

State of Rhode Island and Providence Plantations  
Department of Administration  
Division of Purchases

**RIVIP BIDDER CERTIFICATION COVER FORM**  
**SECTION 1 - BIDDER INFORMATION**

*Bidder must be registered as a vendor on the RIVIP system at [www.purchasing.ri.gov](http://www.purchasing.ri.gov) to submit a bid proposal.*

**Solicitation Number:** 7550113  
**Solicitation Title:** FIRE ALARM SPRINKLER SYSTEMS TESTING AND REPAIR - RI COLLEGE (29 PGS)

**Bid Proposal Submission  
Deadline Date & Time:** 1/11/2016 10:00 AM

**RIVIP Vendor ID #:** 71373  
**Bidder Name:** Encore Holdings, LLC  
**Address:** 70 Bacon Street  
Pawtucket , RI 02860  
USA

**Telephone:** 617-201-9162  
**Fax:** 401-365-1131  
**Contact Name:** Kristen Papino  
**Contact Title:** Sales  
**Contact Email:** [kpapino@encorefireprotection.com](mailto:kpapino@encorefireprotection.com)

**SECTION 2 —DISCLOSURES**

**Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.**

*Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.*

- N 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- N 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
- N 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.

- N 4. State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasi-public corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state.
5. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address, principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

Disclosure details (continue on additional sheet if necessary):

~~Thomas O'Connell - President~~  
 Jeremy O'Connell - CEO  
 Maureen Finnerty - EVP

(FN)

### SECTION 3 — CERTIFICATIONS

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**THE BIDDER CERTIFIES THAT:**

- Y 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
- Y 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
- Y 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
- Y 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
- Y 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.
- Y 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.
- Y 7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.
- Y 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

Certification details (continue on additional sheet if necessary):

Lined area for certification details.

Submission by the Bidder of a bid proposal pursuant to this solicitation constitutes an offer to contract with the State of Rhode Island through the Division of Purchases on the terms and conditions contained in this solicitation and the bid proposal. The Bidder certifies that: (1) the Bidder has reviewed this solicitation and agrees to comply with its terms and conditions; (2) the bid proposal is based on this solicitation; and (3) the information submitted in the bid proposal (including this Bidder Certification Cover Form) is accurate and complete. The Bidder acknowledges that the terms and conditions of this solicitation and the bid proposal will be incorporated into any contract awarded to the Bidder pursuant to this solicitation and the bid proposal. The person signing below represents, under penalty of perjury, that he or she is fully informed regarding the preparation and contents of this bid proposal and has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

BIDDER

Date: 1/8/16

Encore Fire Protection
Name of Bidder
Kristen Nolan
Signature in ink
Kristen Nolan Sales Executive
Printed name and title of person signing on behalf of Bidder

State of Rhode Island and Providence Plantations  
Department of Administration  
Division of Purchases

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**SECTION 1 - BIDDER INFORMATION**

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**Solicitation Number:** 7550113A1  
**Solicitation Title:** FIRE ALARM SPRINKLER SYSTEMS TESTING AND REPAIR - RI COLLEGE - ADDENDUM  
1 (3 PGS)  
**Bid Proposal Submission  
Deadline Date & Time:** 1/11/2016 10:00 AM  
**RIVIP Vendor ID #:** 71373  
**Bidder Name:** Encore Holdings, LLC  
**Address:** 70 Bacon Street  
Pawtucket , RI 02860  
USA  
**Telephone:** 617-201-9162  
**Fax:** 401-365-1131  
**Contact Name:** Kristen Papino  
**Contact Title:** Sales  
**Contact Email:** [kpapino@encorefireprotection.com](mailto:kpapino@encorefireprotection.com)

**SECTION 2 —DISCLOSURES**

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- N 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
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- N 4. State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasi-public corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state.
5. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address, principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

Disclosure details (continue on additional sheet if necessary):

Thomas O'Connor - President

Jeremy O'Connor - CEO

Maureen Finerty - EVP

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**Solicitation Number:** 7550113A2  
**Solicitation Title:** FIRE ALARM SPRINKLER SYSTEMS - TESTING AND REPAIR - RIC (5 PGS)

**Bid Proposal Submission  
Deadline Date & Time:** 1/11/2016 10:00 AM

**RIVIP Vendor ID #:** 71373  
**Bidder Name:** Encore Holdings, LLC  
**Address:** 70 Bacon Street  
Pawtucket , RI 02860  
USA

**Telephone:** 617-201-9162  
**Fax:** 401-365-1131  
**Contact Name:** Kristen Papino  
**Contact Title:** Sales  
**Contact Email:** [kpapino@encorefireprotection.com](mailto:kpapino@encorefireprotection.com)

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Maureen Finnerty - EVP

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BIDDER

Date: 1/8/16

Encore Fire Protection
Name of Bidder

Kristen Nolan
Signature in ink

Kristen Nolan Sales Executive
Printed name and title of person signing on behalf of Bidder



State of Rhode Island  
Department of Administration / Division of Purchases  
One Capitol Hill, Providence, Rhode Island 02908-5855  
Tel: (401) 574-8100 Fax: (401) 574-8387

**ADDENDUM # 2**

12/22/2015

Solicitation #7550113

*Title: Fire Alarm Sprinkler systems Testing and Repair – Rhode Island College*

**Submission Deadline: January 11, 2016 @ 10:00 am**

**Per the issuance of ADDENDUM #2 the following are noted:**

Submitted Question:

**Question:** Is the awarded vendor responsible to provide a Fire Alarm technician to do all disconnects?

~~**Response:** Yes, the technician will do all the disconnects.~~

*Interested Parties should monitor this website on a regular basis, for any additional information that may be posted.*

**Gary P. Mosca**  
**Senior Buyer**



# Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 ONE CAPITOL HILL  
 PROVIDENCE RI 02908

CREATION DATE : 22-DEC-15  
 BID NUMBER: 7550113,2  
 TITLE: FIRE ALARM SPRINKLER SYSTEMS - TESTING AND REPAIR, RHODE ISLAND COLLEGE  
 BLANKET START : 01-JAN-16  
 BLANKET END : 31-DEC-18  
 BID CLOSING DATE AND TIME: 11-JAN-2016 10:00:00

BUYER: Mosca, Gary  
 PHONE #: 401-574-8124

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 RIC-PURCHASING  
 600 MOUNT PLEASANT AVENUE  
 PROVIDENCE, RI 02908  
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 RIC SPECIAL INSTRUCTIONS  
 SEE BELOW  
 SEE BELOW, RI N/A  
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Requisition Number: 1442090

Amendment Description: ATTACHED IS ADDENDUM 2 WITH SUBMITTED QUESTION.

Line	Description	Quantity	Unit	Unit Price	Total
	TESTS ANNUALLY TO 11 BUILDINGS PER SPECIFICATIONS				
15	7/1/17 - 6/30/18 - CONDUCT FULL FLOW FIRE PUMP TESTS ANNUALLY TO 11 BUILDINGS PER SPECIFICATIONS	1.00	Year	4,000. <sup>00</sup>	4,000. <sup>00</sup>
16	7/1/18 - 12/31/18 - CONDUCT FULL FLOW FIRE PUMP TESTS ANNUALLY TO 11 BUILDINGS PER SPECIFICATIONS.	1.00	Year	2,000. <sup>00</sup>	2,000. <sup>00</sup>
17	1/1/16 - 6/30/16 - CONDUCT ELECTRIC FIRE PUMP TESTS MONTHLY TO 11 BUILDINGS PER SPECIFICATIONS	6.00	Month	100. <sup>00</sup>	600. <sup>00</sup>
18	7/1/16 - 6/30/17 - CONDUCT ELECTRIC FIRE PUMP TESTS MONTHLY TO 11 BUILDINGS PER SPECIFICATIONS	12.00	Month	100. <sup>00</sup>	1,200. <sup>00</sup>
19	7/1/17 - 6/30/18 - CONDUCT ELECTRIC FIRE PUMP TESTS MONTHLY TO 11 BUILDINGS PER SPECIFICATIONS	12.00	Month	100. <sup>00</sup>	1,200. <sup>00</sup>
20	7/1/18 - 12/31/18 - CONDUCT ELECTRIC FIRE PUMP TESTS MONTHLY TO 11 BUILDINGS PER SPECIFICATIONS	6.00	Month	100. <sup>00</sup>	600. <sup>00</sup>
	PROVIDE PARTS DISCOUNT OFF MANUFACTURER'S LIST PRICE: 20%				

Delivery: within 1 week

Terms of Payment: net 30 days

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



# Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 ONE CAPITOL HILL  
 PROVIDENCE RI 02908

CREATION DATE : 22-DEC-15  
 BID NUMBER: 7550113,2  
 TITLE: FIRE ALARM SPRINKLER SYSTEMS - TESTING AND REPAIR, RHODE ISLAND COLLEGE  
 BLANKET START : 01-JAN-16  
 BLANKET END : 31-DEC-18  
 BID CLOSING DATE AND TIME: 11-JAN-2016 10:00:00

BUYER: Mosca, Gary  
 PHONE #: 401-574-8124

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 RIC-PURCHASING  
 600 MOUNT PLEASANT AVENUE  
 PROVIDENCE, RI 02908  
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 RIC SPECIAL INSTRUCTIONS  
 SEE BELOW  
 SEE BELOW, RI N/A  
 US

Requisition Number: 1442090  
 Amendment Description: ATTACHED IS ADDENDUM 2 WITH SUBMITTED QUESTION.

Line	Description	Quantity	Unit	Unit Price	Total
1	1/1/16 - 6/30/16 - QUARTERLY SPRINKLER AND STANDPIPE SYSTEMS TESTS	2.00	Quarter	2992. <sup>00</sup>	5984. <sup>00</sup>
2	7/1/16 - 6/30/17 - QUARTERLY SPRINKLER AND STANDPIPE SYSTEMS TESTS	4.00	Quarter	2992. <sup>00</sup>	11,968. <sup>00</sup>
3	7/1/17 - 6/30/18 - QUARTERLY SPRINKLER AND STANDPIPE SYSTEMS TESTS	4.00	Quarter	2992. <sup>00</sup>	11,968. <sup>00</sup>
4	7/1/18 - 12/31/18 - QUARTERLY SPRINKLER AND STANDPIPE SYSTEMS TESTS	2.00	Quarter	2992. <sup>00</sup>	5984. <sup>00</sup>
5	1/1/16 - 6/30/16 - REGULAR HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	100.00	Hour	94. <sup>00</sup>	9400. <sup>00</sup>
6	7/1/16 - 6/30/17 - REGULAR HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	200.00	Hour	94. <sup>00</sup>	18800. <sup>00</sup>
7	7/1/17 - 6/30/18 - REGULAR HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	200.00	Hour	94. <sup>00</sup>	18800. <sup>00</sup>
8	7/1/18 - 12/31/18 - REGULAR HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	100.00	Hour	94. <sup>00</sup>	9400. <sup>00</sup>
9	1/1/16 - 6/30/16 - OVERTIME HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	30.00	Hour	141. <sup>00</sup>	4230. <sup>00</sup>
10	7/1/16 - 6/30/17 - OVERTIME HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	50.00	Hour	141. <sup>00</sup>	7050. <sup>00</sup>
11	7/1/17 - 6/30/18 - OVERTIME HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	50.00	Hour	141. <sup>00</sup>	7050. <sup>00</sup>
12	7/1/18 - 12/31/18 - OVERTIME HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	30.00	Hour	141. <sup>00</sup>	4230. <sup>00</sup>
13	1/1/16 - 6/30/16 - CONDUCT FULL FLOW FIRE PUMP TESTS ANNUALLY TO 11 BUILDINGS PER SPECIFICATIONS	1.00	Year	2000. <sup>00</sup>	2000. <sup>00</sup>
14	7/1/16 - 6/30/17 - CONDUCT FULL FLOW FIRE PUMP	1.00	Year	4000. <sup>00</sup>	4000. <sup>00</sup>

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex  
1511 Pontiac Avenue  
Cranston, RI 02920-4407

Telephone: (401) 462-8000  
TTY: Via RI Relay 711

Lincoln D. Chafee  
Governor

Charles J. Fogarty  
Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at [www.dlt.ri.gov/pw](http://www.dlt.ri.gov/pw).

CERTIFICATION

I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

By: Kristen Nolan  
Title: Sales Executive

Subscribed and sworn before me this 11<sup>th</sup> day of JANUARY 2016

Andrea Ham  
Notary Public  
My commission expires: 10/19/17

*An Equal Opportunity Employer/Program, /Auxiliary aids and services are available upon request to individuals with disabilities.*

*TTY via RI Relay 711*

Expiration Date  
03/31/2016

Administrator  
JOHN SHAW



MICHAEL J THORNTON  
129 UPLAND AVENUE  
NEWTON MA 02461

FIRE PROT MASTER  
00000418

State of Rhode Island and Providence Plantations  
Rhode Island Department of Labor and Training

OSHA

001109701



U.S. Department of Labor  
Occupational Safety and Health Administration

**Mike Thoynton**

has successfully completed a 10-hour Occupational Safety and Health  
Training Course in  
Construction Safety & Health.

10/13/2006  
(Date)

**Amanda Carion**  
(Trainer)

OSHA recommends Outreach Training courses as an alternative to occupational safety and health for workers. Participation is voluntary. Workers must receive additional training on specific hazards of their job. This course completion card does not expire.

*Institute for Environmental Education, Inc.*  
16 Union Drive  
Washington, MA 01887  
Tel: (978) 638-5272 Fax: (978) 638-5435  
www.iefed.org

For further information see our web site at [www.osha.gov/outreach.html](http://www.osha.gov/outreach.html)

## 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. <b>Encore Holdings, LLC</b>		
	2 Business name/disregarded entity name, if different from above <b>Encore Fire Protection</b>		
	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 checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>P</b> <small>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.</small> <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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) <b>70 Bacon Street</b>		Requester's name and address (optional)
	6 City, state, and ZIP code <b>Pawtucket, RI 02860</b>		
	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.

**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.

Social security number									
or									
Employer identification number									
2	7	-	0	8	6	7	7	4	7

### 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 ▶ 1/8/16
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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](http://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.