

**ADDENDUM NO 3**  
**2023-04**  
**Ellisville to Ft. White Water Main Extension**

**The following changes to Bid Documents**

1. Replacement Bid Form
2. Replacement Plan Sheets
3. Replacement Spec Sheet
4. Frequently Asked Questions
5. Addition of Supplemental Forms

**END OF ADDENDUM NO. 3**  
(Please acknowledge receipt of Addendums)



**NFPS**

☐ PO BOX 3823  
LAKE CITY, FL 32056

☎ PHONE (386) 752-4675  
FAX (386) 752-4674

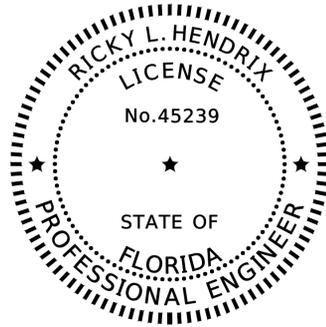
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# **ELLISVILLE WATER MAIN EXTENSION COLUMBIA COUNTY, FLORIDA**

## **PROJECT MANUAL (VOLUME 2 OF 2)**



Ricky L. Hendrix, PE  
FL Registration No. 45239  
Date: \_\_\_\_\_



THIS ITEM HAS BEEN DIGITALLY SIGNED AND SEALED BY RICKY L. HENDRIX ON THE DATE ADJACENT TO THE SEAL.  
 PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED AND THE SIGNATURE MUST BE VERIFIED ON ANY ELECTRONIC COPIES.

NORTH FLORIDA PROFESSIONAL SERVICES INC.  
 P.O. BOX 3823  
 LAKE CITY, FL 32056  
 CERTIFICATE OF AUTHORIZATION: 29011  
 RICKY L. HENDRIX, P.E. NO. 45239

THE ABOVE NAMED PROFESSIONAL ENGINEER SHALL BE RESPONSIBLE FOR THE FOLLOWING SHEETS IN ACCORDANCE WITH RULE 61G15-23.004, F.A.C.

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Akin Brooks Engineering, Inc. FL License 35307  
 14260 W Newberry Rd #115 352.281.7104  
 Newberry, FL 32669 akinbrooks.com

### REVISIONS

DATE	DESCRIPTION
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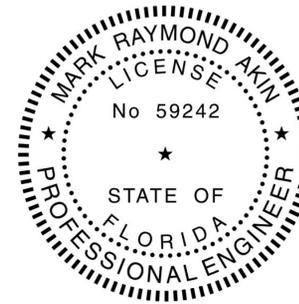
**NORTH FLORIDA PROFESSIONAL SERVICES, INC.**  
 P.O. BOX 3823 2551 BLAIRSTONE PINES DR.  
 LAKE CITY, FL 32056 TALLAHASSEE, FL 32301  
 PH. 386-752-4675 WWW.NFPS.NET  
 LIC NO. LB8356 CA# 29011

JOB NUMBER:  
 L220110CCB  
 EOR:  
 RICKY L. HENDRIX  
 P.E. NO.:  
 45239

**SIGNATURE SHEET**  
**ELLISVILLE WATER MAIN EXTENSION**  
**COLUMBIA COUNTY, FLORIDA**

SHEET NO.

2

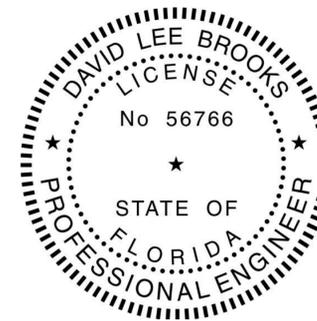


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## SHEET INDEX (CONT.)

<b>ELECTRICAL LEGENDS</b>	<b>89</b>
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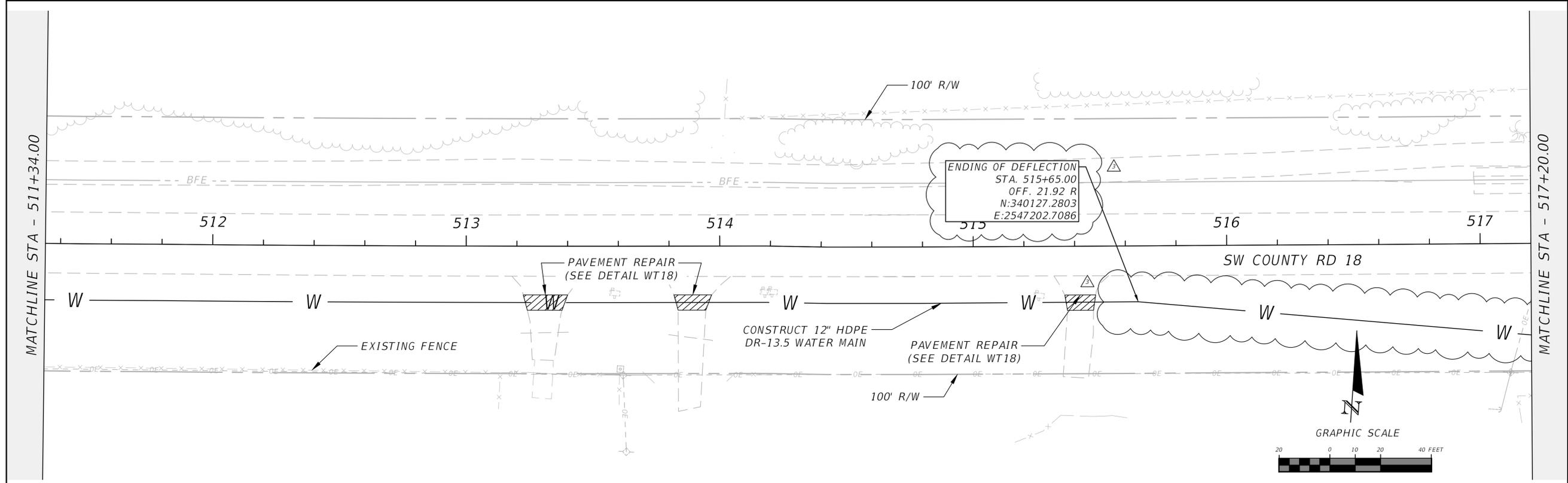
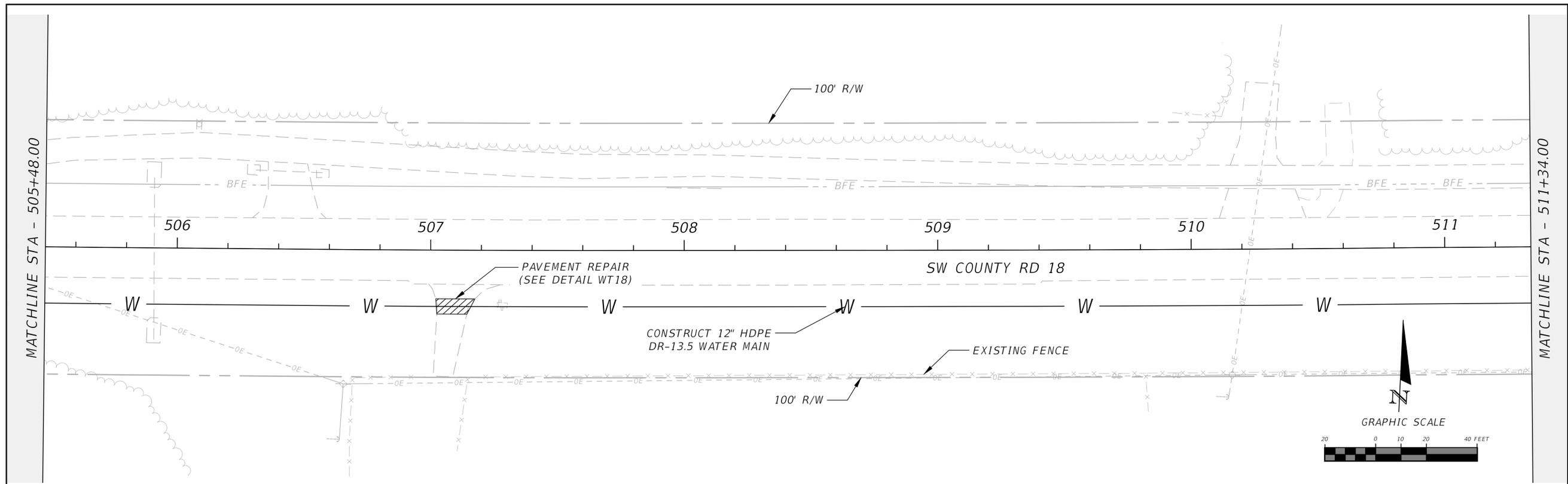


This item has been digitally signed and sealed by David L Brooks, PE on 05/19/23 using a Digital Signature.

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## SHEET INDEX (CONT.)

<b>LEGENDS AND DIAGRAMS</b>	<b>91</b>
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REVISIONS	
DATE	DESCRIPTION
7-13-2023	△ PER ADDENDUM 3



**NORTH FLORIDA PROFESSIONAL SERVICES, INC.**  
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**CR 18 PLAN**  
**ELLISVILLE WATER MAIN EXTENSION**  
**COLUMBIA COUNTY, FLORIDA**

SHEET NO.  
**31**

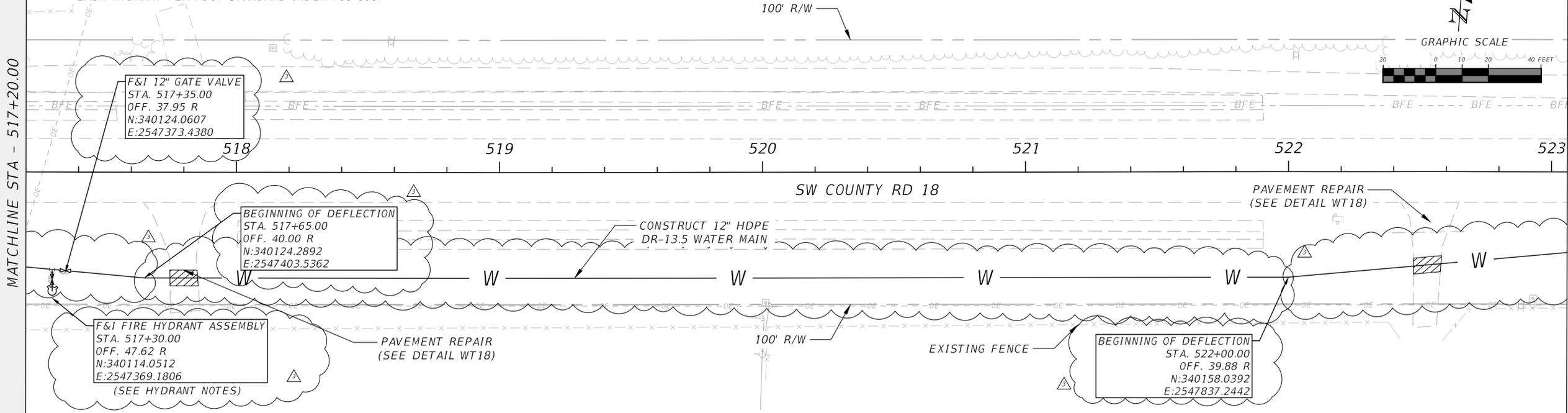
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**HYDRANT NOTES:**

1. CLEAR VEGETATION IN A 20'-WIDE PATH FROM EOP TO R/W LINE, CENTERED ON HYDRANT.
2. INSTALL BLUE RAISED PAVEMENT MARKER (RPM) FOR EACH HYDRANT PER FDOT STANDARD INDEX 706-001.

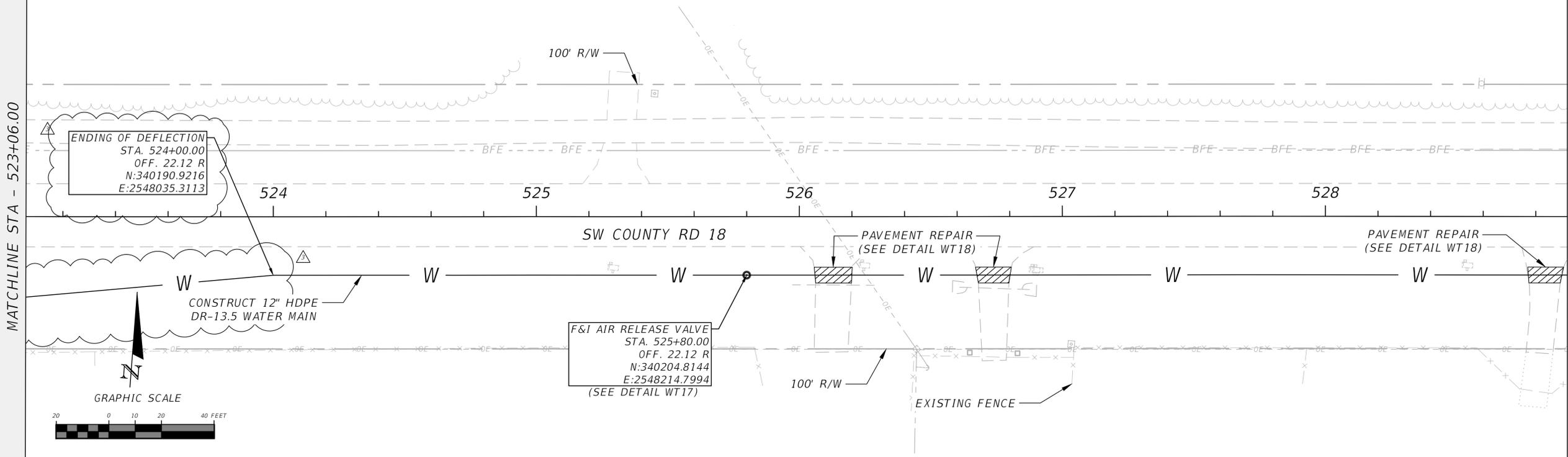
MATCHLINE STA - 517+20.00

MATCHLINE STA - 523+06.00



MATCHLINE STA - 523+06.00

MATCHLINE STA - 528+92.00



REVISIONS	
DATE	DESCRIPTION
7-13-2023	PER ADDENDUM 3

**NORTH FLORIDA PROFESSIONAL SERVICES, INC.**  
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 P.E. NO.:  
45239

**CR 18 PLAN**  
**ELLISVILLE WATER MAIN EXTENSION**  
**COLUMBIA COUNTY, FLORIDA**

SHEET NO.  
32

THE OFFICIAL RECORD OF THIS SHEET IS THE ELECTRONIC FILE DIGITALLY SIGNED AND SEALED UNDER RULE 61G15-23.004, F.A.C.

**Project Name: Ellisville Water Main Extension**  
**Columbia County Bid Number: 2023-05**

**Table 1**  
**CONTRACTOR BID FORM**

Pay Item	Pay Item Description	Notes	Quantities			Unit	Unit Price	Extended Price
			Project Total Qty	Qty Owner Provided	Contractor Bid Qty			
1	Mobilization		1		1	LS		
2	Maintenance of Traffic	1	1		1	LS		
3	Erosion Control	2	1		1	LS		
4	Disinfection and Testing	3	1		1	LS		
5	12" HDPE Pipe, PE4710, DR-13.5	4	47,600	37,800	9,800	LF		
6	HDD 12" HDPE Pipe, PE4710, DR-11	4,5	4,700	1,200	3,500	LF		
7	12" DIP Pipe, MJ, Class 50		200		200	LF		
8	10" DIP Pipe, MJ, Class 50		10		10	LF		
9	6" DIP Pipe, FLG, Class 50		20		20	LF		
10	12" DI 90 Bend Fitting, MJ, C153	6	12	6	6	EA		
11	12" DI 45 Bend Fitting, MJ, C153	6	11	2	9	EA		
12	12" x 12" DI Tee Fitting, MJ, C153	6	5		5	EA		
13	12" x 10" DI Tee Fitting, MJ, C153	6	1		1	EA		
14	6" DI 90 Bend Fitting, FLG, C153	6	2		2	EA		
15	6" DI 90 Bend Fitting, MJ, C153	6	1		1	EA		
16	6" x 6" DI Tee Fitting, MJ, C153	6	1		1	EA		
17	12" x 6" DI Reducer Fitting, FLG, C153	6	3		3	EA		
18	Hydrant Assembly, 5-1/4" Barrel, Yellow	7, 8	29	20	9	EA		
19	12" Gate Valve, Resilient Wedge, NRS, MJ	8	46	20	26	EA		
20	10" Gate Valve, Resilient Wedge, NRS, MJ	8	1		1	EA		
21	6" Gate Valve, Resilient Wedge, NRS, FLG	8	2		2	EA		
22	2" Combination Air Release Valve (ARV), NPT	9	17	8	9	EA		
23	6" Pressure Control Altitude Valve, FLG	10	1		1	EA		
24	12" Propeller Flowmeter, FLG		1		1	EA		
25	6" Ultrasonic Flowmeter, FLG		1		1	EA		
26	6" Static Mixer, 3-element, FLG		1		1	EA		
27	10'L x 12'W x 9'H Chlorination Building, Prefab Concrete	11	1		1	EA		
28	Hypochlorite Analyzer, Feed & Control System	12	1		1	LS		
29	20 kW Generator and Propane System	13	1		1	LS		
30	Web-Based Monitoring System		1		1	LS		
31	6' Chain Link Security Fence	14	190		190	LF		
32	10' Limerock Drive		120		120	SY		
33	Chlorine Booster Station Sitework	15	1		1	LS		
34	Asphalt Restoration	16	1		1	LS		
35	Concrete Restoration		1		1	LS		
36	Seed and Mulch, Bahia		1		1	LS		
<b>Total Contractor Bid:</b>								

**Notes:**

- 1 Item includes all elements required for the temporary traffic control (TTC) plan, construction stakeout, and temporary centerline delineation and stop bars placed at all non-working times.
- 2 Item includes synthetic bales, staked silt fence and other items necessary to minimize erosion and to prevent sediment transport to inlets, culverts, and/or directly beyond the project limits.
- 3 Item includes all requirements of AWWA, ASTM and FDEP.
- 4 Item includes all joint fusions, all MJ adapters (with stiffener inserts) and temporary sample taps. Owner-provided quantity includes piping only. See Table 2 for supplemental Owner-provided materials.
- 5 Item includes all horizontal directional drill (HDD) installation; no casing required.
- 6 Item includes all joint accessories. Owner-provided quantity includes fitting only. See Table 2 for supplemental Owner-provided materials.
- 7 Item includes hydrant tee, 6" branch main, 6" gate valve, all joint accessories and RPM markers. Owner-provided quantity includes hydrant only. See Table 2 for supplemental Owner-provided materials.
- 8 Item includes all joint accessories and valve box assemblies for buried installations.
- 9 Item includes tapping saddle and precast vault with frame and cover. Owner-provided quantity includes valve only. See Table 2 for supplemental Owner-provided materials.
- 10 Item includes 1" hydraulic sensing line to ground storage tanks.
- 11 Item includes concrete foundation slab, doors with hardware, HVAC systems with louvers, plumbing, electrical and lightning protection.
- 12 Item includes injection quill with vault, analyzer probes with vault and chemical piping.
- 13 Item includes tank and generator concrete pads, protective bollards, automatic transfer switch with controls, and all fuel piping with accessories.
- 14 Item includes 12'-wide double swing gate.
- 15 Item includes clearing, grading, grassing, sidewalk, equipment pads and miscellaneous yard piping.
- 16 Item includes asphalt millings for open cut drives where millings pre-exist.

Project Name: Ellisville Water Main Extension  
 NFPS Project Number: L220110CCB  
 Columbia County Bid Number: 2023-04

Questions Deadline: Aug 1, 2023 @ 2:00 p.m.

Bid Date: Aug 8, 2023 @ 2:00 p.m.

**BIDDER QUESTIONS FOR ADDENDA**

Item	Date	Source	Questions / Responses	Drawing(s)	Spec(s)	Addendum
1	6/28/2023	Fortiline Al Milton Office: 386.492.9100	Q: Are there any federal American Iron and Steel (AIS) or Buy American requirements? <b>A: There are no AIS or Buy American requirements for this project. Note: There are also no Davis-Bacon Act requirements for this project.</b>	N/A	N/A	3
2	7/3/2023	Music Construction Allen Music Office: 386.658.1598 Cell: 386.590.0345	Q: Will the contractor be responsible for picking up the materials from a County yard? Or will the County deliver them to our laydown areas? If GC is responsible for picking up materials, where is the material located (address)? Will we need to provide our own machine to load the materials or will the County load onto our trucks? <b>A: The Contractor is responsible for equipment, loading and transporting all of County's prepurchased materials from the yard at 2379 SE Giles Martin Ave (Ellisville WTP).</b>	N/A	N/A	3
3	7/3/2023		Q: How long are the joints of HDPE piping? 40', 50', other? <b>A: The prepurchased HDPE piping is in 50-foot lengths.</b>	N/A	330533	3
4	7/3/2023		Q: Is the 12" HDPE pipe IPS or DIPS size? <b>A: All HDPE piping for this project is of DIPS sizing.</b>	Various	330533	3
5	7/3/2023		Q: If this job does not require use of Buy American or AIS provisions, then it is a given that most steel fittings, valves, etc are going to be foreign made. This is very likely for about 20 bid items. Is it necessary to indicate foreign and country of origin for all items as directed? <b>A: In the General Instructions to Bidders delete Item 32. Bidders are not required to identify products of foreign make.</b>	N/A	General Instructions to Bidders	3
6	7/6/2023		Q: Regarding existing underground utilities, what does the abbreviation "BFE" mean? <b>A: "BFE" is buried fiber optic by Lumen, f.k.a. CenturyLink. Note: "BFO" is buried fiber optic by Windstream.</b>	Various	N/A	3
7	7/6/2023	Pinnacle Site Solutions Ryan Bettis Office: 352.727.4532 Mobile: 303.957.7159	Q: An 8" Gate valve is listed in Table 1 of the contractor bid form. However, I did not see any callouts for 8" piping or fittings. Is there an 8" section that I may be missing? <b>A: There are no 8" valves in the project design, as corrected in attached replacement Contractor Bid Form.</b>	N/A	Bid Proposal	3
8	7/6/2023		Q: On the first few pages of the plans, there is a shaded section called out as 20' Utility Easement. Is this the only significance of this shading? Or am I missing something there as well? <b>A: There is no significance other than delineating the limits of work in non-R/W areas, and for easement acquisition needs.</b>	17-21	N/A	3
9	7/6/2023	Curt's Construction Walter Lawson Office: 386.362.7814 Mobile: 386.364.7077	Q: Please provide contact information for the precast modular building "basis of design" manufacturer. <b>A: Leesburg Concrete Company Contact: Mr. Tom Ely Cell: 352.408.4637 Email: TomE@leesburgconcrete.com Website: www.leesburgconcrete.com</b>	76, 77	N/A	3
10	7/6/2023		Q: What are the floor slab requirements for the precast modular building? <b>A: The building manufacturer will furnish and install a 6" precast floor slab on the prepared foundation. Disregard the reference to "Floor System" under the site installed items on Sheet 77.</b>	77	N/A	3
11	7/12/2023		Q: Is complete clearing required for designated utility easement areas? How about for the wooded area from Stations 101+00 to 103+00? <b>A: This will be field determined on a case-by-case basis, but clearing is generally required only as needed for utility construction and access for future maintenance.</b>	17-21	N/A	3
12	7/6/2023	Advanced Project Solutions Bill Steedley Office: 386.490.1755 Mobile: 386.867.5666	Q: What will be given for control (survey) during this process? I have a Leica gps system, but don't know if we just pull off of center of road for measurements or what. <b>A: Project layout shall be based on State Plane Florida North coordinates and NAVD88 datum from FDOT (EPIC) published control along the project roadways. The FDOT link is: <a href="https://fdotewp1.dot.state.fl.us/EnterprisePnclInformationCollection/">https://fdotewp1.dot.state.fl.us/EnterprisePnclInformationCollection/</a></b>	N/A	N/A	3
13	7/6/2023		Q: Is gas an acceptable way to Bacteria test the lines? <b>A: Disinfection shall conform with the Columbia County Water &amp; Wastewater Systems Handbook and AWWA C-651. Chlorine shall be applied by continuous-feed method using liquid chlorine (gas-water mixture) or a mixture of water and high-test calcium hypochlorite. Chlorine tablets and powders are not permitted.</b>	N/A	330533	3

14	7/6/2023		<p>Q: How far apart is the Bacteria test and pressure testing allowed?  <b>A: Bacteriological sampling shall conform with the FDEP permit requirements, including a sample at every 1,200 LF of water main. Pressure testing pipe lengths shall not exceed the spacing between isolation valves, which is typically 300 to 600 LF in the Town of Ft White and 1,700 to 2,000 LF in rural areas.</b></p>	N/A	330505.31	3
15	7/6/2023		<p>Q: Do you have a manufacturer recommended for the Chlorine Booster Station? (Precast and Generator, Gen kvh?) It would be nice to sub that out to a Mech contractor in whole. In other words I would run to him and he would run that, etc.  <b>A: The precast building manufacturer is stated in Item 10 above. Acceptable generator manufacturers are listed in Specification 263213. The generator is a 20 kW / 20 kVA unit per Detail 2, Sheet 90.</b></p>	76, 77, 90	263213	3
16	7/6/2023		<p>Q: We have been doing underground for years. However, not a lot of fusion pipe. With the qualification you have of 3 years and at least 5000LF in the last 6 months, I will be qualifying that by using a third party rental through the Material manufacturer's recommendation. Is that allowable to meet your requirements?  <b>A: Yes, provided the third party meets the stated qualifications.</b></p>	N/A	330533	3
17	7/6/2023		<p>Q: In doing bacterial tests and pressure tests, can you pressure to the valves or do you require a jumper with a BFP?  <b>A: Pressure testing against closed valves is acceptable.</b></p>	N/A	330533	3
18	7/6/2023		<p>Q: Can your water be used to pressure test out of the line?  <b>A: Yes, public water may be used for filling, flushing and pressure testing provided a jumper with backflow prevention is provided along with 24-hr advanced notice.</b></p>	N/A	N/A	3
19	7/6/2023		<p>Q: Can you use hydrants as blow offs?  <b>A: Yes, proposed hydrants may be used for venting blowoff needs, but not for bacteriological sampling. If existing active hydrants are to be operated for any reason, a 24-hr advance request shall be submitted to the Owner.</b></p>	N/A	N/A	3
20	7/6/2023	<p>GenServe  Dustin Mook  Office: 954.440.3176  Mobile: 321.544.5575</p>	<p>Q: Would you consider any of the following generator manufacturers as approved equal for this project?  1. AKSA – Worlds 3rd largest generator manufacturer –West Monroe, LA  2. Gillette – 100% American owned company – Elkhart, IN  3. IGSA – Customizable generator OEM – Laredo, TX  <b>A: No, acceptable manufacturers are listed in Specification 263213.</b></p>	N/A	263213	3
21		NFPS	<p>Deflect 12" WM &amp; relocate FH assembly and 12" gate valve, per attached replacement Plan Sheets 31 and 32.</p>	31, 32	N/A	3
22		NFPS	<p>Note updated EOR signature block, per attached replacement Plan Sheet 2.</p>	2	N/A	3
23		NFPS	<p>Note the updated EOR signature block, per attached replacement Volume 2 Specification Cover Sheet.</p>	N/A	Cover	3

Company Name:

---

## Non-Collusion Affidavit

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I state that I \_\_\_\_\_ of \_\_\_\_\_,  
(Name and Title) (Name of Firm)

am authorized to make this affidavit on behalf of my firm and its owner, directors and officers. I am the person responsible in my firm for the price(s) and amount(s) of this Response, and the preparation of the Response. I state that:

1. The price(s) and amount(s) of this Response have been arrived at independently and without consultation, communication or agreement with any other Provider, potential provider, Proposal, or potential Proposal.
2. Neither the price(s) nor the amount(s) of this Response, and neither the approximate price(s) nor approximate amount(s) of this Response, have been disclosed to any other firm or person who is a Provider, potential Provider, Proposal, or potential Proposal, and they will not be disclosed before Proposal opening.
3. No attempt has been made or will be made to induce any firm or persons to refrain from submitting a Response for this contract, or to submit a price(s) higher than the prices in this Response, or to submit any intentionally high or noncompetitive price(s) or other form of complementary Response.
4. The Response of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive Response.
5. \_\_\_\_\_, its affiliates, subsidiaries, officers, director, and employees  
(Name of Firm)  
are not currently under investigation, by any governmental agency and have not in the last three years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to Proposal, on any public contract, except as follows:

I state that I and the named firm understand and acknowledge that the above representations are material and important, and will be relied on by the Board of County Commissioners of Columbia County, Florida for which this Response is submitted. I understand and my firm understands that any misstatement in this affidavit is, and shall be treated as, fraudulent concealment from the State of Florida of the true facts relating to the submission of responses for this contract.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name of Organization: \_\_\_\_\_

Signed by: \_\_\_\_\_

Print Name: \_\_\_\_\_

Being duly sworn deposes and says that the information herein is true and sufficiently complete so as not to be misleading.

The foregoing instrument was executed before me this day \_\_\_\_\_ of \_\_\_\_\_  
20\_\_\_\_, by \_\_\_\_\_ as \_\_\_\_\_ of  
\_\_\_\_\_, who personally swore or affirmed that  
he/she is authorized to execute this document and thereby bind the Corporation, and who is  
personally known to me OR has produced \_\_\_\_\_ as identification.

(stamp)

\_\_\_\_\_  
NOTARY PUBLIC, State of \_\_\_\_\_

## Public Entity Crimes Statement

SWORN STATEMENT UNDER SECTION 287.133(3) (a), FLORIDA STATUTES: THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Proposal, ITN, or Contract Number \_\_\_\_\_
2. This sworn statement is submitted by \_\_\_\_\_  
[Name of entity submitting sworn statement]  
whose business address is \_\_\_\_\_ and (if applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_  
(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_.
3. My name is \_\_\_\_\_ and my relationship to the above is \_\_\_\_\_  
[Please print name of individual signing]
4. I understand that a "public entity crime" as defined in section 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity in Florida or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that "convicted" or "conviction" as defined in section 287.133(1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that "affiliate" as defined in section 287.133(1) (a), Florida Statutes, means:
  - a. A predecessor or successor of a person convicted of a public entity crime; or
  - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding thirty-six (36) months shall be considered an affiliate.

7. I understand that a "person" as defined in section 287.133(1) (e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids/proposals or applies to bids/proposals on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. **[Please indicate which statement applies].**

\_\_\_\_\_ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who is active in the management of the entity, nor any affiliate of the entity have been convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND **[Please indicate which additional statement applies].**

\_\_\_\_\_ There has been a proceeding concerning the conviction before a judge or hearing officer of the State of Florida, Division of Administrative Hearings, or a court of law having proper jurisdiction. The final order entered by the hearing officer or judge did not place the person or affiliate on the convicted Contractor list. **[Please attach a copy of the final order.]**

\_\_\_\_\_ The person or affiliate was placed on the convicted Contractor list. There has been a subsequent proceeding before a court of law having proper jurisdiction or a judge or hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the judge or hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted Contractor list. **[Please attach a copy of the final order.]**

\_\_\_\_\_ The person or affiliate has not been placed on any convicted vendor list. [Please describe any action taken by or pending with the State of Florida, Department of Management Services.]

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in Attachment "C", Public Entity Crimes, is truthful and

correct at the time of submission.

\_\_\_\_\_  
AFFIANT

\_\_\_\_\_  
Typed Name of AFFIANT

\_\_\_\_\_  
Title

STATE OF \_\_\_\_\_

County OF \_\_\_\_\_

The foregoing instrument was executed before me this day \_\_\_\_\_ of \_\_\_\_\_  
20\_\_\_\_, by \_\_\_\_\_ as \_\_\_\_\_ of  
\_\_\_\_\_, who personally swore or affirmed that  
he/she is authorized to execute this document and thereby bind the Corporation, and who is  
personally known to me OR has produced \_\_\_\_\_ as identification.

(stamp)

NOTARY PUBLIC, State of \_\_\_\_\_

## **Drug-Free Workplace Certification**

The drug-free certification form below must be signed and returned with the solicitation response.

In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business' policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid/proposal a copy of the statement specified in the first paragraph.
4. In the statement specified in the first paragraph, notify the employees that, as a condition of working on the commodities or contractual services that are under bid/proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) Days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in, a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of the foregoing provisions.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in this Drug-Free Workplace Certification, is truthful and correct at the time of submission.

\_\_\_\_\_  
AFFIANT

\_\_\_\_\_  
Typed Name of AFFIANT

\_\_\_\_\_  
Title

STATE OF \_\_\_\_\_

County OF \_\_\_\_\_

The foregoing instrument was executed before me this day \_\_\_\_\_ of \_\_\_\_\_  
20\_\_\_\_, by \_\_\_\_\_ as \_\_\_\_\_ of  
\_\_\_\_\_, who personally swore or affirmed that  
he/she is authorized to execute this document and thereby bind the Corporation, and who is  
personally known to me OR has produced \_\_\_\_\_ as identification.

(stamp)

NOTARY PUBLIC, State of \_\_\_\_\_

## Conflict of Interest Statement

STATE OF \_\_\_\_\_

County OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_, who was duly sworn, deposes, and states:

I am the \_\_\_\_\_ of \_\_\_\_\_ with a local office  
(Insert Title) (Insert Company Name)  
in \_\_\_\_\_ and principal office in \_\_\_\_\_. Said entity is submitting this proposal/offer to

1. The AFFIANT has made diligent inquiry and provided the information in this statement affidavit based upon its full knowledge.
2. The AFFIANT states that only one submittal for this solicitation has been submitted and tendered by the appropriate date and time and that said above stated entity has no financial interest in other entities submitting a proposal for the work contemplated hereby.
3. Neither the AFFIANT nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion or collusive activity, or otherwise taken any action which in any way restricts or restrains the competitive nature of this solicitation, including but not limited to the prior discussion of terms, conditions, pricing, or other offer parameters required by this solicitation.
4. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise prohibited from participation in this solicitation or any contract to follow thereafter by any government entity.
5. Neither the entity nor its affiliates, nor anyone associated with them, have any potential conflict of interest because and due to any other clients, contracts, or property interests in this solicitation or the resulting project.
6. I hereby also certify that no member of the entity's ownership or management or staff has a vested interest in any County Office or Department.
7. I certify that no member of the entity's ownership or management is presently applying, actively seeking, or has been selected for an elected position within Columbia County government.
8. In the event that a conflict of interest is identified in the provision of services, I, the undersigned will immediately notify the County in writing.

\_\_\_\_\_
AFFIANT

\_\_\_\_\_
Typed Name of AFFIANT

\_\_\_\_\_
Title

STATE OF \_\_\_\_\_

County OF \_\_\_\_\_

The foregoing instrument was executed before me this day \_\_\_\_\_ of \_\_\_\_\_
20\_\_\_\_, by \_\_\_\_\_ as \_\_\_\_\_ of
\_\_\_\_\_, who personally swore or affirmed that
he/she is authorized to execute this document and thereby bind the Corporation, and who is
personally known to me OR has produced \_\_\_\_\_ as identification.

(stamp)

NOTARY PUBLIC, State of \_\_\_\_\_



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive 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 be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
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 *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## 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

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, 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 SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use 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 apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

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

## Part II. 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 item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**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 made in settlement of payment card and third party network transactions, 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 tuition program payments (under section 529), ABLÉ accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the 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.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

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.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.