



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

**Nuclear Waste Partnership LLC
 PO Box 2078 GSA-207
 Carlsbad, NM 88221
 FAX: (575) 234-7050**

Company Name:			
Address:		Phone:	
City:	State:	Zip(+4):	
e-Mail:			
REMITTANCE ADDRESS (if different)			
Address:			
City:	State:	Zip(+4):	
e-Mail:			
Other:			
Address:			
City:	State:	Zip(+4):	Country Code:
COMPANY CONTACTS			
Manager Name:		Sales Name:	
Phone:	Cell:	Phone:	Cell:
e-Mail:		e-Mail:	
Service Name:		Accounts Payable Name:	
Phone:	Cell:	Phone:	Cell:
e-Mail:		e-Mail:	
Fax:		Fax:	



TYPE OF BUSINESS

Is your company a Corporation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If not, state company type:

<input type="checkbox"/> Individual	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> LLC
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	

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

State Congressional District Number : (Information available at http://www.house.gov/representatives/find/)	State:
	District No:

Year your company was established:

New Mexico Combined Reporting System (CRS) ID Number:

Federal Tax ID Number or Social Security Number if no Federal Tax ID:

DUNS Number:

Number of Employees:	Annual Revenue:
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PARENT COMPANY INFORMATION

Company Name:

Address:	Phone:
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City:	State:	Zip(+4):
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DUNS Number:

TYPE OF BUSINESS

Is your parent company a Corporation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<input type="checkbox"/> Individual	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> LLC
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	

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

BUSINESS DESCRIPTION & TYPE

GENERAL PROVIDER OF (check all applicable)	SUPPLIES/EQUIPMENT <input type="checkbox"/>	SERVICES <input type="checkbox"/>	CONSTRUCTION <input type="checkbox"/>	OTHER <input type="checkbox"/>
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BRIEF DESCRIPTION OF BUSINESS



Socioeconomic Information

For guidance refer to 13 CFR Parts 121 through 127

Is your company a small business concern? Yes No

Check all that apply:

<input type="checkbox"/>	Women-Owned Small Business	<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Veteran-Owned Small Business	<input type="checkbox"/>	Asian Pacific American
<input type="checkbox"/>	Service-Disabled Veteran-Owned Small Business	<input type="checkbox"/>	Black American
<input type="checkbox"/>	Small Disadvantaged Business	<input type="checkbox"/>	Hispanic American
<input type="checkbox"/>	Certified as an 8(a) with the SBA? Attach copy of certification	<input type="checkbox"/>	Native American Owned
<input type="checkbox"/>	Certified as a HUBZone small business? Attach copy of certification	<input type="checkbox"/>	Asian American
<input type="checkbox"/>	Economically Disadvantaged Woman Owned Small Business	<input type="checkbox"/>	Native Hawaiian Organization
<input type="checkbox"/>	Alaskan Native Corporation	<input type="checkbox"/>	

If your company is not a small business, which of the following applies?

<input type="checkbox"/>	Large Business	<input type="checkbox"/>	Federal Government
<input type="checkbox"/>	Educational Institution	<input type="checkbox"/>	State/Local Government
<input type="checkbox"/>	Non-Profit Organization	<input type="checkbox"/>	DOE Prime Contractor If yes, please provide Prime Contract #

NORTH AMERICAN INDUSTRIAL CLASSIFICATION CODES SYSTEM (NAICS)

North American Industry Classification System (NAICS) The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishment for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

Reference https://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf

PRIMARY NAICS Code(s)	NAICS Description of Vendor's Business

Attach a print out of your company's Registration at: www.sam.gov

By manually signing below, the applicant certifies that the information and representations provided on this form are accurate, current, and complete. Under 15 U.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.

Printed Name and Title of Person Authorized to Sign _____ Signature _____ Date _____



**SUPPLIER AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS (CREDITS)**

Company Name:		
Address:		
City:	State:	Zip(+4):
<p>I hereby authorize Nuclear Waste Partnership, 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.</p>		
DEPOSITORY (Bank) NAME	BRANCH	
CITY	STATE	ZIP
BANK TRANSIT/ABA NO.	ACCOUNT NO.	
<p>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.</p>		
AUTHORIZED SIGNATURE	DATE	

(Application must also be signed on page 3 of 4)

(Form W-9 must also be submitted with your Supplier Application)

NOTICE TO PROSPECTIVE VENDORS

Submittal of supplier information will be treated confidentially and is for NWP use only. Submittal allows a supplier to be considered for solicitation purposes; however, does not guarantee that the vendor will be placed on a solicitation (bid) list or awarded a sub-contract.

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.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	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 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											
				-			-				
or											
Employer identification number											
				-							

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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 ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

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