

# APPLICATION FOR QUALIFICATION

**Rockdale Transport Services, Inc.**

**P.O. Box 480**

**Cairo, GA 39828**

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Rockdale Transport.

## **Instructions to Applicant**

Please answer all questions. If the answer is "No" or "None", do not leave the item blank, but write "No" or "None".

Date: \_\_\_\_\_ Position applying for; Check One:  Contractor  Driver  Contractor's Driver

Name \_\_\_\_\_  
(First) (Middle) (Last)

Phone Number (\_\_\_\_) \_\_\_\_\_ Emergency Phone Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Who referred you to Rockdale \_\_\_\_\_

\*Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(mm/dd/yyyy)

\*The age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Physical Exam Expiration Date: \_\_\_\_\_

Current & Three Years Previous Addresses:

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you worked for this company before?  Yes  No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12    College: 1 2 3 4    Post-Graduate: 1 2 3 4

## Employment History (attach separate sheet if necessary)

Give a complete record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
MC # \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirement of 49CFR Part 40?  Yes  No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
MC # \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

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Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirement of 49CFR Part 40?  Yes  No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
MC # \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirement of 49CFR Part 40?  Yes  No

\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity regarding placarding.

Please sign only where indicated on the following page so we may send it the employer's listed above

**Driving Experience**

Class of Equipment	Dates		Approximate Number of Miles
	From	To	
Straight Truck			
Tractor & Semi-trailer			
Tractor-Two trailers			
Tractor-three trailers			
Other			

List states operated in for the last five years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, Haz Mat, etc...) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three years**

Date of Accident	Nature of Accidents (Head on, rear end, upset, ect.)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three years (other than parking violations)**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three years)**

State	License #	Type	Endorsements	Expiration Date

A. Have you been denied a license, permit or privilege to operate a motor vehicle? .....YES  NO

B. Has any license, permit or privilege ever been suspended or revoked? .....YES  NO

C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? .....YES  NO

D. Have you ever been convicted of a felony?..... YES  NO

If the answers to A, B, C, or D is "YES", give details: \_\_\_\_\_

**Personal References**

List three persons for references, other than family members, who have knowledge of your safety habits

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**To Be Read and Signed by Applicant**

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonestly.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Remarks (For office use only)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PAST EMPLOYMENT VERIFICATION

1. I hereby authorize the above-mentioned employer to release all information as to my character, work habits, performances, experience, fitness, together with reasons for termination concerning my employment to Rockdale Transport Services, Inc (or their authorized agents) which may request such information in connection with my application for employment with Rockdale Transport Services, Inc.

2. In conformity with 49CFR part 40, I hereby authorize the above mentioned employee and their agents to furnish Rockdale Transport Services, Inc the above requested information concerning D.O.T.drug and alcohol tests including pre-employment testing from the previous 3 years, the dates when I tested positive; the dates when I tested .04 or greater, the dates when I refused (including a verified, adulterated or substituted result) to be tested for drugs and alcohol; and any other violations of 49 CFR part 40 and any information the above mentioned employer and/or their authorized agents have receive regarding violations of 49 CFR part 40 from my previous employers covered by D.O.T.

3. I hereby release the above-mentioned employer/school and their authorized agents from any and all liability of any type as a result of providing the above requested information to Rockdale Transport Services, Inc. By signing below, I certify that I have read and fully understand Parts 1,2, and 3 of this release and that I executed this release voluntarily, with the knowledge that nay and all information released could affect my being employed by Rockdale Transport Services, Inc.

It is expressly acknowledged, understood and agreed that the information provided by the applicant's employment during the previous three (3) years in accordance with Section 391.21 (b)(10) of the Federal Motor Carrier Safety Regulations ("FMCSR") may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and € of section 391.23 of the FMCSR. The applicant has certain due process under the FMCSR regarding the information received as a result of these investigations, as described below.

Applicant's Due Process Rights: 1. The right to review information provided by previous employers; 2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the correct information to Rockdale Transport Services, Inc; and 3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the Safety Compliance Manager of Rockdale Transport Services, Inc, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. Rockdale Transport Services, Inc. will provide this information to the applicant within five (5) days after receiving the written request. If, however, Rockdale Transport Services, Inc. has not yet received the requested information form the previous employer(s), then if will provide the information to the applicant within five (5) business days after it receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of Rockdale Transport Services, Inc. making them available, Rockdale Transport Services, Inc. will consider the driver to have waived the request to review the records.

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Applicant's Signature

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Date

**PAST EMPLOYMENT VERIFICATION FORM**

Sent to: \_\_\_\_\_ Fax Number \_\_\_\_\_

Requested by: Jim Austin, President

Rockdale Transport Services, Inc  
P. O. Box 480  
Cairo, GA 39828-0480

Phone: 434-237-5774 ext 1  
Fax: 434-237-5133

Name of Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Resigned: Yes No Discharged: Yes No If Discharged, why? \_\_\_\_\_

Eligible for Rehire? Yes No Upon Review If No, please explain: \_\_\_\_\_

Equipment: Type of Tractor/Truck: Refrigerated Flatbeds Vans Tanker Other \_\_\_\_\_ Trailer Length: \_\_\_\_\_

Commodities Hauled: \_\_\_\_\_

Areas of Operation \_\_\_\_\_

Overall Performance: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

**Accident information below requested in accordance with FMCSR Part 391.23 (Accidents within last 36 months)**

Accidents: # Preventable: \_\_\_\_\_ Description: \_\_\_\_\_

# Non-preventable: \_\_\_\_\_ Description: \_\_\_\_\_

**Drug/Alcohol information below requested in accordance with DOT 49 CFR Part 40 (Tests done in last 36 months)**

Tested positive for controlled substance in last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_

Had a breath alcohol test result with a concentration of .04 or greater in the last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_

Ever refuse a required test for drugs or alcohol in the last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_

Violated any other D.O.T. drug/alcohol regulations? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever received information from a previous employer that this individual has violated D.O.T. drug/alcohol regulations? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give type of test, date of test, and SAP information if applicable): \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Person Providing Information

\_\_\_\_\_  
Title

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with Rockdale Transportation Services, Inc (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

## AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Rockdale Transportation Services, Inc ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

**NOTICE:** This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.



## DRUG & ALCOHOL CLEARINGHOUSE

### CONSENT FOR LIMITED QUERIES

**NOTICE TO DRIVER:** The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

**NOTICE TO MOTOR CARRIER:** This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

I, \_\_\_\_\_, hereby authorize  
(Driver's printed name)

\_\_\_\_\_  
(Name of motor carrier)  
10/7/20  
Rockdale Transport Services, I

Driver's Signature: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

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# 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.

<b>Print or type. See Specific Instructions on page 3.</b>	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.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> Partnership		<input type="checkbox"/> Trust/estate
	<p><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.</p>			Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶			<small>(Applies to accounts maintained outside the U.S.)</small>
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)				

<b>Part I Taxpayer Identification Number (TIN)</b>																																																																							
<p>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 <i>How to get a TIN</i>, later.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;"><b>Social security number</b></td> </tr> <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> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="4" style="text-align: center;">-</td> <td colspan="3"></td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;"><b>or</b></td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;"><b>Employer identification number</b></td> </tr> <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> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="4" style="text-align: center;">-</td> <td colspan="3"></td> </tr> </table>	<b>Social security number</b>																				-			-							<b>or</b>										<b>Employer identification number</b>																				-			-						
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<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. I am a U.S. citizen or other U.S. person (defined below); and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol>	
<p><b>Certification instructions.</b> 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.</p>	

<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.*