

Washington

TRU Solutions LLC

Waste Isolation Pilot Plant Supplier Application

Note: Form must be filled out completely and signed prior to submittal to the following address:

Washington TRU Solutions LLC
PO Box 2078 GSA-207
Carlsbad, NM 88221
FAX: (575) 234-6034 or 7050

Company Name:		
Address:		
City:	State:	Zip:
e-Mail:		
Remittance Address (if different):		
City:	State:	Zip:
e-Mail:		
Other:		
Address:		
City:	State:	Zip:

COMPANY CONTACTS

Manager Name:		Sales Name:	
e-Mail		e-Mail	
Phone:	Cell:	Phone:	Cell:
Service Name:		Accounts Payable Name:	
e-Mail		e-Mail	
Phone:	Cell:	Phone:	Cell:
Fax:			

TYPE OF BUSINESS

Individual Partnership Non-Profit Joint Venture

Is your business a Corporation? Yes No

If yes: Corporation incorporated under laws of the State of: _____

Central Contractor Registration (CCR) Yes No Registration Date _____

NM Combined Reporting System (CRS) ID NO* _____

Federal Tax ID _____ NAICS Code(s) _____ DUNS No. _____

Year Established _____ State Congressional District No.** _____

*Social Security No. if no NM CRS ID

** Information located on the internet at www.nationalatlas.gov/printable/congress.html

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SOCIOECONOMIC INFORMATION

<p>1. Is your company a small business concern?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If Yes, complete the categories below that apply; if No, go to Section 6.</p> <p><input type="checkbox"/> Veteran-Owned</p> <p><input type="checkbox"/> Women-Owned</p> <p><input type="checkbox"/> Service-Disabled Veteran-Owned</p> <p>3. Is your company certified as a small disadvantaged business with the Small Business Administration (SBA)?</p> <p><input type="checkbox"/> Black American <input type="checkbox"/> Hispanic American</p> <p><input type="checkbox"/> Native American <input type="checkbox"/> Asian-Pacific American</p> <p><input type="checkbox"/> Subcontinent-Asian (Asian-Indian) American</p> <p><input type="checkbox"/> Other _____</p> <p>NOTE: For guidance see Federal Acquisition Regulations (FAR) 52.219-1, Small Business Programs Representations.</p>	<p>4. Is your company certified as an 8(a) business with the SBA?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Is your company certified as a small HUBZone business with the SBA?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>PLEASE ATTACH A PRINT OUT OF YOUR SBA PROFILE OR REGISTER AT: http://www.sba.gov/</p> <p>6. If your company is not a small business, which of the following applies?</p> <p><input type="checkbox"/> Large <input type="checkbox"/> Federal Government</p> <p><input type="checkbox"/> Education Institution <input type="checkbox"/> Non-Profit Organization</p> <p><input type="checkbox"/> State/Local Government <input type="checkbox"/> DOE Prime Contractor</p>
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*** Attach print out of your US Small Business Administration (SBA) profile or register at: <http://www.sba.gov/>**

By manually signing below, the applicant certifies that the information and representations provided on this form are accurate, current, and complete. Under 15U.S.C. 645(d), any person who misrepresents its size status shall (1) be punished by a fine, imprisonment or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in the programs conducted under the authority of the Small Business Act.

Name and Title of Person Authorized to Sign Signature Date

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Questions regarding this portion of this form may be forwarded to: Roland Taylor at:

roland.taylor@wipp.ws

SUPPLIER AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

Company Name:		
Address:		
City:	State:	Zip:
I hereby authorize Washington TRU Solutions, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same such account.		
DEPOSITORY (Bank) NAME	BRANCH	
CITY	STATE	ZIP
BANK TRANSIT/ABA NO.	ACCOUNT NO.	
This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and a DEPOSITORY a reasonable opportunity to act on it.		
AUTHORIZED SIGNATURE	DATE	