

LaTonya W. Ammons  
Director



**DOUGLAS COUNTY BOARD OF COMMISSIONERS**  
**PURCHASING DEPARTMENT**

8700 Hospital Drive • Douglasville, GA 30134  
Telephone (770) 920-7390 • Fax (770) 920-7219

**TO:** All Interested Parties  
**FROM:** Douglas County Purchasing Department  
**RE:** Vendor required information

Dear Gentleman/Ladies:

Attached for your review and completion are the following required forms:

- Vendor Application
- W-9 Taxpayer form
- Contractor and Subcontractor Work Authorization Affidavits

All potential and current vendors (when required) shall complete and submit these forms to the Douglas County Purchasing Department with respect to conducting business with any department under the auspices of the Douglas County Board of Commissioners.

O.C.G.A. 13-10-91 stipulates that "all qualifying contractors and subcontractors performing work within the State of Georgia on a contract with a public employer must register and participate in a federal work authorization program.

To register as a vendor with Douglas County, you must complete and submit these forms making sure that the necessary forms are notarized. Incomplete documents, including the required notarizations, will not be accepted. Your vendor application and information, for use by all Douglas County Departments, will be pending until receipt of your completed application. Your cooperation is greatly appreciated.

Should you have any questions, comments or concerns, please contact us at 678-838-2079, by mail to Douglas County Board of Commissioners, Purchasing Department, 8700 Hospital Drive, Douglasville, GA 30134 or by email at [dcpurchasing@douglascountyga.gov](mailto:dcpurchasing@douglascountyga.gov).

Thank you for your interest in doing business with Douglas County, Georgia.



# Douglas County Board of Commissioners

8700 Hospital Drive, Purchasing Department, Douglasville, GA 30134

## VENDOR APPLICATION

**ALL APPLICATIONS REQUIRE A W-9**

DATE: \_\_\_\_\_

New Application

Revised Application

**SUPPLIER IDENTIFICATION** (Complete all applicable fields)

FEI/SSN/TIN NUMBER: \_\_\_\_\_

Supplier Name: \_\_\_\_\_

Payment Alt Name: \_\_\_\_\_

(If Payable to a different name)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact name: \_\_\_\_\_

Primary #: \_\_\_\_\_ EXT: \_\_\_\_\_

Secondary #: \_\_\_\_\_ EXT: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Email Address for Purchase Orders: \_\_\_\_\_

Occupation Tax County of Registration: \_\_\_\_\_

Principal Line of Business: \_\_\_\_\_

Commodity Code(s) \_\_\_\_\_

**TYPE OF BUSINESS** (Check all that apply)

Individual

Partnership

Joint Venture

Sole Proprietorship

Corporation

Non-Profit

Large Business (> 1M in Annual Sales)

Small Business (< 1M in Annual Sales)\*

DBE

MBE

Woman Owned Business

Veteran Owned Business

Based on Georgia Law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees or \$30 million or less in gross receipts per year.

**TYPE OF ACTION(S)** (Required for revised applications only)

- DEACTIVATE Supplier Profile (Enter justification below)
- REACTIVEATE Supplier Profile
- Supplier (Business) Name Change
- Add Additional Business Address
- Change Additional Business Address
- Other

**ADDITIONAL SUPPLIER COMMENTS** (Required if "Other" or "Deactivate" boxes are checked above).

Are you a current Douglas County Board of Commissioners Employee?  YES  NO  
Do you have any relatives employed by Douglas County?  YES  NO  
*If yes, list name and department.*

**By Signature below, vendors certify that they understand Douglas County, Georgia's policy, which requires county issued Purchase Order for goods and services purchased on behalf of the County Government.**

Signature of Applicant	Date of Application

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**Purchasing Department only**

Vendor No. \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Denied by: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason: \_\_\_\_\_

**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 (Douglas 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

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

**If undersigned is not required to register for or participate in a qualifying federal work authorization program at this time, please fill in the blank spaces above with NOT APPLICABLE and sign and notarize below.**

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 (Douglas 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

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

**If undersigned is not required to register for or participate in a qualifying federal work authorization program at this time, please fill in the blank spaces above with NOT APPLICABLE and sign and notarize below.**

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:  
\_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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.  <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) ▶ _____ <b>Note:</b> 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 <b>not</b> 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.  <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.) 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.

<b>Sign Here</b>	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. 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](http://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.