



ALABAMA DEPARTMENT OF REVENUE
Special Motor Bus Passenger Carrier
Business Operating License and Affidavit

ISSUING COUNTY

Madison

COUNTY CODE

45

PROC CERTIFICATE NO.

CB332

VEHICLE IDENTIFICATION NUMBER

2PQH33491JC713889

NAME

Prey

MODEL

V3-45

YEAR

2018

VEHICLE IDENTIFICATION NUMBER

255.75

COMMISSION

6.39

STATE

18.70

COUNTY

89.77

EDUCATION TRUST FUND

140.89

TOTAL

255.75

DATE ISSUED

11/21/17

EXPIRATION DATE

11/18

AFFIDAVIT

I certify that Spirit Coach has been issued certificate number CB332 and is authorized to operate in this State by the Public Service Commission pursuant to Chapter 3 of Title 37 of Code of Alabama 1975. I further certify that Spirit Coach is both based in and has principal operating facilities located within Alabama.

I understand that false statements given in this affidavit are subject to the penalty for perjury under the laws of the State of Alabama.

Signed this 22 day of Nov 2017

Applicant: [Signature] County Official: Mark Craig

OWNER'S COPY

A0004005

PM-26
(Rev. 1/95)

SERVICE DATE
October 25, 1999

DEPARTMENT OF TRANSPORTATION
OFFICE OF MOTOR CARRIER SAFETY

CERTIFICATE

MC 365947 C

SPIRIT COACH, LLC
HUNTSVILLE, AL, US

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier of passengers, in charter and special operations, by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387); the designation of agents upon whom process may be served (49 CFR 366); and tariffs or schedules (49 CFR 1312). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Thomas T. Vining
Chief, Licensing and Insurance Division

NOTE: Applicant is a nonrecipient of governmental financial assistance.

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.



Emergency Response Plan

Every breakdown is different; our first concern is our passengers' safety. Once that is established, we (our entire team) are working to get the group to its destination.

- Driver calls in to alert office, we call our mechanic and he begins working with the driver to see if the driver can resolve the issue.
- Depending on location of breakdown we would
 - a) Dispatch another coach
 - b) Call for roadside assistance
 - c) Send our mechanic out
- In extreme situations we would charter a coach from a local company to continue trip until one of our coaches could relieve them.
- There is an emergency number 877.248.4748 for afterhours leave message and the manager on call will call you back

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Spirit Coach, LLC		
	Business name/disregarded entity name, if different from above		
	Check appropriate box for federal tax classification: <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 <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ P <input type="checkbox"/> Other (see instructions) ▶	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.) 9290 Madison Boulevard	Requester's name and address (optional)	
	City, state, and ZIP code Madison, AL 35758	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)	Social security number										
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 <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
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										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">7</td> </tr> </table>	6	3	-	1	2	3	6	9	3	7
6	3	-	1	2	3	6	9	3	7		

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and	
3. I am a U.S. citizen or other U.S. person (defined below), and	
4. 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.	
Sign Here	Signature of U.S. person ▶
	Date ▶ 8/30/18

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. 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:

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.

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.

**THE E-VERIFY
MEMORANDUM OF UNDERSTANDING
FOR EMPLOYERS**

**ARTICLE I
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and the Spirit Coach LLC (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

**ARTICLE II
RESPONSIBILITIES**

A. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:
 - a. Notice of E-Verify Participation
 - b. Notice of Right to Work
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.

Company ID Number: 420368

Approved by:

Employer	
Spirit Coach LLC	
Name (Please Type or Print)	Title
Fred Carpenter	Controller
Signature	Date
Electronically Signed	06/07/2011
Department of Homeland Security – Verification Division	
Name (Please Type or Print)	Title
Electronically Signed	
Signature	Date
	06/07/2011

Company ID Number:

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	Spirit Coach LLC
Company Facility Address	9290 Madison Blvd Madison, AL 35758
Company Alternate Address	
County or Parish	Madison
Employer Identification Number	631236937
North American Industry Classification Systems Code	485
Parent Company	
Number of Employees	20 to 99
Number of Sites Verified for	1



Purchasing Department
P. O. Box 1627
Normal, Alabama 35762
(256) 372-5227 Office
(256) 372-5223 Fax

INSTRUCTIONS UNIQUE TO THIS INVITATION TO BID (ITB)

1. The sealed bid submission deadline is Thursday, November 29, 2018 at 2:30 P.M. Central Standard Time (CST). Bids not received by that time will be ineligible from further consideration.
2. **A bid bond IS NOT required for this bid. Therefore, do not submit a bid bond.**
3. Bidders must submit all provided documents with each bid response.
4. Please type Invitation to Bid responses directly into the PDF you have been provided. Handwritten responses are accepted but not preferred.
5. This bid is being advertised through Alabama A&M University's Vendor Registry.