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 to submit a bid proposal.

Solicitation Number: 7550540  
Solicitation Title: STEAMFITTER WORK - MPA #199 (32 PGS)

Bid Proposal Submission Deadline Date & Time: 5/13/2016 11:30 AM

RIVIP Vendor ID #: 404  
Bidder Name: Atlantic Control Systems Inc.  
Address: P.O. Box 313  
Exeter, RI 02822  
USA

Telephone: (401) 294-1560  
Fax: (401) 294-1561

Contact Name: James Grundy  
Contact Title: President

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.

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.

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.

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.

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.

Disclosure details (continue on additional sheet if necessary):

State Housing Board
State Housing Appeals Board
State PW Board

SECTION 3 - OWNERSHIP DISCLOSURE

Bidders must provide all relevant information. Bid proposals submitted without a complete response may be deemed nonresponsive.

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, otherwise, complete ownership disclosure is required.

List each officer, director, manager, stockholder, member, partner, or other owner or principle 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.

James Grandy NK RT 100%

SECTION 4 - CERTIFICATIONS

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

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

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.

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.

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.

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):

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: 5-11-16

Atlantic Control Systems Inc

Name of Bidder

James Grundy, President

Signature in ink

Printed name and title of person signing on behalf of Bidder

Page 3 of 3

2013-4

3/18/2016
REQUEST FOR QUOTE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

CREATION DATE: 19-APR-16
BID NUMBER: 7550540
TITLE: Steamfitter Work, MPA-169
BLANKET START: 01-JUL-16
BLANKET END: 30-JUN-17
BID CLOSING DATE AND TIME: 13-MAY-2016 11:30:00

BUYER: Chapa 2nd, John F
PHONE #: 401-574-3125

BILL TO
MASTER PRICE AGREEMENT
SEE BELOW
RELEASE AGAINST, RI MPA
US

SHIP TO
MASTER PRICE AGREEMENT
SEE BELOW
RELEASE AGAINST, RI MPA
US

Regulation Number:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
</table>

Blanket Requirement: July 1, 2016 - June 30, 2017.

THE TITLE FOR STATEWIDE PREVAILING WAGE RATE FOR THIS WORK IS: SPRINKLER FITTERS AND PLUMBERS.

SERVICES AS REQUESTED BY AGENCY. INVOICE MONTHLY AT END OF MONTH AND FORWARD TO RECEIVING AGENCY. ANY UNUSED BALANCE AT THE END OF FISCAL YEAR WILL AUTOMATICALLY BE CANCELLED.

TO PROVIDE STEAMFITTINGS, PIPING, AND ASSOCIATED SERVICE INCLUDING CERTIFIED WELDING FOR UNDERGROUND AND OTHER HIGH PRESSURE STEAM SYSTEMS.

TO PROVIDE MISCELLANEOUS MATERIALS AS DESIGNATED BY THIS AGENCY. VENDOR MUST HAVE THE FOLLOWING CERTIFICATION THROUGH A.S.M.E.

"1" HEATING: ASSEMBLE AND "S" STEAM BOILERS, AS WELL AS CERTIFICATION THROUGH NATIONAL BOARD OF BOILER AND PRESSURE VESSELS INSPECTION. "R" REPAIRS AND SERVICE BEYOND FACILITIES AND MAINTENANCE PERSONNEL CAPABILITIES.

IN NO EVENT WILL ANY INDIVIDUAL WORK ORDER EXCEED $30,000.00 WITHOUT PRIOR APPROVAL OF THE OFFICE OF PURCHASES.

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 02903

**Creation Date:** 19-APR-16  
**Bid Number:** 7550540  
**Title:** Steamfitter Work, MPA-198

**Blanket Start:** 01-JUL-16  
**Blanket End:** 30-JUN-17  
**Bid Closing Date and Time:** 13-MAY-2016 11:30:00

---

**Buyer:** Qhara 2nd, John F  
**Phone #:** 401-574-8125

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**Bill To:**  
**Ship To:**  
**Master Price Agreement:** See Below  
**Release Against, RI MPA US:**

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**Regulation Number:**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
</table>
| 1    | Steam Line Repair Specifications:  
1. Construction must be completed within a period of no more than (3) weekdays under normal circumstances; however, each situation will be evaluated on an individual basis.  
2. Vendor Contractor to respond within four hours of initial notice from owner agency.  
3. Vendor Contractor Estimates may be required on a "not to exceed" cost basis.  
Steamfitter Work - Utility Contractor - General Repairs and Maintenance MPA #199  
For this Bid to be considered, Job will be staffed by personnel who possess appropriate licensing and certification for the task being performed. These licenses will be available at the job site.  
Hourly rates to reflect the net cost of labor, no additional charge for travel, mileage, etc., will be permitted.  
Project Manager will meet at the agency to review the scope of work and the project manager will direct the crew to accomplish the scope of work.  
Vendor will respond with all necessary tools to complete the job.  
MPA-199 7/1/16-6/30-17 Hourly Rate for Steamfitter on Site. | 1,400.00 | Hour | 101.90 | 142,660 |
| 2    | MPA-199 7/1/16-6/30-17 Overtime Rate for Steamfitter on Site. | 40.00 | Hour | 151.90 | 6,076 |
| 3    | MPA-199 7/1/16-6/30-17 Hourly Rate for Holidays | 40.00 | Hour | 151.90 | 6,076 |

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It is the Vendor's responsibility to check and download any and all schedules 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 02308

CREATION DATE: 18-APR-16
BID NUMBER: 7550540
TITLE: Steamfitter Work, MPA-199
BLANKET START: 01-JUL-16
BLANKET END: 30-JUN-17
BID CLOSING DATE AND TIME: 13-MAY-2016 11:30:00

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**Regulation Number:**

<table>
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<tr>
<th>Line</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>MPA-199 7/1/16-8/30-17 HOURLY RATE FOR PLUMBER ON SITE.</td>
<td>300.00</td>
<td>Hour</td>
<td>101.90</td>
<td>30570.0</td>
</tr>
<tr>
<td>5</td>
<td>MPA-199 7/1/16-8/30-17 OVERTIME RATE FOR PLUMBER ON SITE.</td>
<td>10.00</td>
<td>Hour</td>
<td>151.90</td>
<td>1519.0</td>
</tr>
<tr>
<td>6</td>
<td>MPA-199 7/1/16-8/30-17 HOURLY RATE FOR HOLIDAYS AND SUNDAYS FOR PLUMBER ON SITE.</td>
<td>10.00</td>
<td>Hour</td>
<td>151.90</td>
<td>1519.0</td>
</tr>
<tr>
<td>7</td>
<td>MPA-199 7/1/16-8/30-17 HOURLY RATE FOR EQUIPMENT: DIGGER WITH OPERATOR ON SITE.</td>
<td>200.00</td>
<td>Hour</td>
<td>131.90</td>
<td>26380.0</td>
</tr>
<tr>
<td>8</td>
<td>MPA-199 7/1/16-8/30-17 HOURLY RATE FOR EQUIPMENT: DIGGER WITH OPERATOR ON SITE.</td>
<td>1.00</td>
<td>Hour</td>
<td>161.90</td>
<td>1619.0</td>
</tr>
</tbody>
</table>

7/1/16-8/30/17.

Materials are to be provided at costs plus the following (applicable) fee for overhead, pickup and delivery. No additional charges will be acceptable.

- $0-500 NO FEE
- $501-750 $75.00
- $751-1000 $90.00
- $1001-1250 $120.00
- $1501-2500 $160.00
- $2501-5000 $300.00
- $5001-7500 $436.00
- Over $7501. $525.00

WE CERTIFY THAT THE LICENSED INDIVIDUAL IS A FULL-TIME EMPLOYEE OF THIS COMPANY

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It is the Vendor's responsibility to check and download any and all addenda from the RVP. This offer may not be considered unless a signed RVP 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 02906

CREATION DATE: 19-APR-16
BID NUMBER: 7550540
TITLE: Steamfitter Work, MPA-196
BLANKET START: 01-JUL-16
BLANKET END: 30-JUN-17
BID CLOSING DATE AND TIME: 13-MAY-2016 11:30:00

MASTER PRICE AGREEMENT
SEE BELOW
RELEASE AGAINST, RI MPA
US

Requisition Number:

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<tr>
<th>Line</th>
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<th>Quantity</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
</table>

NAME
SUCCESSFUL BIDDER MUST PRODUCE WELDING CERTIFICATION AND A.S.M.E. CERTIFICATION AS MAY BE REQUIRED BY THE AGENCY.

DELIVERY/SERVICES AS REQUESTED BY AGENCY.

WELDING CERTIFICATION AND A.S.M.E. CERTIFICATIONS AS MAY BE REQUIRED BY THE AGENCY.

SHOW YOUR RI LICENSE NUMBER - STEAMFITTER

SHOW YOUR RI LICENSE NUMBER - PLUMBER

Note: All vendors responding to the within solicitation must complete the attached prompt payment discount "FPD" form as part of this master price agreement solicitation.

Delivery: Upon Award
Terms of Payment: Net 30

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.
Prompt Payment Discount Form
(Invoice discounts for receiving fast payments)

Note: All vendors doing business with the State of Rhode Island must complete a Prompt Payment Discount ("PPD") form as part of this Master Price Agreement solicitation.

Bidder Name: Atlantic Control Systems Inc

RFQ/RFP Bid Solicitation Number 7550540

Prompt Payment Discounts ("PPD"): Vendors benefit from PPD by increased, usable cash flow as a result of fast and efficient payments for commodities or services rendered. While bidders/contractors have flexibility in determining the actual % discount(s) offered to the State, the discount(s) must be identified in 10 days or more for Payment Issuance Date. The State may use the prompt payment discounts submitted as a basis for selection and may negotiate discounts as deemed in the best interest of the State.

All discounts offered will be automatically deducted from payment when the issue date is within the specified number of days listed below and in accordance with the State's Prompt Payment Law. Payment days will be measured from the date goods are received and accepted/performance was completed or the date an invoice is received by the Office of the DOA Controller, whichever is later to the date the payment is issued via ACH or mailed by the State Treasurer. The date of payment "issue" is the date a payment is considered "paid" not the date a payment is "received" by a vendor.

Enter the Prompt Payment Discount percentage (%) off the invoice payment, for the available payment issue dates listed below. Note: Vendors are allowed up to three different prompt payment options. Example prompt payment options are:

- 5% - 10 Days
- 3% - 20 Days
- 1% - 25 Days

<table>
<thead>
<tr>
<th>Discount %</th>
<th>Payment Issue Date Within</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>10 Days</td>
</tr>
<tr>
<td>%</td>
<td>15 Days</td>
</tr>
<tr>
<td>%</td>
<td>20 Days</td>
</tr>
<tr>
<td>%</td>
<td>25 Days</td>
</tr>
</tbody>
</table>

By checking this box, we certify that we will not offer any Prompt Payment Discounts.

ACH Payments/Supplier Portal: Vendors are highly encouraged to enroll for ACH payments. This payment method will increase the prompt pay benefit since funds are paid directly to designated bank accounts, thus eliminating the delay of check clearance policies and traditional mail lead times. The form required for ACH enrollment can be found at [http://controller.admin.ri.gov/Forms/index.php](http://controller.admin.ri.gov/Forms/index.php).

The State also highly encourages Vendors to use the RIFANS Supplier Portal which includes the functionality to electronically submit invoices against open Purchase Orders. This efficient invoicing method eliminates handling time, mailing expenses, and will further expedite the payment process. Information on the portal can be found at [http://controller.admin.ri.gov/Supplier/fmp/index.php](http://controller.admin.ri.gov/Supplier/fmp/index.php).

We will sign up for ACH payment. (please circle response)
Yes

We will utilize the State's Supplier Portal to electronically submit invoices. (please circle response)
Yes

Signature ________________________ Date ___/___/___

[Signature]

[Date] 5/11/16
STATE CONTRACT ADDENDUM

RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING

PREVAILING WAGE REQUIREMENTS
(37-13-1 ET SEQ.)

The prevailing wage requirements are generally set forth in RIGL 37-13-1 et seq. These requirements refer to the prevailing rate of pay for regular, holiday, and overtime wages to be paid to each craftsmen, mechanic, teamster, laborer, or other type of worker performing work on public works projects when state or municipal funds exceed one thousand dollars ($1,000).

All Prevailing Wage Contractors and Subcontractors are required to:

1. Submit to the Awarding Authority a list of the contractor's subcontractors for any part or all of the prevailing wage work in accordance with RIGL § 37-13-4;

2. Pay all prevailing wage employees at least once per week and in accordance with RIGL §37-13-7 (see Appendix B attached);

3. Post the prevailing wage rate scale and the Department of Labor and Training's prevailing wage poster in a prominent and easily accessible place on the work site in accordance with RIGL §37-13-11; posters may be downloaded at www.dlt.ri.gov/pw/posters.htm, poster.htm or obtained from the Department of Labor and Training, Center General Complex, 1511 Pontiac Avenue, Cranston, Rhode Island;

4. Access the Department of Labor and Training website, at www.dlt.ri.gov on or before July 1st of each year, until such time as the contract is completed, to ascertain the current prevailing wage rates and the amount of payment or contributions for each covered prevailing wage employee and make any necessary adjustments to the covered employee's prevailing wage rates effective July 1st of each year in compliance with RIGL §37-13-8;

5. Attach a copy of this CONTRACT ADDENDUM and its attachments as a binding obligation to any and all contracts between the contractor and any individual with a disability.
subcontractors and their assignees for prevailing wage work performed pursuant to this contract;

6. Provide for the payment of overtime for prevailing wage employees who work in excess of eight (8) hours in any one day or forty (40) hours in any one week as provided by RIGL §37-13-10;

7. Maintain accurate prevailing wage employee payroll records on a Rhode Island Certified Weekly Payroll form available for download at www.dlt.ri.gov/pw.forms.htm, as required by RIGL §37-13-13, and make those records available to the Department of Labor and Training upon request;

8. Furnish the fully executed RI Certified Weekly Payroll Form to the awarding authority on a monthly basis for all work completed in the preceding month.

9. For general or primary contracts one million dollars ($1,000,000) or more, shall maintain on the work site a fully executed RI Certified Prevailing Wage Daily Log listing the contractor's employees employed each day on the public works site; the RI Certified Prevailing Wage Daily Log shall be available for inspection on the public works site at all times; this rule shall not apply to road, highway, or bridge public works projects. Where applicable, furnish both the Rhode Island Certified Prevailing Wage Daily Log together with the Rhode Island Weekly Certified Payroll to the awarding authority.

10. Assure that all covered prevailing wage employees on construction projects with a total project cost of one hundred thousand dollars ($100,000) or more has a OSHA ten (10) hour construction safety certification in compliance with RIGL §37-23-1;

11. Employ apprentices for the performance of the awarded contract when the contract is valued at one million dollars ($1,000,000) or more, and comply with the apprentice to journeyperson ratio for each trade approved by the apprenticeship council of the Department of Labor and Training in compliance with RIGL §37-13-3.1;

12. Assure that all prevailing wage employees who perform work which requires a Rhode Island trade license possess the appropriate Rhode Island trade license in compliance with Rhode Island law; and
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.dit.ri.gov/pw.

CERTIFICATION

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

By: [Signature]

Title: [Title]

Subscribed and sworn before me this 11th day of May, 20__.
STATE OF RHODE ISLAND
FORM W-9 PAYEE'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A $50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (TIN)
Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

NAME: Atlantic Control Systems Inc

ADDRESS: PO Box 313

CITY, STATE AND ZIP CODE: Exeter, RI 03852

PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE

ADDRESS

CITY, STATE AND ZIP CODE

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 either: (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.
(3) I am a U.S. citizen or other U.S. person (as defined by the IRS).

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.

Please sign here and provide title, date and telephone number:

SIGNATURE ________________________________ TITLE __________________ DATE __________ TEL NO. ________

Original Signature Required (Digital Signature Not Acceptable)

BUSINESS DESIGNATION:

Please Check One: Individual ☐ Corporation ☑ Trust/Estate ☐ Government/Nonprofit Corporation ☐
Partnership ☐ Medical Services Corporation ☐ Legal Services Corporation ☐
LLC Tax Classification: Single Member (Individual) ☑ Partnership ☐ Corporation ☐

TIPS:
NAME: Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided.
ADDRESS, CITY, STATE AND ZIP CODE: If you operate a business at more than one location, adhere to the following:
1) Same EIN with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
2) Different EIN for each different location -- submit a completed W-9 form for each EIN and location. (One year-end tax information return will be reported for each EIN and remittance address.)

Mail Completed Form To:
Supplier Coordinator
Purchasing Department
One Capitol Hill, 2nd Floor
Providence RI 02908

Or Email To: don.pursuppliercoordinator@purchasing.ri.gov

RIFANS Supplier Registration Package 09/15/2015

For State Use Only:
IRS____ RI SOS____ FED____ Other________
RI Supplier #_________ Approved ________
Date Entered __________ Entered By __________