SECURE HAVEN SECURITY

EMPLOYMENT APPLICATION

Called to Serve. Committed to Protect.

Secure Haven Security is an equal opportunity employer. Please print clearly and answer all applicable questions.

1. APPLICANT INFORMATION

Full Legal Name: _____	**Date:** _____
Address: _____	**City / State / ZIP:** _____
Phone: _____	**Email:** _____
Are you at least 18 years old? Yes / No _____	**Are you legally authorized to work in the U.S.? Yes / No** _____

2. POSITION & AVAILABILITY

Position Applied For: _____	**Desired Start Date:** _____
Employment Desired: Full-Time / Part-Time / On-Call _____	**Desired Pay:** _____
Days Available: _____	**Hours / Shifts Available:** _____
Available for nights, weekends, and holidays? Yes / No _____	**Reliable transportation? Yes / No** _____

3. LICENSES, TRAINING & QUALIFICATIONS

Valid Driver's License? Yes / No _____	**State / License Class:** _____
Security License / Guard Card? Yes / No _____	**License No. / Expiration:** _____
CPR / First Aid / AED Certified? Yes / No _____	**Expiration:** _____
Other relevant certifications or training: _____	**Military / law enforcement / corrections experience? Yes / No** _____
If yes, briefly describe: _____	**Other skills relevant to security work:** _____

4. EMPLOYMENT HISTORY - MOST RECENT FIRST

Employer 1

Employer / Company: _____	**Phone:** _____
Job Title / Duties: _____	**Dates Employed:** _____
Supervisor: _____	**Reason for Leaving:** _____

Employer 2

Employer / Company: _____	**Phone:** _____
Job Title / Duties: _____	**Dates Employed:** _____
Supervisor: _____	**Reason for Leaving:** _____

Employer 3

Employer / Company:	**Phone:** _____

_____	
Job Title / Duties: _____	**Dates Employed:** _____
Supervisor: _____	**Reason for Leaving:** _____

5. EDUCATION

School / Institution	City / State	Diploma, Degree, or Certification

6. PROFESSIONAL REFERENCES

Name	Relationship / Company	Phone / Email

7. JOB-RELATED BACKGROUND

Have you ever been terminated or asked to resign from a job? Yes / No If yes, explain:

_____

Have you ever had a professional/security license suspended or revoked? Yes / No If yes, explain:

_____

Can you perform the essential duties of the position, with or without reasonable accommodation? Yes / No

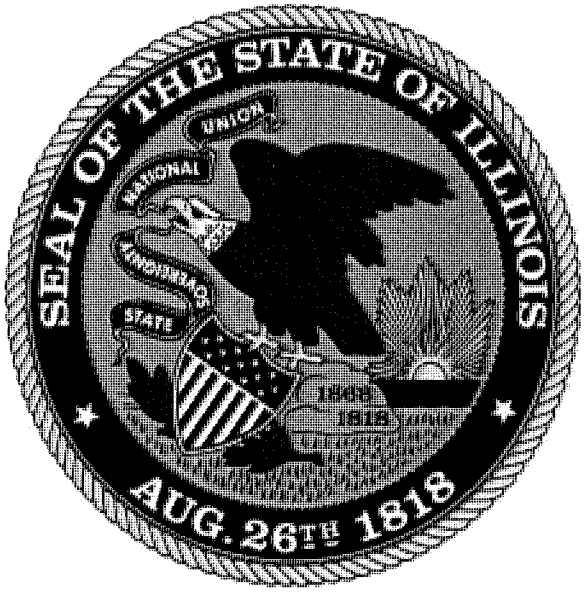
8. APPLICANT CERTIFICATION & AUTHORIZATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false, misleading, or omitted information may disqualify me from employment or result in termination. I authorize Secure Haven Security to verify information relevant to my qualifications and employment history, subject to applicable law. I understand that this application does not create a contract of employment and that any employment relationship will be governed by applicable law and company policy.

Applicant Signature: _____	**Date:** _____
Printed Name: _____	**Interviewer / Received By:** _____

FOR COMPANY USE ONLY

Interview Date: _____	**Interviewer:** _____
Disposition: Hire / Hold / Decline _____	**Proposed Start Date:** _____
Position / Assignment: _____	**Starting Pay:** _____



(129) Permanent Employee Registration Card (PERC) New Application Checklist

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General Information

Instructions:

1. Before completing the application package, read each step. This will aid you in accurately completing your application and eliminate any delay in processing.

2. Applicant **must be at least 18 years of age** to apply for a PERC in an unarmed capacity.

3. Submit the appropriate security clearance documents in the form of a fingerprint background check.

4. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any Tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

5. **If you have been issued a Permanent Employee Registration Card in the past, you may not apply for an additional card.** The application which you submit is valid for 3 years from date of receipt. If you have applied for a Permanent Employee Registration Card within the past 3 years but did not complete the application process, or previously had a PERC card than is now expired **DO NOT** submit another application. Contact the Division's Call Center at 1-800-560-6420 and request the status of your application.

6. If your PERC has been lost you can print your PERC online by clicking here.

7. The PERC shall expire on May 31, 2018 and every 3 years thereafter. You will receive your PERC renewal by email approximately 90 days prior to the expiration date of your PERC.

Qualifications/Exemptions:

Detective, Security Contractor, Alarm Contractor or Locksmith Licensees

- If you possess a valid Illinois detective, security contractor, alarm contractor, or locksmith license, *then a PERC is not required to work for a licensed agency.*

Peace Officer Exemption

- *A peace officer as defined in the Private Detective, Private Alarm, Private Security, Fingerprint Vendor and Locksmith Act is exempt from the requirements relating to the possession of a permanent employee registration card (PERC). The employing agency shall remain responsible for any peace officer employed under this exemption.*

  A person employed as an unarmed security guard at a nuclear energy, storage, weapons, or development site or facility regulated by the Nuclear Regulatory Commission who has completed the background screening and training mandated by the rules and regulations of the Nuclear Regulatory Commission is exempt from registration for a Permanent Employee Registration Card.

- **If you wish to apply for the Peace Officer Exemption listed above. Include a completed Peace Officer Exemption Form (VE-PEC) in your application. This form can be found at the back of this packet.**

Application Requirements

Designation	Requirements	Submitted:
Permanent Employee Registration Card (PERC) with Fingerprints (Illinois)	1. Completed online application including all required information • Date and Place of Birth • Social Security Number or an SSN Affidavit • Name Change Information 2. Record of Licensure: list all other related or non-related professional licenses held in Illinois or another state(s). 3. You must be at least 18 years of age to apply for a Permanent Employee Registration Card (PERC). 4. Fingerprint Information: the fingerprint Transaction Control Number (TCN) from your fingerprint receipt. This number is 16 characters long and can be found on the receipt provided by your fingerprint vendor. Please keep your fingerprint receipt until your license has been issued. The IDFPR may request it if any issues in the fingerprinting process arise. 5. Personal History Information (if applicable) including: • Criminal History • Felony Convictions • Dishonorable discharge from military service • Disease or conditions that may interfere with professional work • Denial of a prior professional license 6. Failure to comply with a child support order, defaulting on a student loan, or defaulting on taxes.	ONLINE PORTAL
Permanent Employee Registration Card (PERC) with Fingerprints (Out-of-State)	1. Completed online application including all required information • Date and Place of Birth • Social Security Number or an SSN Affidavit • Name Change Information 2. Record of Licensure: list all other related or non-related professional licenses held in Illinois or another state(s). 3. You must be at least 18 years of age to apply for a Permanent Employee Registration Card (PERC). 4. Fingerprint Information: the fingerprint Transaction Control Number (TCN) from your fingerprint receipt. This number is 16 characters long and can be found on the receipt provided by your fingerprint vendor. Please keep your fingerprint receipt until your license has been issued. The IDFPR may request it if any issues in the fingerprinting process arise. 5. Personal History Information (if applicable) including: • Criminal History • Felony Convictions • Dishonorable discharge from military service • Disease or conditions that may interfere with professional work • Denial of a prior professional license 6. Failure to comply with a child support order, defaulting on a student loan, or defaulting on taxes.	ONLINE PORTAL

Designation	Requirements	Submitted:
Permanent Employee Registration Card (PERC) with Fingerprints (Out-of-State)	1. Completed online application including all required information • Date and Place of Birth • Social Security Number or an SSN Affidavit • Name Change Information 2. Record of Licensure: list all other related or non-related professional licenses held in Illinois or another state(s). 3. You must be at least 18 years of age to apply for a Permanent Employee Registration Card (PERC). 4. Peace Officer Exemption: Upload a completed copy of **form Verification of Peace Officer Exemption (VE-PEC)**. 5. Personal History Information ***(if applicable)*** including: • Criminal History • Felony Convictions • Dishonorable discharge from military service • Disease or conditions that may interfere with professional work • Denial of a prior professional license 6. Failure to comply with a child support order, defaulting on a student loan, or defaulting on taxes ***(if applicable)***.	ONLINE PORTAL

Application Fees

Fees collected through the licensing process are NOT REFUNDABLE OR TRANSFERABLE.		
Complete	**License Type**	**Submitted:**
ALL DESIGNATIONS	(129) Permanent Employee Registration Card (PERC) $55.00	ONLINE PORTAL
NOTES: All major credit and debit cards as well as ACH and eCheck are accepted.		

Security Clearance Information

Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check and provide evidence of fingerprint processing from a fingerprint vendor licensed by the Department. Fingerprints must be taken within 60 days from the date that the application is submitted to the Department or the Department's testing vendor.

Illinois Fingerprint Vendors

1. Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting. The Illinois State Police will transmit electronic results of fingerprint processing to the Department.

    - Applicants *fingerprinted in Illinois* will ***no longer*** be required to submit a physical copy of their live scan receipt as a part of their initial license application. Instead, they will be required to enter their 16 digit ***Transaction Control Number (TCN)*** found on the fingerprint receipt issued by their licensed fingerprint vendor.

    - Applicants *should still* retain a copy of this fingerprint receipt until their license has been issued, as the Department may request a copy of it if any issues in the fingerprinting process arise during the application process.

Out-of-State Fingerprint Vendors

Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:

1. Obtain one (1) Illinois State Police (ISP) **Fee Applicant Card** for processing. Applicants may contact the Department at 1-800-560-6420 or send an email request on your profession page of the Department website at IDFPR.illinois.gov. The ISP will transmit electronic results of the fingerprint processing to the Department.

2. Complete Section 1 of the **Identity Verification Certifying Statement form (OOS-FP).** See the end of this packet for form OOS-FP.

3. The **Fee Applicant Card** shall be taken to a police department in another state to obtain classifiable prints.

4. Section 2 of the **Identity Verification Certifying Statement form (OOS-FP)** shall be completed and signed by the police department.

5. Click here to select a licensed Illinois fingerprint vendor that has "Card Scan" capability. Contact the vendor to determine the fee for a "Card Scan".

6. Mail the original **Identity Verification Certifying Statement form (OOS-FP)** (with Sections 1 and 2 completed), **Fee Applicant Card** and fingerprint fee to the licensed fingerprint vendor selected from the Division of Professional Regulation website.

7. To verify applicants have completed the fingerprinting process, IDFPR will require applicants to enter the 16 digit ***Transaction Control Number (TCN)*** found on their *Fee Applicant Card* issued by the Illinois State Police. This number can be found in the upper-right hand corner of the *Fee Applicant Card* and begins with the letters ***'FRM'***.
   Applicants *should still* retain a copy of all OOS-FP-related forms until their license has been issued, as the Department may request a copy of it if any issues in the fingerprinting process arise during the application process.

IMPORTANT NOTICE: Completion of this form is necessary for licensure/ employment under provision set forth within the Illinois Compiled Statutes or other related Federal laws. Disclosure of this information is VOLUNTARY. However, failure to comply may result in the denial of your application.	**IDENTITY VERIFICATION CERTIFYING STATEMENT**	**OOS-FP**

Pursuant to Title 68 Part 1240.535 of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 Rules, fingerprint vendors are required to confirm identity of the individual seeking to be fingerprinted. This identity verification form must be completed for out-of-state residents applying for licensure/employment in the State of Illinois. This form will be utilized to confirm the personal identifying information being placed on the Illinois State Police (ISP) Fee Applicant fingerprint card, form number ISP-404. The out-of-state agency chosen to take your fingerprints, must complete this form, as written confirmation that a valid government issued drivers license or State ID was presented and that the identification provided, belongs to the individual being fingerprinted.

Instructions: This form must be submitted, along with a manual Fee Applicant fingerprint card to which your fingerprints have been applied, to a licensed live scan fingerprint vendor in the State of Illinois possessing "Scan Card" capability to ensure electronic transmission of the Fee Applicant fingerprint card. The electronic transmission of fingerprints to the ISP is mandated pursuant to Title 20 Part 1265 "Electronic Transmission of Fingerprints". **The manual submission of fingerprints to ISP is no longer acceptable.** Once your fingerprints have been taken, a signed original of this form must be attached to your Fee Applicant fingerprint card and submitted to an Illinois licensed live scan fingerprint vendor. As well, an additional copy may be required to be submitted to the requesting State Agency along with any additional application or required documentation specified by the State Agency.

Section 1 Applicant Information (All fields mandatory)

LAST NAME:	FIRST:	MIDDLE:	PHONE NUMBER:

MAIDEN NAME/GIVEN SURNAME:	POSITION / REASON FINGERPRINTED: (NURSE/DOCTOR/SECURITY GUARD, ETC)

ADDRESS: (STREET/CITY/STATE/ZIP)	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

Section 2 Certifying Agency Taking Fingerprints (Include TCN from Fee Applicant card)

AGENCY NAME:	TCN: FRM

DATE FINGERPRINT TAKEN: / /	CONTACT PHONE NUMBER: ( ) -

PRINTING AGENT'S NAME: LAST FIRST

☐ I have compared the government issued identification presented by the applicant and attest that to the best determination, I have fingerprinted the same individual. (Must be checked to certify)

PRINTING AGENT'S SIGNATURE:

Illinois Live Scan Fingerprint Vendor Information

Section 3 Fingerprint Vendor Agency Name

LIVE SCAN FP AGENCY NAME:

REQUESTING STATE AGENCY:	REQUESTING STATE AGENCY ORI:

DATE FINGERPRINTS SUBMITTED TO ISP:	COST CENTER USED:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 447/1 et. seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	**PEACE OFFICER EMPLOYMENT VERIFICATION**	SUPPORTING DOCUMENT **VE - PEC**

Persons retired from a peace officer position* within 1 year of application are exempt from the fingerprint requirement for a permanent employment registration card (PERC). If you meet the conditions of a Peace Officer*, complete the applicant section of this form and forward it to the Law Enforcement Agency/Department for whom you worked for completion. After it is completed, return it to this Department in lieu of the fingerprint cards. The employing agency shall remain responsible for any peace officer employed under this exemption for a PERC, regardless if the peace officer is compensated as an employee or an independent contractor.

* Peace Officer means any person who by virtue of his/her office or public employment is vested by law with a duty to maintain public order or to make arrests for offenses, whether that duty extends to all offenses or is limited to specific offenses; officers; agents or employees of the federal government commissioned by federal statute to make arrests for violations of federal laws shall be considered peace officers.

APPLICANT SECTION:

1. LAST NAME: FIRST NAME MIDDLE NAME	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year
3. BADGE OR IDENTIFICATION NUMBER	3. US SOCIAL SECURITY NUMBER: __ __ __ - __ __ - __ __ __ __

I hereby authorize _____ to furnish to the Illinois Department of
Name of Law Enforcement Agency / Department

Financial and Professional Regulation or its designated testing service, the information requested below.

_____ _____
Signature Date

LAW ENFORCEMENT AGENCY SECTION:

Complete this section and return it for inclusion in the professional's license application.

A. NAME OF SUPERVISOR / PERSONNEL OFFICER:	B. NAME OF LAW ENFORCEMENT AGENCY OR DEPARTMENT
C. BUSINESS PHONE NUMBER Area Code (__ __ __) __ __ __ – __ __ __ __	D. BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)

E. Date Applicant Retired from Law Enforcement Agency / Department: __ __ / __ __ / __ __ __ __
Month Day Year

I do hereby declare that the information I have recorded is true and correct.

_____
PRINT NAME OF SUPERVISOR / PERSONNEL OFFICER

_____ _____
Signature Date

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 447/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.

EMPLOYEE'S STATEMENT

To be retained in employee's personnel file by the employing agency.

EMPLOYEE NUMBER

DATE OF EMPLOYMENT

NAME AND ADDRESS OF EMPLOYING AGENCY

NAME OF EMPLOYEE

SOCIAL SECURITY NUMBER

ADDRESS OF EMPLOYEE (Include Street, City, State, and ZIP Code)

DATE OF BIRTH (Month/Day/Year)

PLACE OF BIRTH

E-MAIL ADDRESS (REQUIRED)

Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. *If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.* ☐ Yes ☐ No

Have you ever been discharged other than honorably from the armed services or from a city, county, state, or federal position? *If yes, attach explanation.* ☐ Yes ☐ No

Do you have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.* ☐ Yes ☐ No

Have you ever had a license or registration denied, suspended or revoked under the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor and Locksmith Act? ☐ Yes ☐ No
If yes, attach explanation.

Please state business or occupation engaged in for the five (5) years immediately preceding the date of execution of this statement, the location of such business or occupation, and the names of employers, if any.

Date: _____ Signature of Employee: _____

IDFPR
Illinois Department of
Financial and Professional Regulation
Division of Professional Regulation

APPLICATION FOR:
WAIVER OF FIREARM TRAINING

IMPORTANT INFORMATION:

- Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.
- Disclosure of your U.S. social security number or ITIN, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.
- Before contacting the Department; please review our FAQ's (***http://www.idfpr.illinois.gov/About/FAQ.html***) for answers to most questions. If your specific question is not addressed in our FAQ's, please contact the Department at **800.560.6420** for assistance.

APPLICANT: Complete the bottom of this page and email to: ***FPR.SafetyUnit@Illinois.gov***, along with the following applicable documentation in PDF format:

I. Police Training:

A. In-State, submit one of the following:
1. Submit a copy of the Training History Report provided by the Illinois Law Enforcement Training Standards Board; or
2. Submit a copy of the Illinois State Police "Appoint and Commission" certificate if firearm training was provided by the Illinois State Police; or
3. Submit a letter verifying current employment as a law enforcement officer as defined in the Illinois Police Training Act; or
4. Submit proof that you are a qualified retired law enforcement officer as defined in the federal Law Enforcement Officers Safety Act of 2004 (HR-218) and are in compliance with all of the requirements of this Act. Include a copy of the front and back of your current Illinois Retired Officers Concealed Carry Permit pocket card.

B. Out-of-State
1. Submit a comprehensive description of the program, prepared by the facility where you completed said training.

1. NAME (Last, First, Middle Initial) **Please Type or Print in black pen.**	2. DATE OF BIRTH	3. SSN OR ITIN

4. ADDRESS (Street, City, State, and ZIP Code)	
5. REQUIRED E-MAIL ADDRESS	6. I CONSENT TO PROFESSIONAL ORGANIZATIONS HAVING MY EMAIL ADDRESS ☐

7. MAIDEN NAME	8. PERMANENT EMPLOYEE REGISTRATION NUMBER (If Applicable)
	129 -

9. DPR FIREARM COURSE NUMBER	10. DATES OF ATTENDANCE	11. DATE TRAINING COMPLETED
102 - 91	___ / ___ / ___ to ___ / ___ / ___	___ / ___ / ___

12. NAME AND ADDRESS OF TRAINING ACADEMY ATTENDED (Street, City, State, and ZIP Code)	13. CHECK TYPE OF WEAPON(S) FOR WHICH YOU WERE TRAINED:
	☐ Handgun/Revolver ☐ Shotgun ☐ Semi-automatic ☐ Rifle

14. DPR FIREARM INSTRUCTOR LICENSE NUMBER
263 - 456

Date _____ Signature _____

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

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

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

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

Requester's name and address (optional)

6 City, state, and ZIP code

7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

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 for Part II, later.

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

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

EMAIL FOR STUB _____

Last Name

First Name MI

Social Security Number ___ – ___ – ____

Work Phone ___ – ___ – ____

Action ☐ New ☐ Change ☐ Cancel

Effective Date ☐☐ Month ☐☐ Day ☐☐ Year

Name of Financial Institution

Account Number (Include hyphens but omit spaces and special symbols.)

Type of Account ☐ Checking ☐ Savings

Routing Transit Number (All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)

Ownership of Account ☐ Self ☐ Joint ☐ Other

By signing this agreement, I authorize _____ to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize _____ to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature _____ Date _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date _____

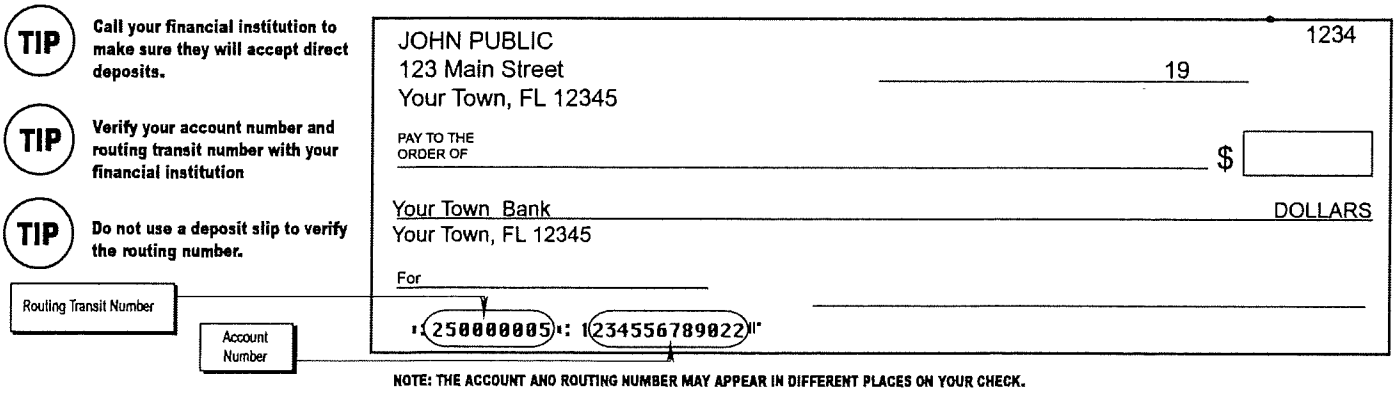
HOW TO COMPLETE THIS FORM

1. Fill in all boxes above.
2. Sign and date the form.

TIP **Call your financial institution to make sure they will accept direct deposits.**

TIP **Verify your account number and routing transit number with your financial institution**

TIP **Do not use a deposit slip to verify the routing number.**



NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.