signature. An electronic signature may not be used for this form, and an incomplete form may delay the issuance of a DCFS ID. If you have questions about this form, please contact the Ethics Commission at (213) 978-1960.

☐ **Original Filing** ☐ **Amendment:** Date of Signed Original _____. Date of Last Amendment _____.

Filer Type (check one box)	
<input type="checkbox"/> General Manager / Department Head	<input type="checkbox"/> Department Contract Coordinator
Filer Name	Filer Department
Filer Office Street Address	
Filer Office City, State, Zip Code	
Filer Email Address	Filer Phone Number

Certification

I hereby apply for a DCFS ID. I understand that filings electronically signed with the DCFS ID issued to me are presumed to be made by me under penalty of perjury pursuant to the laws of the City of Los Angeles and the state of California. I also understand that I am solely responsible for the security of the DCFS ID issued to me, that sharing it with any party is done in my sole discretion, and that I assume any liability that results from sharing it.

Signature_____
Date

Please submit *signed and completed* form to the Ethics Commission:

Email: ethics.dcfs@lacity.org

Fax: (213) 978-1988

Mail: 200 N. Spring Street, Suite 2410, Los Angeles, CA 90012

Ethics Commission Use Only

Date Received: _____ ID: _____ Date Issued: _____

Associated IDs: _____