State of Louisiana

DIVISION OF ADMINISTRATION

OFFICE OF STATE PURCHASING

M. J. "MIKE" FOSTER, JR.
GOVERNOR

MARK C. DRENNEN
COMMISSIONER OF ADMINISTRATION

M E M O R A N D U M

TO: All Potential Bidders

FROM: Denise Lea, Director of State Purchasing

SUBJECT: Vendor Bidders List Enrollment

Thank you for your interest in becoming a bidder to the State of Louisiana. Although it is not necessary to subscribe to the State of Louisiana Bidders List (SLBL) in order to bid, vendors who enroll in this service automatically have access to solicitations issued by the Office of State Purchasing in their selected commodity classes/subclasses and state delivery regions. There are two ways in which you can register for this service. You may register via the internet at the Louisiana Procurement and Contract Network (LaPAC) website or through our office.

Online Registration:

To enroll via the internet for email notification of posted bid opportunities access our website at http://wwwsrch2.doa.state.la.us/osp/lapac/pubmain.asp and fill out the online registration form for the Louisiana Procurement and Contract Network (LaPAC). This service offers many useful features. They include:

- Online self-registration to receive an immediate e-mail notification each time a solicitation or addenda is posted for a commodity for which you have registered.
- Register for as few or as many commodities as you wish, and you may edit your enrollment at any time.
- LaPAC may be viewed for a complete listing by department, by commodity category, or specific bid number. Complete bid documents may be viewed and those of interest can be printed and submitted by mail.
- Any addenda issued are listed along with original bid.
- Award information including successful vendor and their award total is posted to LaPAC.
- Ability to publicize your business to potential buyers. The listing of registered companies is available with a variety of search criteria.
- Ability to update company information and revise enrollment categories.
- Available 24 hours a day, 7 days a week.
- **This is a free service!**

Mail-In Registration:

To enroll through our office for hard copies of solicitations to be mailed to you, you must pay an annual subscription fee. The following forms must also be completed and mailed:

- Invoice with Payment
- Bidder's Application Form (See Bidder's Instructions.)
- Louisiana Commodity Code Bid List Registration Form
- (See Commodity Catalog and Map of State Regions)
- Vendor Location Form
- Federal W-9 form, Request for Taxpayer Identification Number & Certification

1201 N. Third Street · Suite 2-160
POST OFFICE BOX 94095 · BATON ROUGE, LA 70804-9095
(225) 342-8010 · Fax (225) 342-8688
AN EQUAL OPPORTUNITY EMPLOYER

Recycled Paper

After you have completed the **Bidder's Application**, **The Louisiana Commodity Code Bid List Registration**, **Vendor Location and W-9 forms** for your company, enclose these purchasing forms along with the invoice and a check (payable to the **Division of Administration OFS&S/SP**) , for the annual fee (In-state vendors - $50, Out-of-state Vendors - $100**) and mail to: Division of Administration, OF&SS/SP, Post Office Box 94095, Baton Rouge, LA 70804-9095.** Please keep copies of your application for your records.

All Participants:

Unless you are using LaPAC, all future changes to your application (e.g. Commodity Enrollments, addresses, etc.) must be made in writing and must bear the signature of at least one of the authorized persons designated on the application in Sections 8, 9, or 18. It is imperative that you keep the authorized bidder signature listing (Section 8 on the Bidder's Application form) current as bids received bearing a signature other than those authorized on the application may be rejected. Changes to Section 8 must be made in writing and must bear the signature of a company owner or officer (Section 9).

If you choose to use LaPAC, you must submit a Federal W-9 Form (Request for Taxpayer Identification Number & Certification) before any awards may be issued.

We value all interested vendor's participation in the State of Louisiana's competitive bidding system and encourage all companies to register.

If you have any questions or need assistance with vendor registration, contact the Office of State Purchasing, Vendor Enrollment Section, at telephone (225) 342-8051, or e-mail your inquiries to: vendr_inq@La.gov

Subscription Fee Information

The annual subscription fees are:

- **In-state Vendors - $ 50.00 (July 1 - June 30)**
- **Out-of-state Vendors - $100.00 (July 1 - June 30)**

The full subscription fees apply to any bidder enrolling at any time during the period July 1 through March 31.

If your company applies between April 1 and June 30 of a fiscal year, the prorated subscription fee is:

- **In-state Vendors - $15.00 (April 1 - June 30)**
- **Out-of-state Vendors - $30.00 (April 1 - June 30)**

Please indicate amount paid $_____

Please complete and return this invoice with your remittance payable to OFS&S/SP.

Note: Federal ID or Social Security Number and all nine digits of zip code MUST be completed.

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____)_____ **Fax:** (_____)_____

Federal ID or Social Security Number: _____

Contact Person: _____

To receive proper credits, please mail your remittance to:

DIVISION OF ADMINISTRATION
VENDOR REGISTRATION FEE ENCLOSED
POST OFFICE BOX 94095
BATON ROUGE LA 70804-9095

OFFICE USE ONLY

Amount Received: _____ **PIV #:**_____ **Vendor #:**_____

State of Louisiana

Bidder Application Instructions

Section 1: Federal Employer Tax Number - Your Federal Tax Number is a nine-digit number used by the Federal Government to identify your organization. It may be found with most Federal Tax records, specifically on those used when depositing withholding and FICA taxes.

Section 2: If your organization does not have a Federal Employee Number, enter your Social Security Number.

Section 3: Applicant's Firm Name - Enter the name, address and zip code of your principal place of business. The approved bidder must submit bids to the Purchasing Section in the applicant's name. **If your company 'Does Business As' (DBA Name) a name other than the name your company is incorporated as, list the DBA name on this line**. **Parish -** The parish in Louisiana which this address is located (not applicable for out of state addresses). **Country -** The country in which this address is located if other than the USA. **Contact Person -** The name of the person to contact if any communication with this vendor is necessary. **Phone # -** The area code and phone number for the contact person. **Fax Document:** If your company wishes to have solicitations for bids and/or purchase orders faxed to your company, please indicate here with the appropriate Code of S, O, or B.

Section 4, 5, and 6: Bid, Order and Remittance Address - If you want Bids, Orders, Remittances sent to an address or location other than your principal place of business, enter this address in the space provided (e.g. branch office, post office box, etc.) otherwise, enter same. **Parish**, **Country**, **Contact Person**, **and Contact Phone #** - See explanation in Section 3 for these fields. **EDI Mailbox Address** - The Internet mailbox used for Electronic Data Interchange. **FAX #** - **Area Code** and **phone number** for transmittal of documents.

Section 7: Previous Firm Name/Address (Name Change) - If your firm previously had a different name or different ownership, enter previous name, address, and ownership data.

Section 8: Personnel - Signature and Name of Persons Authorized to Sign Bids - Please type or print the name (s) of person(s) authorized by your company to sign bids and/or contracts for the firm. Enter each person(s) official title and telephone number (including area code). The person named must manually sign his name in writing above, underneath or beside the typed or printed name. The manual signature of persons submitting bids must be entered. A bid signed by someone other than the signature on file may be rejected.

Section 9: Owners and Officers of Company - List all officers and owners of company. Use separate sheet if necessary.

Section 10: Business Type - Check only one of the classifications that best describes your business.

Section 11: Organization Type - Check one of the organization types that describe your organization.

Section 12: Ethnicity (submittal of this information is voluntary) - Check one that best describes your ethnic background.

Section 13: Business Ownership - Check only one business ownership that describes your business.

Section 14: Incorporation State - List postal state abbreviation for state in which company is incorporated. **Incorporation Date** - List date that company was incorporated. **Date Business Started** - If company is not incorporated, list date business began.

Section 15: Annual Gross Revenue - Check one category that best describes your gross revenue.

Section 16: Independent Owned - Enter a 'Y' for Yes or a 'N' for No to indicate whether or not your company is independently owned.

Section 17: Stockholder Disclosure - Enter a 'Y' for Yes or a 'N' for No to indicate whether a required stockholder's disclosure has been filed. **Date Filed -** Enter the date the stockholder's disclosure was filed.

Section 18: Affidavit - An officer of each applicant firm must sign to certify that all of the information presented on the application is true. Falsification of the application will result in the removal of your firm from the bidder's list. All sections must be filled in except Section 1 or 2 (only 1 of these fields needs to be completed.)

Louisiana Commodity Code Bid List Registration

Refer to the State of Louisiana Regional Map to determine the region to which you wish to bid.

Also see a listing of Commodity Codes, class/subclass titles, which should aid you in selecting the appropriate commodity code(s).

Each Louisiana Commodity Code (LCC) is a 5-digit number composed of a CLASS (first 3 digits) and SUB-CLASS (last 2 digits). **YOU ARE REQUIRED TO LIST ALL 5 DIGITS ON THE REGISTRATION FORM.**

NOTE: There are now separate class/subclass listings for maintenance, rental/lease of equipment. Additional copies of this page must be made if, for example, you wish to enroll in a specific commodity in a specific area.

Vendor Location Form

List every location of your company that is in operation. There is space to list the physical location; and if remittances are to be sent to an address other than the physical address, complete the "Remit To" address section for the particular location. If locations of your company are added, moved, or closed, you must submit an updated Vendor Location form to maintain the most current information for your company on file. Please copy the Vendor Location form prior to completion for future use if necessary.

****

CHECK YOUR APPLICATION CAREFULLY BEFORE MAILING

Internal Revenue Service Form W-9

Enclosed Form W-9 must be completed and submitted with your application. Separate instructions are included on this form. The W-9 form should be completed with the **LEGAL NAME** of your company that is recorded to the Federal Employer Identification Number/Social Security Number with the Internal Revenue Service.

If your company operates or is incorporated as one name but does business as another name, list the **LEGAL NAME** on the first line of the W-9 form and the doing business as name (DBA) on the second line.

The address should be the **MAIN CORPORATE ADDRESS** of your company.

The W-9 form **must** be signed and dated.

STATE OF LOUISIANA
BIDDER'S APPLICATION
Type or print in INK.

Return To: Office of State Purchasing
P. O. Box 94095
Baton Rouge, LA 70804-9095

1. Federal Employer Identification Number	1 2 2 3 4 4 4 4 1	2. Social Security Number (If an Individual)	3 3 3 4 3 4 4 5 5

3. APPLICANT'S FIRM NAME & ADDRESS			4. ADDRESS TO WHICH BIDS ARE TO BE MAILED		
Name			Address/Attn:		
DBA Name			Address		
Address			City	State	Zip Code
City	State	Zip Code	Parish (La. only)	Country	
Parish (La. only)	Country		Contact Person & Position		
Contact Person			Contact Phone #	800 Number	
Contact Phone #	800 Number		EDI Mailbox Address		
FAX Document? _____ S = Solicitation, O = Orders, B = Both			FAX #		

5. ORDER ADDRESS (If Different From No. 3)			6. REMITTANCE ADDRESS (If Different From No. 3)		
Street or Box			Address/attn		
City	State	Zip Code	Street or Box		
Parish (La. only)	Country		City	State	Zip Code
Contact Person & Position			Parish (La. only)	Country	
Contact Phone #	800 Number		Contact Person	Phone #	
EDI Mailbox Address			7. PREVIOUS FIRM NAME/ADDRESS (Name Change)		
FAX #			Name		
			Street or Box		
			City	State	Zip Code

8. Signature and Name of Person(s) Authorized to Sign Bids (Must be Manually Signed)	Official Title	Telephone Number (INCLUDE AREA CODE)

9. Owners and Officers of Company	Official Title	Telephone Number (INCLUDE AREA CODE)

10. Business Type (Check Only One):

- ☐ 0 Other
- ☐ 1 Manufacturer
- ☐ 2 Retailer
- ☐ 3 Certified Louisiana Retailer
- ☐ 4 Wholesaler
- ☐ 5 Service
- ☐ 6 Consulting
- ☐ 7 Construction

11. Organization Type (Check One):

- ☐ A Association
- ☐ C Corporation
- ☐ I Individual
- ☐ J Joint Venture
- ☐ O Other
- ☐ P Partnership

12. Ethnicity (Check One):

- ☐ A Asian
- ☐ B African American
- ☐ C Caucasion
- ☐ H Hispanic American
- ☐ I American Indian/ Alaskan Native
- ☐ O Other Ethnic Group

13. Business Ownership (Check Only One):

- ☐ C1 Licensed Contractor, Minority
- ☐ C2 Licensed Contractor, Woman
- ☐ C3 Licensed Contractor, Small
- ☐ C4 Licensed Contractor, Min. Woman
- ☐ LC Licensed Contractor
- ☐ M Minority Owned
- ☐ O Other
- ☐ P Nonprofit
- ☐ S Government Entity
- ☐ SC Small Business
- ☐ W Woman Owned
- ☐ X Woman Owned Minority

14. Incorporation State: _ _

Incorporation Date: _ _/_ _/_ _ or

Date Business Started: _ _/_ _/_ _

15. Annual Gross Revenue (Check One):

- ☐ 1 Less than $499,999
- ☐ 2 $500,000 - $999,999
- ☐ 3 $1,000,000 - $1,499,999
- ☐ 4 $1,500,000 or more

16. Independent Owned:

___ (Yes or No)

17. Stockholder Disclosure:

___ (Yes or No)

Date Filed: _ _/_ _/_ _

18. AFFIDAVIT:

STATE OF _____)

PARISH/COUNTY OF _____)

I, _____, do hereby solemnly swear or affirm that I am the _____ (title) of _____ (name of business), a _____ organized under the laws of the State of _____, and that the information given above is current and true to the best of my knowledge and is in no way misleading. Furthermore, should any data change in the future, I will ensure that correct information will immediately be sent in writing to the Office of State Purchasing, P. O. Box 94095, Baton Rouge, LA 70804-9095. I also hereby certify that no officer, owner, or employee having a substantial part of capital interest in the above named firm is also an official or employee of any budget unit of the State of Louisiana. I agree to furnish any and all materials and supplies in strict accordance with all conditions imposed.

X _____ _____

Signature Date

STATE USE ONLY	Application Approved By:	Date:	Application Rejected By:	Date:

STATE OF LOUISIANA - BIDDER'S APPLICATION
Louisiana Commodity Code Bid List Registration

Applicant's Firm Name:

Federal Employer Identification
OR

Social Security Identification Number (If an Individual):

Place an "X" in the Region or Regions (based upon map) which are Applicable for the La. Commodity Codes Listed Below*:

1	2	3	4	5	6	7	8	ALL

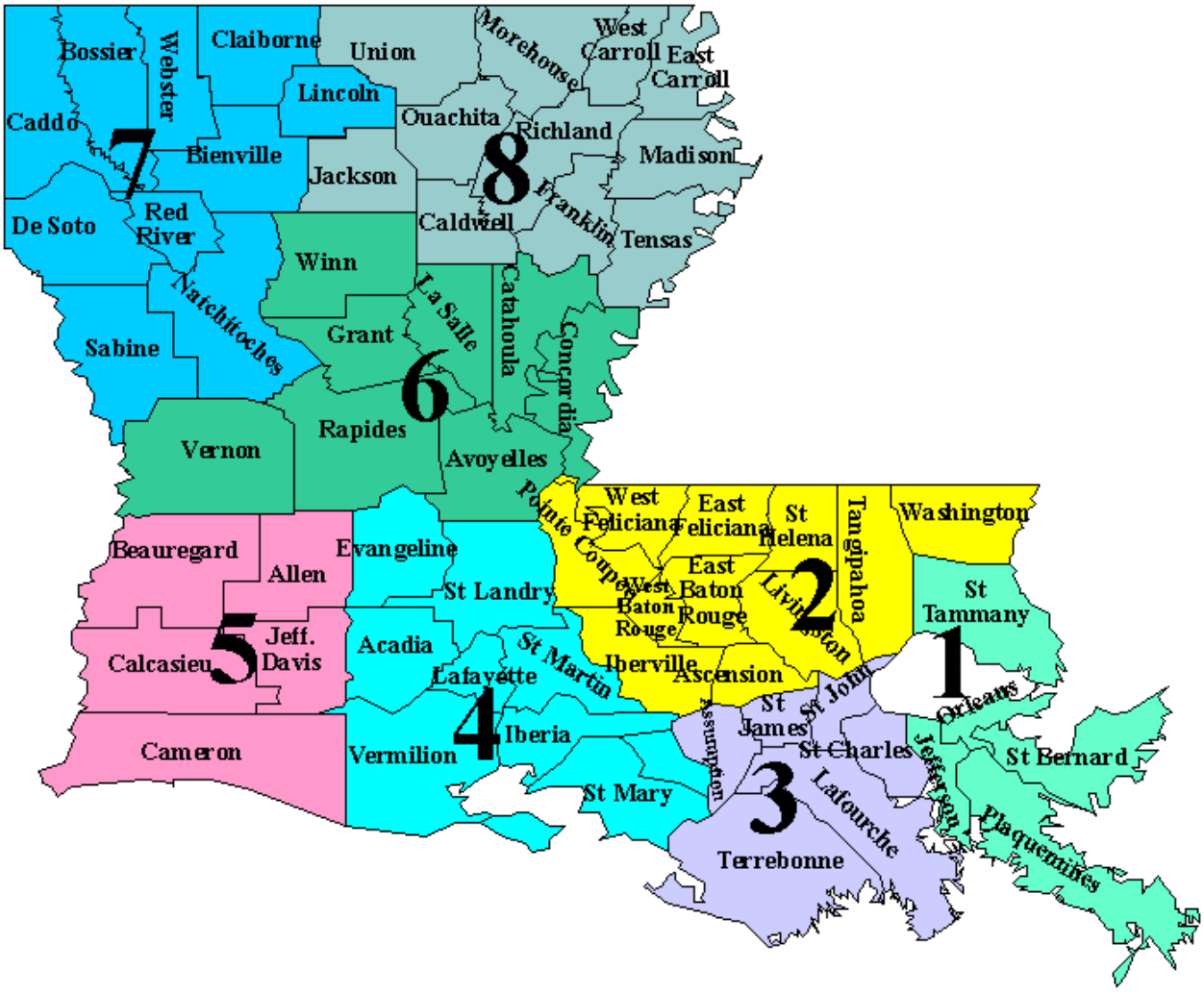
*NOTE: Copy and submit separate forms for variations in applicable Region Codes

Indicate the La. Commodity Code (L.C.C.) Class and Subclass Numbers below for those items procured by the State of Louisiana, for which you wish to receive Invitations to Bid. Refer to Class/Subclass Listing for appropriate Commodity Code Number.

CLASS	SUB-CLASS	CLASS	SUB-CLASS	CLASS	SUB-CLASS	CLASS	SUB-CLASS	CLASS	SUB-CLASS	CLASS	SUB-CLASS

Make additional copies of this form if necessary for additional L.C.C. Numbers or to provide for a variation in the applicable region(s) for which you are registering.

LOUISIANA STATE REGIONS



District 1
St. Tammany
Jefferson
Plaquemine
St. Bernard
Orleans

District 5
Beauregard
Allen
Calcasieu
Jefferson Davis
Cameron

District 2
Washington
Tangipahoa
Ascension
Iberville
St. Helena
East Feliciana
West Feliciana
East Baton Rouge
West Baton Rouge
Livingston
Point Coupee

District 6
Winn
LaSalle
Grant
Catahoula
Concordia
Rapides
Avoyelles
Vernon

District 3
St. John
St. James
Assumption
Lafourche
Terrebonne
St. Charles

District 7
Caddo
Bossier
Webster
Claiborne
Lincoln
Natchitoches
Sabine
Red River
Bienville
De Soto

District 4
Evangeline
St. Landry
Acadia
St. Martin
Lafayette
Iberia
St. Mary
Vermilion

District 8
Union
Morehouse
West Carroll
East Carroll
Ouachita
Madison
Caldwell
Franklin
Tensas
Richland
Jackson

Form **W-9**
(Rev. December 2000)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Please print or type

Name (See **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ►

Address (number, street, and apt. or suite no.)

City, State, and ZIP code

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: *If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.*

Social security number

or

Employer identification number

List account number(s) here (optional)

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

►

Part III Certification

Under penalties of perjury, I certify that:

1. 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**
2. 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**
3. I am a U.S. person (including a U.S. resident alien).

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 on page 2.)

Sign Here **Signature of U.S. person ►** **Date ►**

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See **Pub. 515,** Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: *If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or

2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or

3. The IRS tells the requester that you furnished an incorrect TIN, or

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see ***Limited liability company (LLC)*** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: *See the chart on this page for further clarification of name and TIN combinations.*

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5,** Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7,** Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4,** Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at **www.irs.gov**.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: *Writing "Applied For" means that you have already applied for a TIN* ***or*** *that you intend to apply for one soon.*

Part II—For U.S. Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are **not** exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Part III—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item **2** in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item **2** of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship	The owner [3]

For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner [3]
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

[4] List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*

VENDOR LOCATION FORM

PAGE_____ of _____

(Please Type or Print)

Vendors complete white sections (Please list all locations doing business under this FEIN/SSN.) Agencies complete the two digit location code (LC) in shaded area and circle the appropriate letter to indicate if the location is in the system. If more than three locations exist, complete multiple copies of this form and label page numbers in the upper right corner.

FEIN/SSN: _ _ _ _ _ _ _ _ _	LC _ _	REMIT TO
Name 1 _____ Name 2 _____ Address 1 45555 South Point Address 2 _____ City _____ State ___ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone # (_ _ _) _ _ _ - _ _ _ _ - _ _ _ _	ENTERED Y N	Address Only Address 1 _____ Address 2 _____ City _____ State _____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone # (_ _ _) _ _ _ - _ _ _ _

FEIN/SSN: _ _ _ _ _ _ _ _ _	LC _ _	REMIT TO
Name 1 _____ Name 2 _____ Address 1 _____ Address 2 _____ City _____ State ___ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone # (_ _ _) _ _ _ - _ _ _ _ - _ _ _ _	ENTERED Y N	Address Only Address 1 _____ Address 2 _____ City _____ State _____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone # (_ _ _) _ _ _ - _ _ _ _

FEIN/SSN: _ _ _ _ _ _ _ _ _	LC _ _	REMIT TO
Name 1 _____ Name 2 _____ Address 1 _____ Address 2 _____ City _____ State ___ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone # (_ _ _) _ _ _ - _ _ _ _ - _ _ _ _	ENTERED Y N	Address Only Address 1 _____ Address 2 _____ City _____ State _____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone # (_ _ _) _ _ _ - _ _ _ _

Certification - Under penalties of perjury, I certify that:

If the FEIN/SSAN provided is incorrect, you may be subject to a $50.00 penalty for each infraction and 31% rate of withholding tax under Federal Income Tax Law.

1. The number shown on this form is my correct taxpayers' identification number (or I am waiting for a number to be issue to me), and -
2. 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 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.

_____ SIGNATURE

_____ TITLE

_____ DATE

_____ NAME