

# Calls Creek WRF Secondary Treatment System RFP

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## APPENDIX

- Bidders List Application
  - Vendor Application
  - W-9
  - Contractor's Affidavit (E-Verify)
  - Sub Contractor's Affidavit (E-Verify)
- Cost Proposal Form
- Respondent's Affidavit
- Non-Collusion Affidavit
- Statement of Qualifications
- List of Sub-Contractors
- Drug Free Workplace Certificate
- Addenda Acknowledgement

Contractor's Affidavit Required (E-Verify) - All contractors, subcontractors, and sub-subcontractors doing business with the government must provide affidavits. All applicants shall submit a completed "Contractor's Affidavit" which is included in the "Bidders List Application". Please complete and returned to the Purchasing Office PRIOR to the RFP opening or your submittal may be deemed non-responsive.

Please submit the Bidders List Application to:

Oconee County Finance Department  
Karen T. Barnett, CPPB  
P.O. Box 1527  
Watkinsville, GA 30677  
App # RFP FY15-04-01

**OCONEE COUNTY BOARD OF COMMISSIONERS  
BIDDER'S LIST APPLICATION  
PURCHASING OFFICE**

*FOR GOVERNMENT USE ONLY*  
APPLICATION# \_\_\_\_\_  
VENDOR# \_\_\_\_\_

1. Occupational Tax License # \_\_\_\_\_ (Include Photocopy of Occupational Tax License)

2. Application Type: \_\_\_\_\_ New \_\_\_\_\_ Revised \_\_\_\_\_ Date: \_\_\_\_\_

3. Company Tax ID Number: \_\_\_\_\_

4. Firm Organization: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Corporation \_\_\_\_\_ Non-Profit: \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Liability

**5. Applicant Bid Request & Purchase Order Address.**

Include the address that Oconee County should use to send bid requests and purchase order information.

Company Name: \_\_\_\_\_

Main Address: \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**6. Applicant Remittance Address**

Include the address that Oconee County should use to make payment for goods and services received from your company (if different than above)

Company Name: \_\_\_\_\_

Remittance: \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**7. Commodity Codes -- Choose applicable codes(s) attached that relate to your business (this is how your company will be cross-referenced in our database). For a complete list of codes, please visit the Georgia Procurement Registry website: [NIGP Code List](#)**

Commodity Code \_\_\_\_\_ Commodity Description \_\_\_\_\_

Commodity Code \_\_\_\_\_ Commodity Description \_\_\_\_\_

Commodity Code \_\_\_\_\_ Commodity Description \_\_\_\_\_

8. Can County place orders on the Website? \_\_\_\_\_ Can County pay with Credit Card? \_\_\_\_\_

Website Address: \_\_\_\_\_ Website Email (if different from above) \_\_\_\_\_

9. Principal line of Business: Please attach your company's line and/or detailed description of services.

\_\_\_\_\_

\_\_\_\_\_

10. Other municipalities to whom your company submits bids? \_\_\_\_\_

11. Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Mail application to:  
Oconee County Finance Department  
P.O. Box 1527  
Watkinsville, GA 30677

Contact Information:  
Karen T. Barnett, CPPB  
706-769-2944  
E-Mail application to: [kbarnett@oconee.ga.us](mailto:kbarnett@oconee.ga.us)

Physical Address:  
Oconee County BOC  
23 N. Main St.  
Watkinsville, GA 30677

Form **W-9**  
(Rev. August 2013)  
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.

|   |  |  |
|---|--|--|
| Print or type<br>See Specific Instructions on page 2. | Name (as shown on your income tax return)  |  |
|   | Business name/disregarded entity name, if different from above   |  |
|   | Check appropriate box for federal tax classification:<br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><br><input type="checkbox"/> Other (see instructions) ▶ _____ | Exemptions (see instructions):<br><br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____ |
|   | Address (number, street, and apt. or suite no.)  | Requester's name and address (optional)  |
|   | City, state, and ZIP code  |  |
| List account number(s) here (optional)                |  |  |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. 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 3. 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 3.

|                        |  |  |   |  |  |  |   |  |  |  |
|------------------------|--|--|---|--|--|--|---|--|--|--|
| Social security number |  |  |   |  |  |  |   |  |  |  |
|                        |  |  | - |  |  |  | - |  |  |  |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

|                                |  |  |   |  |  |  |  |  |  |  |
|--------------------------------|--|--|---|--|--|--|--|--|--|--|
| Employer identification number |  |  |   |  |  |  |  |  |  |  |
|                                |  |  | - |  |  |  |  |  |  |  |

## Part II Certification

Under penalties of perjury, I certify that:

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

**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|                  |                            |        |

## General Instructions

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

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, 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 provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

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 1448 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 1448 require a partnership to presume that a partner is a foreign person, and pay the section 1448 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 1448 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 Publication 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.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage 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 Part II Instructions on page 3 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* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**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* on page 3 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

### Name

If you are an individual, you must generally enter the name shown on your income tax return. 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 entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**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 Regulation section 301.7701-2(c)(2)(ii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must 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 the "Name" line. 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 the "Business name/disregarded entity name" line. 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.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner (identified on the "Name" line).

**Other entities.** Enter your business name as shown on required U.S. 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/disregarded entity name" line.

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code and Exemption from FATCA reporting code* on page 3.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 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 possession of the United States, 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 possession of the United States
- 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 6 <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, 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—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 possession of the United States, 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 Reg. 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 Reg. 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

**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 a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), 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 the chart on page 4 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 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. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3876).

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 items 1, 4, or 5 below indicate 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 the "Name" line 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 athletes (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), 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)  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)  | The minor <sup>2</sup>  |
| 4. a. The usual revocable savings trust (grantor is also trustee)<br>b. So-called trust account that is not a legal or valid trust under state law  | The grantor-trustee <sup>1</sup><br><br>The actual owner <sup>1</sup>                                   |
| 5. Sole proprietorship or disregarded entity owned by an individual   | The owner <sup>3</sup>  |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))   | The grantor <sup>4</sup>  |
| For this type of account:   | Give name and EIN of:   |
| 7. Disregarded entity not owned by an individual  | The owner   |
| 8. A valid trust, estate, or pension trust  | Legal entity <sup>1</sup>   |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553   | The corporation   |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization   | The organization  |
| 11. Partnership or multi-member LLC   | The partnership   |
| 12. A broker or registered nominee  | The broker or nominee   |
| 13. 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   |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation 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* on page 1.

\*Note. 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, social security number (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 Publication 4635, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system 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 at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) 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.

## COMMODITY CLASS LIST

Choose applicable code(s) attached that relate to your business (this is how your company will be cross-referenced in our database). For a complete list of codes, please visit the Georgia DOAS website: [http://ssl.doas.state.ga.us/PRSapp/PR\\_public\\_routing.jsp?route\\_code=nigp\\_list](http://ssl.doas.state.ga.us/PRSapp/PR_public_routing.jsp?route_code=nigp_list).

- 005 ABRASIVES
- 010 ACOUSTICAL TILE, INSULATING MATERIALS, AND SUPPLIES
- 015 ADDRESSING, COPYING, MIMEOGRAPH, AND SPIRIT DUPLICATING MACHINE SUPPLIES:  
CHEMICALS, INKS, PAPER, ETC.
- 019 AGRICULTURAL CROPS AND GRAINS INCLUDING FRUITS, MELONS, NUTS, AND VEGETABLES
- 020 AGRICULTURAL EQUIPMENT, IMPLEMENTS, AND ACCESSORIES (SEE CLASS 22 FOR PARTS)
- 022 AGRICULTURAL IMPLEMENT AND ACCESSORY PARTS
- 025 AIR COMPRESSORS AND ACCESSORIES
- 031 AIR CONDITIONING, HEATING, AND VENTILATING: EQUIPMENT, PARTS AND ACCESSORIES (SEE  
RELATED ITEMS IN CLASS 740)
- 035 AIRCRAFT AND AIRPORT, EQUIPMENT, PARTS, AND SUPPLIES
- 037 AMUSEMENT, DECORATIONS, ENTERTAINMENT, TOYS, ETC.
- 040 ANIMALS, BIRDS, MARINE LIFE, POULTRY, INCLUDING ACCESSORY ITEMS (LIVE)
- 045 APPLIANCES AND EQUIPMENT, HOUSEHOLD TYPE
- 050 ART EQUIPMENT AND SUPPLIES
- 052 ART OBJECTS
- 055 AUTOMOTIVE ACCESSORIES FOR AUTOMOBILES, BUSES, TRUCKS, ETC.
- 060 AUTOMOTIVE MAINTENANCE ITEMS AND REPAIR/REPLACEMENT PARTS
- 065 AUTOMOTIVE BODIES, ACCESSORIES, AND PARTS
- 070 AUTOMOTIVE VEHICLES AND RELATED TRANSPORTATION EQUIPMENT
- 075 AUTOMOTIVE SHOP EQUIPMENT AND SUPPLIES
- 080 BADGES, EMBLEMS, NAMETAGS AND PLATES, JEWELRY, ETC.
- 085 BAGS, BAGGING, TIES, AND EROSION CONTROL EQUIPMENT
- 090 BAKERY EQUIPMENT, COMMERCIAL
- 095 BARBER AND BEAUTY SHOP EQUIPMENT AND SUPPLIES
- 100 BARRELS, DRUMS, KEGS, AND CONTAINERS
- 105 BEARING (EXCEPT WHEEL BEARINGS AND SEALS - SEE CLASS 060)
- 110 BELTS AND BELTING: CONVEYOR, ELEVATOR, POWER TRANSMISSION,  
AND V-BELTS
- 115 BIOCHEMICALS, RESEARCH
- 120 BOATS, MOTORS, AND MARINE AND WILDLIFE SUPPLIES
- 125 BOOKBINDING SUPPLIES
- 135 BRICKS AND OTHER CLAY PRODUCTS, REFRACTORY MATERIALS, AND STONE PRODUCTS
- 140 BROOM, BRUSH, AND MOP MANUFACTURING MACHINERY AND SUPPLIES
- 145 BURSHES (NOT OTHERWISE CLASSIFIED)
- 150 BUILDER'S SUPPLIES
- 155 BUILDING AND STRUCTURES: FABRICATED AND PREFABRICATED
- 160 BUTCHER SHOP AND MEAT PROCESSING EQUIPMENT
- 165 CAFETERIA AND KITCHEN EQUIPMENT, COMMERCIAL
- 175 CHEMICAL LABORATORY EQUIPMENT AND SUPPLIES
- 180 CHEMICAL RAW MATERIALS (IN LARGE QUANTITIES PRIMARILY FOR MANUFACTURING  
JANITORIAL AND LAUNDRY PRODUCTS)
- 190 CHEMICALS AND SOLVENTS, COMMERCIAL (IN BULK)
- 192 CLEANING COMPOSITIONS, DETERGENTS, SOLVENTS, AND STRIPPERS - PREPACKAGED
- 193 CLINICAL LABORATORY REAGENTS AND TESTS (BLOOD GROUPING, DIAGNOSTIC, DRUG  
MONITORING, ETC.)
- 195 CLOCKS, TIMERS, WATCHES, AND JEWELERS' AND WATCHMAKERS' TOOLS AND EQUIPMENT
- 200 CLOTHING, ATHLETIC, CASUAL, DRESS, UNIFORM, WEATHER RELATED, WORK

201 CLOTHING ACCESSORIES (SEE CLASS 800 FOR SHOES AND BOOTS)  
204 COMPUTER HARDWARE AND PERIPHERALS FOR MICROCOMPUTERS  
206 COMPUTER HARDWARE AND PERIPHERALS FOR MINI AND MAINFRAME COMPUTERS  
207 COMPUTER ACCESSORIES AND SUPPLIES  
208 COMPUTER SOFTWARE FOR MICROCOMPUTERS (PREPROGRAMMED)  
209 COMPUTER SOFTWARE FOR MINI AND MAINFRAME COMPUTERS (PREPROGRAMMED)  
210 CONCRETE AND METAL CULVERTS, PILINGS, SEPTIC TANKS, ACCESSORIES AND SUPPLIES  
220 CONTROLLING, INDICATING, MEASURING, MONITORING, AND RECORDING EQUIPMENT AND SUPPLIES  
225 COOLERS, DRINKING WATER (WATER FOUNTAINS)  
232 CRAFTS, GENERAL  
233 CRAFTS, SPECIALIZED  
240 CUTLERY, DISHES, FLATWARE, GLASSWARE, TRAYS, UTENSILS, AND SUPPLIES  
245 DAIRY EQUIPMENT AND SUPPLIES  
250 DATA PROCESSING CARDS AND PAPER  
255 DECALS AND STAMPS  
260 DENTAL EQUIPMENT AND SUPPLIES  
265 DRAPERIES, CURTAINS, AND UPHOLSTERY MATERIAL (INCLUDING AUTOMOBILE)  
269 DRUGS AND PHARMACEUTICALS  
271 DRUGS, PHARMACEUTICALS, AND SETS (FOR LARGE-VOLUME PARENTERAL ADMINISTRATION, INFUSION, IRRIGATION, AND TUBE FEEDING)  
280 ELECTRICAL CABLES AND WIRES (NOT ELECTRONIC)  
285 ELECTRICAL EQUIPMENT AND SUPPLIES (EXCEPT CABLE AND WIRE)  
287 ELECTRONIC COMPONENTS, REPLACEMENT PARTS, AND ACCESSORIES; AND MISCELLANEOUS ELECTRONIC EQUIPMENT (NOT FOR TESTING OR ANALYZING-SEE 730)  
290 ENERGY COLLECTING EQUIPMENT AND ACCESSORIES: SOLAR AND WIND  
295 ELEVATORS AND ESCALATORS, BUILDING TYPE  
305 ENGINEERING EQUIPMENT, SURVEYING EQUIPMENT, DRAWING INSTRUMENTS, AND SUPPLIES  
310 ENVELOPES, PLAIN OR PRINTED  
315 EPOXY BASED FORMULATIONS FOR ADHESIVES, COATING, AND RELATED AGENTS  
318 FARE COLLECTION EQUIPMENT AND SUPPLIES  
320 FASTENING, PACKAGING, STRAPPING, TYPING EQUIPMENT AND SUPPLIES  
325 FEED, BEDDING, VITAMINS AND SUPPLEMENTS FOR ANIMALS (SEE CLASS 875 FOR DRUGS AND PHARMACEUTICALS FOR ANIMALS)  
330 FENCING  
335 FERTILIZERS AND SOIL CONDITIONERS  
340 FIRE PROTECTION EQUIPMENT AND SUPPLIES  
345 FIRST AID AND SAFETY EQUIPMENT AND SUPPLIES (EXCEPT NUCLEAR AND WELDING)  
350 FLAGS, FLAG POLES, BANNERS, AND ACCESSORIES  
360 FLOOR COVERING, FLOOR COVERING INSTALLATION AND REMOVAL EQUIPMENT, AND SUPPLIES  
365 FLOOR MAINTENANCE MACHINES, PARTS, AND ACCESSORIES  
370 FOOD PROCESSING AND CANNING EQUIPMENT AND SUPPLIES  
375 FOODS: BAKERY PRODUCTS (FRESH)  
380 FOODS: DAIRY PRODUCTS (FRESH)  
385 FOODS: FROZEN  
390 FOODS: PERISHABLE  
393 FOODS: STAPLE GROCERY AND GROCER'S MISCELLANEOUS ITEMS  
395 FORMS, CONTINUOUS: COMPUTER PAPER, FORM LABELS, SNAP-OUT FORMS, AND FOLDERS FOR FORMS  
400 FOUNDRY CASTINGS, EQUIPMENT, AND SUPPLIES  
405 FUEL, OIL, GREASE AND LUBRICANTS  
410 FURNITURE: HEALTHCARE AND HOSPITAL FACILITY  
415 FURNITURE: LABORATORY  
420 FURNITURE: CAFETERIA, CHAPEL, DORMITORY, HOUSEHOLD, LIBRARY, LOUNGE, SCHOOL

425 FURNITURE: OFFICE  
 430 GASES, CONTAINERS, EQUIPMENT: LABORATORY, MEDICAL AND WELDING  
 435 GERMICIDES, CLEANERS AND RELATED SANITATION PRODUCTS FOR HEALTHCARE PERSONNEL  
 440 GLASS AND GLAZING SUPPLIES  
 445 HAND TOOLS (POWERED AND NON-POWERED), ACCESSORIES AND SUPPLIES  
 450 HARDWARE AND RELATED ITEMS  
 460 HOSE, ACCESSORIES AND SUPPLIES: INDUSTRIAL, COMMERCIAL AND GARDEN  
 465 HOSPITAL AND SURGICAL EQUIPMENT, INSTRUMENTS, AND SUPPLIES  
 470 HOSPITAL HANDICAP AND RELATED SPECIALIZED EQUIPMENT AND SUPPLIES: MOBILITY, SPEECH IMPAIRED AND RESTRAINT ITEMS  
 475 HOSPITAL, SURGICAL AND RELATED MEDICAL ACCESSORIES AND SUNDRY ITEMS  
 485 JANITORIAL SUPPLIES  
 490 LABORATORY EQUIPMENT AND ACCESSORIES (FOR GENERAL ANALYTICAL AND RESEARCH USE) NUCLEAR, OPTICAL AND PHYSICAL  
 493 LABORATORY EQUIPMENT AND ACCESSORIES: BIOCHEMISTRY, CHEMISTRY, ENVIRONMENTAL SCIENCE, ETC.  
 495 LABORATORY AND FIELD EQUIPMENT AND SUPPLIES: BIOLOGY, BOTANY, GEOLOGY, MICROBIOLOGY, ZOOLOGY, ETC.  
 500 LAUNDRY AND DRY CLEANING EQUIPMENT, ACCESSORIES, PARTS AND SUPPLIES - COMMERCIAL  
 505 LAUNDRY AND DRY CLEANING COMPOUNDS AND SUPPLIES  
 510 LAUNDRY TEXTILES AND SUPPLIES  
 515 LAWN MAINTENANCE EQUIPMENT, ACCESSORIES, AND PARTS (NON-AGRICULTURAL APPLICATIONS)  
 520 LEATHER AND RELATED EQUIPMENT, PRODUCTS, ACCESSORIES, AND SUPPLIES  
 525 LIBRARY AND ARCHIVAL EQUIPMENT, MACHINES AND SUPPLIES  
 530 LUGGAGE, BRIEF CASES, PURSES AND RELATED ITEMS  
 540 LUMBER AND RELATED PRODUCTS  
 545 MACHINERY AND HARDWARE, INDUSTRIAL  
 550 MARKERS, PLAQUES AND TRAFFIC CONTROL DEVICES  
 555 MARKING AND STENCILING DEVICES  
 556 MASS TRANSPORTATION - TRANSIT BUS  
 557 MASS TRANSPORTATION - TRANSIT BUS ACCESSORIES AND PARTS  
 558 MASS TRANSPORTATION - RAIL VEHICLES AND SYSTEMS  
 559 MASS TRANSPORTATION - RAIL VEHICLE PARTS AND ACCESSORIES  
 560 MATERIAL HANDLING AND STORAGE EQUIPMENT AND ALLIED ITEMS  
 565 MATTRESS MANUFACTURING MACHINERY AND SUPPLIES  
 570 METALS: BARS, PLATES, RODS, SHEETS, STRIPS, STRUCTURAL SHAPES, TUBING AND FABRICATED ITEMS  
 575 MICROFICHE AND MICROFILM EQUIPMENT, ACCESSORIES AND SUPPLIES  
 578 MISCELLANEOUS PRODUCTS  
 580 MUSICAL INSTRUMENTS, ACCESSORIES AND SUPPLIES  
 590 NOTIONS AND RELATED SEWING ACCESSORIES AND SUPPLIES  
 595 NURSERY STOCK EQUIPMENT AND SUPPLIES  
 600 OFFICE MACHINES, EQUIPMENT AND ACCESSORIES  
 605 OFFICE MECHANICAL AIDS, SMALL MACHINES AND APPARATUS  
 610 OFFICE SUPPLIES: CARBON PAPER AND ROBBONS - ALL TYPES  
 615 OFFICE SUPPLIES: GENERAL  
 620 OFFICE SUPPLIES: ERASERS, INKS, LEADS, PENS, PENCILS, ETC.  
 625 OPTICAL EQUIPMENT, ACCESSORIES AND SUPPLIES  
 630 PAINT, PROTECTIVE COATINGS, VARNISH, WALLPAPER AND RELATED PRODUCTS  
 635 PAINTING EQUIPMENT AND ACCESSORIES  
 640 PAPER AND PLASTIC PRODUCTS, DISPOSAL  
 645 PAPER (FOR OFFICE AND PRINT SHOP USE)

650 PARK, PLAYGROUND, RECREATIONAL AREA AND SWIMMING POOL EQUIPEMNT  
 652 PERSONAL HYGIENE AND GROOMING EQUIPMENT AND SUPPLIES  
 655 PHOTOGRAPHIC EQUIPMENT AND SUPPLIES (NOT INCLUDING GRAPHIC ARTS, MICROFILM AND X-RAY)  
 658 PIPE AND TUBING  
 659 PIPE AND TUBING FITTINGS  
 660 PIPES, TOBACCOS, SMOKING ACCESSORIES; ALCOHOLIC BEVERAGES  
 665 PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINATING AND MOLDING EQUIPMENT, ACCESSORIES AND SUPPLIES  
 670 PLUMBING EQUIPMENT, FIXTURES AND SUPPLIES  
 675 POISONS: AGRICULTURAL AND INDUSTRIAL  
 680 POLICE EQUIPMENT AND SUPPLIES  
 685 POULTRY EQUIPMENT AND SUPPLIES  
 690 POWER GENERATION EQUIPMENT, ACCESSORIES AND SUPPLIES  
 691 POWER TRANSMISSION EQUIPMENT - ELECTRICAL, MECHANICAL, AIR AND HYDRAULIC  
 700 PRINTING PLANT EQUIPMENT AND SUPPLIES (EXCEPT PAPERS)  
 710 PROSTHETIC DEVICES, HEARING AIDS, AUDITORY TESTING EQUIPMENT, ELECTRONIC READING DEVICES, ETC.  
 715 PUBLICATIONS AND AUDIOVISUAL MATERIALS (PREPARED MATERIALS ONLY, NOT EQUIPMENT, SUPPLIES OR PRODUCTION, SEE CLASS 785 FOR INSTRUCTIONAL AIDS)  
 720 PUMPING EQUIPMENT AND ACCESSORIES  
 725 RADIO COMMUNICATION, TELEPHONE AND TELECOMMUNICATION EQUIPMENT, ACCESSORIES AND SUPPLIES  
 730 RADIO COMMUNICATION AND TELECOMMUNICATION TESTING, MEASURING AND ANALYZING EQUIPMENT, ACCESSORIES AND SUPPLIES  
 735 RAGS, SHOP TOWELS AND WIPING CLOTHS  
 740 REFRIGERATION EQUIPMENT AND ACCESSORIES  
 745 ROAD AND HIGHWAY BUILDING MATERIALS (ASPHALTIC)  
 750 ROAD AND HIGHWAY BUILDING MATERIALS (NOT ASPHALTIC)  
 755 ROAD AND HIGHWAY EQUIPMENT AND PARTS: ASPHALT AND CONCRETE HANDLING AND PROCESSING  
 760 ROAD AND HIGHWAY EQUIPMENT: EARTH HANDLING, GRADING, MOVING PACKING, ETC.  
 765 ROAD AND HIGHWAY EQUIPMENT (EXCEPT ASPHALT, CONCRETE AND EARTH HANDLING EQUIPMENT IN CLASSES 755 AND 760)  
 770 ROOFING  
 775 SALT (SODIUM CHLORIDE) (SEE CLASS 393 FOR TABLE SALT)  
 780 SCALES AND WEIGHING APPARATUS (SEE 175-08 FOR LABORATORY BALANCES)  
 785 SCHOOL EQUIPMENT AND SUPPLIES  
 790 SEED, SOD, SOIL AND INOCULANTS  
 795 SEWING ROOM AND TEXTILE MACHINERY AND ACCESSORIES  
 800 SHOES AND BOOTS  
 801 SIGNS, SIGN MATERIALS, SIGN MAKING EQUIPMENT AND RELATED SUPPLIES  
 803 SOUND SYSTEMS, COMPONENTS AND ACCESSORIES: GROUP INTERCOM, MUSIC, PUBLIC ADDRESS, ETC.  
 805 SPORTING GOODS, ATHLETIC EQUIPMENT AND ATHLETIC FACILITY EQUIPMENT  
 810 SPRAYING EQUIPMENT (EXCEPT HOUSEHOLD, NURSERY PLANT AND PAINT)  
 815 STEAM AND HOT WATER FITTINGS, ACCESSORIES AND SUPPLIES  
 820 STEAM AND HOT WATER BOILERS AND STEAM HEATING EQUIPMENT  
 825 STOCKMAN EQUIPMENT AND SUPPLIES  
 830 TANKS (METAL, WOOD AND SYNTHETIC MATERIALS): MOBILE, PORTABLE STATIONARY AND UNDERGROUND TYPES  
 832 TAPE (NOT DATA PROCESSING, MEASURING, OPTICAL, SEWING, SOUND OR VIDEO)  
 840 TELEVISION EQUIPMENT AND ACCESSORIES  
 845 TESTING APPARATUS AND INSTRUMENTS (NOT FOR ELECTRICAL OR ELECTRONIC MEASUREMENTS)

850 TEXTILES, FIBERS, HOUSEHOLD LINENS AND PIECE GOODS  
 855 THEATRICAL EQUIPMENT AND SUPPLIES  
 860 TICKETS, COUPON BOOKS, SALES BOOKS, STRIP BOOKS, ETC.  
 863 TIRES AND TUBES  
 864 TRAIN CONTROLS, ELECTRONICS  
 865 TWINE  
 870 VENETIAN BLINDS, AWNINGS AND SHADES  
 875 VETERINARY EQUIPMENT AND SUPPLIES (SEE CLASS 325 FOR VITAMINS AND SUPPLEMENTS FOR ANIMALS)  
 880 VISUAL EDUCATION EQUIPMENT AND SUPPLIES (EXCEPT PROJECTION LAMPS – SEE CLASS 285)  
 883 VOICE RESPONSE SYSTEMS  
 885 WATER AND WASTEWATER TREATING CHEMICALS  
 890 WATER SUPPLY, GROUNDWATER, SEWAGE TREATMENT AND RELATED EQUIPMENT (NOT FOR AIR CONDITIONING, STEAM BOILER OR LABORATORY REAGENT WATER)  
 895 WELDING EQUIPMENT AND SUPPLIES  
 898 X-RAY AND OTHER RADIOLOGICAL EQUIPMENT AND SUPPLIES (MEDICAL)  
 905 AIRCRAFT OPERATIONS SERVICES  
 906 ARCHITECTURAL SERVICES, PROFESSIONAL  
 907 ARCHITECTURAL AND ENGINEERING SERVICES, NON-PROFESSIONAL  
 908 BOOKBINDING, REBINDING AND REPAIRING  
 909 BUILDING CONSTRUCTION SERVICES, NEW  
 910 BUILDING MAINTENANCE AND REPAIR SERVICES  
 912 CONSTRUCTION SERVICES, GENERAL  
 913 CONSTRUCTION SERVICES, HEAVY  
 914 CONSTRUCTION SERVICES, TRADE (NEW CONSTRUCTION)  
 915 COMMUNICATIONS AND MEDIA RELATED SERVICES  
 918 CONSULTING SERVICES  
 920 DATA PROCESSING SERVICES AND SOFTWARE  
 924 EDUCATIONAL SERVICES  
 925 ENGINEERING SERVICES, PROFESSIONAL  
 926 ENVIRONMENTAL AND ECOLOGICAL SERVICES  
 928 EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES FOR AUTOMOBILES, TRUCKS, TRAILERS, TRANSIT BUSES AND OTHER VEHICLES  
 929 EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES – AGRICULTURAL, HEAVY INDUSTRIAL EQUIPMENT AND MARINE EQUIPMENT  
 931 EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES – APPLIANCE, ATHLETIC, CAFETERIA, FURNITURE, MUSICAL INSTRUMENTS AND SEWING EQUIPMENT  
 934 EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES – LAUNDRY, LAWN, PAINTING, PLUMBING AND SPRAYING EQUIPMENT  
 936 EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES – GENERAL EQUIPMENT  
 938 EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES – HOSPITAL, LABORATORY AND TESTING EQUIPMENT  
 939 EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES – OFFICE, PHOTOGRAPHIC AND RADIO/TELEVISION EQUIPMENT  
 940 EQUIPMENT MAINTENANCE, REPAIR CONSTRUCTION AND RELATED SERVICES – RAILROAD  
 941 EQUIPMENT MAINTENANCE, RECONDITIONING, REPAIR AND RELATED SERVICES – POWER GENERATION  
 945 FISHING, HUNTING, TRAPPING, GAME PROPAGATION AND RELATED SERVICES  
 946 FINANCIAL SERVICES  
 947 FORESTRY SERVICES  
 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952)  
 952 HUMAN SERVICES  
 953 INSURANCE, ALL TYPES  
 954 LAUNDRY AND DRY CLEANING SERVICES  
 956 LIBRARY SERVICES (SEE CLASS 908 FOR BOOKBINDING, REBINDING AND REPAIRING)

- 958 MANAGEMENT SERVICES
- 959 MARINE CONSTRUCTION SERVICES; MARINE EQUIPMENT MAINTENANCE AND REPAIR;  
RELATED MARINE SERVICES
- 961 MISCELLANEOUS PROFESSIONAL SERVICES
- 962 MISCELLANEOUS SERVICES
- 965 PRINTING PREPARATIONS: ETCHING, PHOTOENGRAVING AND PREPARATION OF MATS,  
NEGATIVES AND PLATES
- 966 PRINTING AND RELATED SERVICES
- 968 PUBLIC WORKS AND RELATED SERVICES
- 971 REAL PROPERTY RENTAL OR LEASE
- 975 RENTAL OR LEASE SERVICES OF EQUIPMENT – AGRICULTURAL, AIRCRAFT, AUTOMOTIVE,  
HEAVY EQUIPMENT AND MARINE EQUIPMENT
- 977 RENTAL OR LEASE SERVICES OF EQUIPMENT – APPLIANCES, CAFETERIA, FILM, FURNITURE,  
HARDWARE, MUSICAL, SEWING AND WINDOW AND FLOOR COVERINGS
- 979 RENTAL OR LEASE SERVICES OF EQUIPMENT – ENGINEERING, HOSPITAL, LABORATORY,  
PRECISION INSTRUMENTS, REFRIGERATION, SCALES AND TESTING EQUIPMENT
- 981 RENTAL OR LEASE OF EQUIPMENT – GENERAL EQUIPMENT
- 983 RENTAL OR LEASE SERVICES OF EQUIPMENT – CLOTHING, JANITORIAL, LAUNDRY, LAWN,  
PAINTING, SPRAYING AND TEXTILE EQUIPMENT
- 984 RENTAL OR LEASE SERVICES OF COMPUTERS, DATA PROCESSING AND WORD PROCESSING  
EQUIPMENT
- 985 RENTAL OR LEASE SERVICES OF EQUIPMENT – OFFICE, PHOTOGRAPHIC, PRINTING,  
RADIO/TELEVISION/TELEPHONE EQUIPMENT
- 988 ROADSIDE, GROUNDS, RECREATIONAL AND PARK AREA SERVICES
- 989 SAMPLING AND SAMPLE PREPARATION SERVICES (FOR TESTING)
- 990 SECURITY, FIRE, SAFETY AND EMERGENCY SERVICES
- 992 TESTING AND CALIBRATION SERVICES
- 998 SALE OF SURPLUS & OBSOLETE ITEMS

## What Your Business Needs to Know about Georgia's E-Verify Requirements (Effective July 1, 2013)

### E-Verify Contractor Requirements

Georgia law, O.C.G.A. § 13-10-91, requires all businesses that contract with a public employer for labor or services by bid or by contract in which the labor or services exceed \$2499.99 to sign an affidavit attesting that they are registered for and use E-Verify unless 1) the contractor has no employees (in which case they must present an approved state issued identification card/drivers' license from an approved state as provided on the Attorney General's website ) or, 2) the contract is with an individual licensed under Title 26, Title 43, or the State Bar of Georgia who is in good standing and that individual is performing that service. Anyone your business subcontracts with for labor and services, as well as the subcontractors of your subcontractors, in furtherance of that contract is also subject to this requirement. E-Verify Contractor, Subcontractor, and Sub-Subcontractor affidavits can be found here.

### E-Verify Private Employer Requirements

Georgia law, O.C.G.A. § 36-60-6, requires all businesses, with more than 10 employees that are seeking an occupation tax certificate/business license or other document required to operate a business with a county or city to sign an affidavit attesting that they are registered for and use E-Verify. Businesses with 10 or fewer employees are required to sign an affidavit attesting that they are exempt from this requirement. Once a business has provided this affidavit to the county, all subsequent renewals can be provided with the submission of the E-Verify number, as long as it is the same number as provided on the affidavit, or assertion that your business is exempt. The county will provide the format in which renewal information is collected. E-Verify Private Employer and Exemption Affidavits can be found here.

### What Is E-Verify?

E-Verify is a federal Web-based system that electronically verifies the employment eligibility of newly hired employees. It works by allowing participating employers to electronically compare employee information taken from the I-9 Form (the paper-based employee eligibility verification form used for all new hires) against records in the Social Security Administration's database and the records in the Department of Homeland Security immigration databases.

### Where Do I Find My E-Verify Number?

The Human Resources Department for your business should have that information, if you have registered. The E-Verify number, which consists of four to six numerical characters, is located directly below the E-Verify logo on the first page of the memorandum of understanding (MOU) entered into between your business and the Department of Homeland Security (DHS) to use E-Verify.

### What if I cannot locate or do not have access to my MOU?

If the HR director/program administrator for E-Verify from your business has taken the E-Verify tutorial, you may obtain your company ID number by: 1) Logging in to E-Verify with your assigned user ID and password; 2) From 'My Company,' select 'Edit Company Profile;' 3) The Company Information page will display the company ID number. If your HR director/program administrator has not completed the tutorial, you must contact E-Verify Customer Support at 888-464-4218 or at E-Verify@dhs.gov for assistance.

### Is the Federal Tax Identification Number/Employer Identification Number (EIN) the same as the E-Verify Number?

No. While you will be required to provide the Federal Tax Identification Number/EIN for your business to DHS in order to register for E-Verify, a separate number, which consists of four to six numerical characters, will be provided as the E-Verify number for your business by DHS, which will be located on the MOU.

**How Do I Register for E-Verify?** To register for E-Verify, please visit the DHS website. If you need assistance in completing the registration process or need additional information relating to E-Verify, call their customer service number at 1-888-464-4218, email them at E-Verify@dhs.gov or visit their website at http://www.dhs.gov/e-verify.

### GEORGIA SECURITY & IMMIGRATION COMPLIANCE (GSIC) AFFIDAVIT

The Oconee County Board of Commissioners and Contractor agree that compliance with the requirements of O.C.G.A. § 13-10-91, as amended, and Rule 300-10-1-.02 of the Rules of the Georgia Department of Labor are conditions of this Agreement for the physical performance of services.

The Contractor further agrees that its compliance with the requirements of O.C.G.A. § 13-10-91, as amended, and DOL Rule 300-10-1-.02 is attested to on the executed Contractor Affidavit and Agreement attached hereto.

If employing or contracting with any subcontractor(s) in connection with this Agreement, Contractor further agrees:

- 1) To secure from the subcontractor(s) an affidavit attesting to the subcontractor's compliance with O.C.G.A. § 13-10-91, as amended, and DOL Rule 300-10-1-.02; such affidavit being in the form attached hereto; and
- 2) The failure of Contractor to supply the affidavit of compliance at the time of execution of this Agreement and/or the failure of Contractor to continue to satisfy the obligations of O.C.G.A. § 13-10-91, as amended, and DOL Rule 300-10-1-.02 as set forth in this Agreement throughout the contract period shall constitute a material breach of the contract.

Upon notice of such breach, Contractor shall be entitled to cure the breach within ten days, upon providing satisfactory evidence of compliance with the terms of this Agreement and State law. Should the breach not be cured, Oconee County shall be entitled to all available remedies, including termination of the contract and damages.

*SEE AFFIDAVITS ON FOLLOWING PAGE*

**Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the Oconee County Board of Commissioners has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Name of Project

Oconee County Board of Commissioners

\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

**Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)**

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with \_\_\_\_\_ (Name of Contractor) on behalf of the Oconee County Board of Commissioners has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Subcontractor

\_\_\_\_\_  
Name of Project

Oconee County Board of Commissioners

\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

**OCONEE COUNTY**  
**DEPARTMENT OF FINANCIAL SERVICES – PURCHASING DIVISION**  
**Calls Creek WRF Secondary Treatment System**  
**COST PROPOSAL FORM**  
**REQUEST FOR PROPOSAL # FY15-04-01**

Please use this COST PROPOSAL Form to indicate the cost for this project. Your total cost must include ALL fees, travel, and any other costs needed to complete the project.

I certify that the proposed costs(s) are accurate and reflect any applicable discounts, and that the company, which I represent, will deliver the services and related items for this proposed amount.

By submission of this response, I also certify that the RESPONDENT has read and understands all of the requirements contained in this solicitation, and agrees to be bound by all the terms and conditions contained in this solicitation without exception.

We have included all required documents required per the OFFEROR's Instructions and Specifications.

The Respondent has availed itself of every opportunity to understand the requirements of this solicitation. Therefore, the undersigned respectfully submits this response and any attachments, if required.

DO YOU HAVE AN OCCUPATIONAL TAX LICENSE IN THE STATE OF GEORGIA? \_\_\_\_\_

LICENSED BY WHAT CITY/COUNTY? \_\_\_\_\_

OCCUPATIONAL TAX LICENSE# \_\_\_\_\_ FEDERAL TAX ID# \_\_\_\_\_

INDICATE LEGAL FORM OF BIDDER:

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other (specify) \_\_\_\_\_

DO YOU PLAN TO SUBCONTRACT ANY PORTION OF THIS PROJECT? Yes \_\_\_\_\_ No \_\_\_\_\_

THE UNDERSIGNED HEREBY PROPOSES THE ATTACHED TECHNICAL AND COST PROPOSAL TO RFP#FY15-201501-01, ISSUED BY OCONEE COUNTY ON JANUARY 8, 2015. ANY EXCEPTIONS SHALL BE CLEARLY MARKED IN THE ATTACHED COPY OF THE RFP:

Lump Sum Price\$ \_\_\_\_\_

WRITTEN PRICE \_\_\_\_\_

\_\_\_\_\_  
(Firm/Company-PRINTED)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Contractor/Bidder, Title-PRINTED)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Signature/Date)

\_\_\_\_\_  
(Phone/Fax)

**Authority to Bind Firm in Agreement  
Respondents Affidavit**

RFP OPENING DATE/TIME: April 30, 2015, 2:00 p.m.

PROJECT NAME: Calls Creek WRF Secondary Treatment System RFP

RFP #: FY15-04-01

STATE OF GEORGIA

OCONEE COUNTY BOARD OF COMMISSIONERS

---

(Name Printed)

being duly sworn, deposes and says that he/she resides at:

---

(Address)

and that he/she is the:

---

(Title)

---

(Firm Name & Address)

who signed the above Response Form, that he was duly authorized to sign and that the Response is the true offer of the Respondent, that the seal attached is the seal of the Respondent and that all the declarations and statements contained in the Response are true to the best of his knowledge and belief.

---

(Affiant Signature)

Subscribed and Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_

---

(Notary Public)

My Commission expires \_\_\_\_\_, 20\_\_

(SEAL)

**OCONEE COUNTY BOARD OF COMMISSIONERS**

**NON-COLLUSION AFFIDAVIT**

(This Non-Collusion Affidavit is part of the RFP Documents)

RFP OPENING DATE: April 30, 2015

PROJECT NAME: **Calls Creek WRF Secondary Treatment System**

RFP NUMBER: FY15-04-01

STATE OF GEORGIA

OCONEE COUNTY BOARD OF COMMISSIONERS

---

being first duly sworn, deposes and says that he is

---

(sole owner, partner, president, secretary, etc.)

the party making the forgoing Proposal or Bid; that such RFP is genuine and not collusive or sham; that said Respondent has not colluded, conspired, connived, or agreed, directly or indirectly, with any Respondent or person, to put in a sham Response, or that such other person shall refrain from Responding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the Response Price of affiant or any other Respondent, or to fix any overhead, profit or cost element of said Response Price, or of that of any other Respondent, or to secure any advantage against Oconee County, or any other person interested in the proposed Agreement; and all statements in said Proposal or Bid are true; and further, that such Respondent has not, directly or indirectly submitted this Response, or the contents thereof, or divulged information or data relative thereto to any association or to any member or agent thereof.

---

(Affiant)

Subscribed and Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_

---

(Notary Public in and for)

---

(County)

My Commission expires \_\_\_\_\_, 20\_\_

(SEAL)

# Oconee County Board of Commissioners

## Contractor Qualification Statement

All questions must be answered and the data given must be clear and comprehensive. This statement must be notarized. If necessary, questions may be answered on separate attached sheets. Additional information may be submitted if desired. Attach all additional sheets to this statement.

1. Legal company name: \_\_\_\_\_
2. Permanent main office address: \_\_\_\_\_  
\_\_\_\_\_
3. Years in Business \_\_\_\_\_ Contractors License No.: \_\_\_\_\_
4. How many years have you been engaged in the contracting business under your present Firm or trade name? \_\_\_\_\_
5. Contracts on hand? \_\_\_\_\_
6. General description of type of work performed by your company: \_\_\_\_\_  
\_\_\_\_\_
7. Have you ever failed to complete any work awarded to you?  
If so, where and why? \_\_\_\_\_
8. Have you ever defaulted on a contract? If so, where and why? \_\_\_\_\_  
\_\_\_\_\_
9. Have you ever forfeited a Bid or Performance Bond? If so, where and why? \_\_\_\_\_  
\_\_\_\_\_
10. Attach a list of the most important projects recently completed by your company, which are similar in scope to this Project.
11. Attach list of Equipment available to complete work.
12. Attach list of any other relevant data or information that would be beneficial to Oconee County in the evaluation of this RFP.
13. Names, background and experience of the principal members of your organization, including officers:

| Name  | Position | Years Experience |
|-------|----------|------------------|
| _____ | _____    | _____            |
| _____ | _____    | _____            |

Contractors Pre-Qualification Statement

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

14. The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the Owner in verification of the recitals comprising this Statement of Respondents Qualifications.

The foregoing statement of qualifications is submitted under oath.

Under oath, I certify that I am a principal or other representative of the firm of \_\_\_\_\_ and that I am authorized by it to execute the foregoing Statement on its behalf. I am personally knowledgeable of all company matters, and further certify that the statements and representations regarding previous experience and qualifications provided herein are true and accurate to the best of my knowledge.

The full names and addresses of persons and firms interested in the foregoing bid as principals are as follows:

| NAME  | TITLE | ADDRESS |
|-------|-------|---------|
| _____ | _____ | _____   |
| _____ | _____ | _____   |
| _____ | _____ | _____   |

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Respectfully Submitted

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
( ) \_\_\_\_\_  
Business Telephone Number

( )  
Business Fax Number

Contact Person Email Address

By: \_\_\_\_\_

\_\_\_\_\_  
Title

State of \_\_\_\_\_

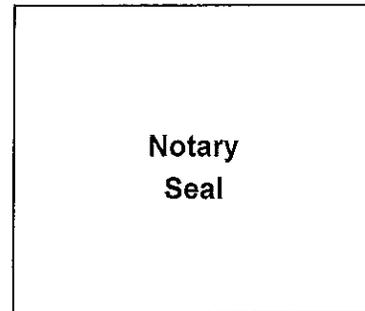
County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn exposes and says that he

or she is \_\_\_\_\_ of \_\_\_\_\_ and that the answers to the foregoing questions and all statements therein contained are true and correct.

Subscribed and sworn to

before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.



\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_, 20\_\_\_\_\_

END OF SECTION

**Subcontractors**

Please list any subcontractors that you will be working with during the course of this contract:

*THIS FORM MUST BE RETURNED WITH YOUR BID.*

**SUBCONTRACTOR ONE**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

**SUBCONTRACTOR TWO**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

**SUBCONTRACTOR THREE**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

OCONEE COUNTY BOARD OF COMMISSIONERS  
DRUG-FREE WORKPLACE CERTIFICATE

*THIS FORM MUST BE RETURNED WITH YOUR BID.*

By signature on this certificate, the contractor certifies that the provisions of O.C.G.A. Section 50-24-1 through 50-24-6 related to the "Drug-Free Workplace Act" has been complied with in full. The contractor further certifies that:

1. A drug-free workplace will be provided for the contractor's employees during the performance of the contract; and
2. Each contractor who hires a subcontractor to work in a drug-free workplace shall secure from that subcontractor the following written certification: "As part of the subcontracting agreement with (contractors name), (subcontractor's name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor's employees during the performance of this contract pursuant to O.C.G.A. Section 50-24- 3(b) (7)."

By signature on this certificate, the contractor further certifies that it will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of this contract.

Contractor: \_\_\_\_\_

By: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Oconee County Board of Commissioners  
Calls Creek WRF Secondary Treatment System RFP  
RFP # FY15-04-01  
Addenda Acknowledgement**

*THIS FORM MUST BE RETURNED WITH YOUR BID.*

The Respondent has examined and carefully studied the Request for Proposal and the following Addenda, receipt of all of which is hereby acknowledged:

Addendum No./Date \_\_\_\_\_

Addendum No./Date \_\_\_\_\_

Addendum No./Date \_\_\_\_\_

Addendum No./Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative/Title  
(Print or Type)

***Respondents must acknowledge any issued addenda. Proposals which fail to acknowledge the Contractor's receipt of any addendum may result in the rejection of the proposal if the addendum contains information that substantively changes the Owner's requirements.***