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| --- | --- | --- |
| Complete and Return to:Cobb County School DistrictProcurement Department6975 Cobb International Blvd., STE DKennesaw, GA 30152.You may also email the form to  wendy.bell@cobbk12.org | **VENDOR REGISTRATION FORM**W-9 must be submitted with the Registration Form.**Do not use this form for students or employees of CCSD.** | Do Not Send This Form to IRS**NOTE: Completing and submitting this form does not, in and of itself, grant any approval, guarantee any purchase, or award any contract to the submitting vendor** |
| Instructions:1. The preferred method for completing this form is electronically; if you choose to complete the form by hand, please print legibly in blue ink and clearly distinguish numbers, for example use Ø for zero and ~~7~~ for seven.
2. Print and sign the form.
3. Send the form and W-9 to the Cobb County School District Procurement Department using one of the following methods:
	1. Mail (see address above)
	2. Email to wendy.bell@cobbk12.org
 |
| **Legal Business Name (Name Used on Tax Filing):** |  |
| DBA (Doing Business As) Name: |       |
| Taxpayer Identification Number (TIN): |       | [ ]  Employer ID Number (EIN) *or*[ ]  Social Security Number (SSN) |
| Is this For New Vendor Addition or Change of Existing Information? | [ ]  Add [ ]  Change – Existing Vendor ID #      |
| **Entity Type** |
| [ ]  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) ---       | [ ]  Tax-Exempt Corporation[ ]  Other Tax-Exempt Entity[ ]  Governmental Entity (Federal, State, Local or other U.S. Governmental unit or agency)[ ]  Non-U.S. Governmental Unit or Agency | ExemptionsExempt payee code (if any)      Exemption from FATCA reporting code (if any)       |
| **Vendor Business Type** |
| Are you primarily a supplier of services?  | [ ]  Yes [ ]  No |
| If providing a service, what type? | [ ]  Medical [ ]  Rent[ ]  Attorney/Legal [ ]  Other       |
| **Address** **(Where tax information should be sent.)** |
| Address: |       |
| Contact Name: |       |
| City: |       | State: |       | Zip: |       |
| Telephone: |       | Fax: |       | Contact Email: |       |
| **Purchase Order Address** |
| Address: |       |
| Contact Name: |       |
| City: |       | State: |       | Zip: |       |
| Telephone: |       | Fax: |       | Contact Email: |       |
| Indicate whether purchase orders are to be sent via fax or email. | [ ]  Fax or [ ]  Email (preferred) |
| PO Fax: |       | PO Email: |       |
|  |  |  |
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| Complete and Return to:Cobb County School DistrictProcurement Department6975 Cobb International Blvd., STE DKennesaw, GA 30152.You may also email the form to  wendy.bell@cobbk12.org | **VENDOR REGISTRATION FORM**W-9 must be submitted with the Registration Form.**Do not use this form for students or employees of CCSD.**  | Do Not Send This Form to IRS**NOTE: Completing and submitting this form does not, in and of itself, grant any approval, guarantee any purchase, or award any contract to the submitting vendor** |
| **Payment (Remit) Address** |
| Address: |       |
| Contact Name: |       |
| City: |       | State: |       | Zip: |       |
| Telephone: |       | Fax: |       | Contact Email: |       |
| Checks should be made payable to: |       |
| **Payment Options** |
| What types of payments do you accept? (Check all that apply) | [ ]  Check [ ]  Automated Clearing House (ACH)[ ]  Wire Transfer [ ]  Procurement Card[ ]  Credit Card (to pay invoices) [ ]  ePayables (type of credit card to pay invoices) |
| For any type of payment not checked, would you consider it as an option?  | [ ]  Yes [ ]  No |
| If you responded yes, which type(s) would you consider? |       |
| Comments: |       |
| **Vendor Type** |
| [ ]  Disabled Owned [ ]  Minority Owned [ ]  Small Business[ ]  Veteran Owned [ ]  Women Owned |
| **Certification** |
| The Contractor’s signature certifies that, under penalties of perjury:1. The Contractor’s TIN provided is correct, and
2. The Contractor is not subject to backup withholding because:
3. I am exempt from withholding, or
4. I have not been notified by the IRS of failure to report interest and dividend income, or
5. The IRS has notified me I am no longer subject to withholding, and

 3. The Contractor is a U.S. person to include: (a) a U.S. citizen or U.S. resident alien, (b) a partnership, corporation, company, or association  organized in the U.S. or under the laws of the U.S., (c) an estate, or (d) a domestic trust. |
| Signature of U.S. Individual: |  | Date: |  |

**Determine how to comply with the GA Security & Immigration Compliance Act**

This section of the Agreement is related to the Georgia Security and Immigration Compliance Act, O.C.G.A. § 13-10-90 *et seq*. The chart below may assist the Contractor in determining which affidavit(s) must be provided as a provision of entering into this Agreement. If in doubt as to whether a document should be completed and submitted, it is recommended that the Contractor submit the information.

Does the Contractor physically perform service in the state of Georgia?

Initial line 2(b) on the next page; complete the ***Affidavit of No Employees*** and provide driver’s license as requested therein.

Initial line 2(c) on the next page. No affidavits are required.

Employee(s) will perform the work.

Initial lines 2(a), 3 and 5 of the next page; and completion of the **Contractor Affidavit** is required.

Initial lines 2(a), 4 and 5 of the next page; completion of the **Contractor Affidavit** and **Subcontractor Affidavit** are required.

**STOP**

Does the Contractor have employees and/or subcontractors or plan to hire employees and/or subcontractors to perform the work?

Subcontractor(s) will perform the work.

Both subcontractor(s) and employee(s) will perform the work.

**YES**

**NO**

**NO**

**YES**

**STOP**

**STOP**

**STOP**

**GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT OF 2006, AS AMENDED BY**

**THE ILLEGAL IMMIGRATION REFORM ACT OF 2011, OCGA 13-10-90, ET SEQ.**

**TO ALL PROSPECTIVE CONTRACTORS:**

**If you are providing services to the Cobb County School District, this completed document, as well as the applicable Georgia Security and Immigration Compliance forms and affidavits referenced herein must be completed, signed, notarized and submitted with your bid, proposal or contract.**

1) The Cobb County School District shall comply with the Georgia Security and Immigration Compliance Act, as amended, O.C.G.A. § 13-10-90 *et seq.*

2) In order to ensure compliance with the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603 and the Georgia Security and Immigration Compliance Act of 2006, as amended by the Illegal Immigration Reform Act of 2011, O.C.G.A. § 13-10-90 *et seq.* (collectively the “Act”) the contractor (“Contractor”) **MUST INITIAL** the statement applicable to Contractor below:

(a)       ***(Initial here)*** Contractor represents and warrants that Contractor has registered at [https://e-verify.uscis.gov/enroll/](https://e-verify.uscis.gov/enroll/%20) to verify information of all new employees in order to comply with the Act; is authorized to use and uses the federal authorization program; and will continue to use the authorization program throughout the contract period. Contractor further represents, warrants and agrees that it shall execute and return any and all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at Rule 300-10-1-.01 *et seq. in accordance with the terms thereof*; **(Complete and submit the Contractor Affidavit and Agreement);** OR

(b)       ***(Initial here)*** Contractor represents and warrants that it has ***no employees*** and does not intend to hire employees to perform contractual services, and that Contractor has therefore provided a ***U.S. state-issued driver’s license or ID card*** in lieu of an affidavit and that such license or ID card was issued by a State that ***verifies lawful immigration status before issuing the license or ID card***.  If my status changes I will, before hiring any employees, immediately notify the School District in writing and provide all affidavits required under the Act. **(Complete and submit the Affidavit of No Employees);** OR

(c)       ***(Initial here)*** Contractor represents and warrants that it ***does not physically perform any service within the State of Georgia*** as defined in the Act and thus does not have to comply with the foregoing Georgia law.

3)      ***(Initial here)*** **Contractor will not employ or contract with any subcontractor** in connection with a covered contract unless the subcontractor is registered, is authorized to use, and uses the federal work authorization program and provides Contractor with all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at Rule 300-10-1-.01 *et seq.*

4)      ***(Initial here)*** Contractor covenants and agrees that, ***if Contractor employs or contracts with any subcontractor*** in connection with the covered contract under the Act and DOL Rule 300-10-1-.02, then in such event Contractor will secure from each subcontractor at the time of the subcontract, the subcontractor’s name and address, the employer identification number/taxpayer identification number applicable to the subcontractor; the date the authorization to use the federal work authorization program was granted to subcontractor; the subcontractor’s attestation of the subcontractor’s compliance with the Act and Georgia Department of Labor Rule 300-10-1-.2.; and the subcontractor’s agreement not to contract with subcontractors unless the subcontractor is registered, authorized to use, and uses the federal work authorization program; and provides subcontractor with all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at Rule 300-10-1-.01 *et seq.*  **(Complete and submit the Subcontractor Affidavit and Agreement)**

5)      ***(Initial here)***  Contractor agrees to provide the Cobb County School District with all affidavits of compliance as required by the Act and Georgia Department of Labor Rule 300-10-1-.02, 300-10-1-.03, 300-10-1-.07 and 300-10-1-.08 within five (5) business days of its receipt of any such documents.

6)      ***(Initial here)*** Contractor is a foreign company and therefore not required to provide the affidavit as required by the Act. Contractor must comply with any other laws required to perform services in the United States, including but not limited to having an appropriate visa.

|  |  |
| --- | --- |
| **Company Name:** |  |

**CONTRACTOR AFFIDAVIT PROVIDED PURSUANT TO O.C.G.A. § 13-10-91(b)(2)**

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 under a contract with the Cobb County School District, 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 covenants that it will continue to use the federal work authorization program throughout the contract period, that the undersigned contractor will contract for the physical performance of services in the performance 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), and that the contractor shall forward any subcontractor’s affidavit to the School District within five (5) days of its receipt of the same.

Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

|  |  |
| --- | --- |
| **EEV User Identification Number *(4 to 7 Digit Number)*** |       |
| **Date of Authorization** |       |
| **Contractor/Company Name** |       |
| **Email Address** |       |
| **Telephone Number** |       |

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on , 20 in (city), (state).

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent Title of Authorized Officer or Agent

**NOTARY INFORMATION**

Affix Notarial Seal Here

Sworn to before me this day of **,** 20 .

Notary Public Signature

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBCONTRACTOR AFFIDAVIT PURSUANT TO 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), which has a contract with the Cobb County School District, 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 covenants that it will continue to use the federal work authorization program throughout the contract period, that the undersigned subcontractor will contract for the physical performance of services in the performance 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), and that the subcontractor shall forward any sub-subcontractor’s affidavit to the contractor and School District within five (5) days of its receipt of the same.

Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

|  |  |
| --- | --- |
| **EEV User Identification Number *(4 to 7 Digit Number)*** |       |
| **Date of Authorization** |       |
| **Subcontractor/Company Name** |       |
| **Email Address** |       |
| **Telephone Number** |       |

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on , 20 in (city), (state).

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent Title of Authorized Officer or Agent

**NOTARY INFORMATION**

Affix Notarial Seal Here

Sworn to before me this day of **,** 20 .

Notary Public Signature

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIDAVIT OF NO EMPLOYEES PURSUANT TO O.C.G.A. § 13-10-91(b)(5)**

The undersigned, in connection with a proposed contract or subcontract with the Cobb County School District (the “School District”) for the physical performance of service in the State of Georgia (the “Contract”), hereby affirms and certifies under penalties of perjury that:

1. I am a sole proprietor.
2. I do not employ any other persons.
3. I do not intend to hire any employees to perform the Contract.
4. A true, correct and complete copy of my driver’s license is attached hereto.
5. If at any time hereafter I determine that I will need to hire employees to satisfy or complete the physical performance of services under the Contract, then *before* hiring any employees, I will:
6. Immediately notify the School District and all higher tier contractors (if any) in writing; and
7. Register with, participate in and use, a federal work authorization program operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986, P.L. 99-603, in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-90; and
8. Provide the School District with all affidavits required by O.C.G.A. § 13-10-90 *et seq*. and Georgia Department of Labor Rule 300-10-1-.01 *et seq*.

Print Company Name / Name of Sole Proprietor

BY: Signature of Authorized Officer/Agent Date

**NOTARY INFORMATION**

Affix Notarial Seal Here

Sworn to before me this day of **,** 20 .

Notary Public Signature

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***[Attach copy of driver’s license]***