Completion of the Vendor Registration Form in its entirety is MANDATORY for payment. A current W-9 must be submitted WITH BUT NOT IN PLACE OF the registration form.

Complete and Return to: Muscogee County School District **Purchasing Department** 2960 Macon Road Columbus, GA 31906.

You may also email the form to vendor@muscogee.k12.ga.us

## **VENDOR REGISTRATION FORM**

W-9 must be submitted with the Registration Form. Do not use this form for students or employees of MCSD.

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:

- The preferred method for completing this form is electronic; if you choose to complete the form by hand, please print legibly in blue ink and clearly distinguish numbers, for example, use  $\emptyset$  for zero and 7 for seven.
- 2. Print and sign the form.
- Send the form and W-9 to the Muscogee County School District Purchasing Department using one of the following methods:

a. b.	Email to <u>vendor@muscogee</u>	.k12.ga.us					
Legal Business Name (Name Used on Tax Filing):							
DBA (Doing I	Business As) Name:	1					
Taxpayer Identification Number (TIN):						☐ Employer ID Number (EIN) <i>or</i> ☐ Social Security Number (SSN)	
Is this For Ne	w Vendor Addition or Cha	inge of Existii	ng Information	?	dd 🗌 CI	hange – Existing Vendor ID #	
			Entity <sup>1</sup>	Гуре			
C Corpo S Corpo Partners Trust/es Non-prc Limited I	ration hip	tax [	Tax-Exempt Other Tax-E Governmen (Federal, St Governmer Non-U.S. Go	kempt Entit tal Entity ate, Local o tal unit or a	r other U.S.	Exemptions  Exempt payee code (if any)  Exemption from FATCA reporting code (if any)	
		T _	Vendor Busi	ness Type			
Are you prim	narily a supplier of services	? [	Yes	No			
If providing a service, what type?		]	Medical Attorney,	'Legal		Rent Other	
		Addres	SS (Where tax info	rmation sho	ould be sent.)		
Address:							
Contact Nam	ne:						
City:		State:			Zip:		
Telephone:			Contact Emai	l:			
Purchase Order Address							
Address:							
Contact Nam	ne:						
City:		State:			Zip:		
Telephone:	2:		Contact Email:				
Indicate whether purchase orders are to be sent v			fax or email.		Fax c	or Email (preferred)	
PO Fax:			PO Email:				



Completion of the Vendor Registration Form in its entirety is MANDATORY for payment. A current W-9 must be submitted **WITH BUT NOT IN PLACE OF** the registration form.

Complete and Return to:
Muscogee County School District
Purchasing Department
2960 Macon Road
Columbus, GA 31906.
You may also email the form to

vendor@muscogee.k12.ga.us

### **VENDOR REGISTRATION FORM**

W-9 must be submitted with the Registration Form.

Do not use this form for students or employees of CCSD.

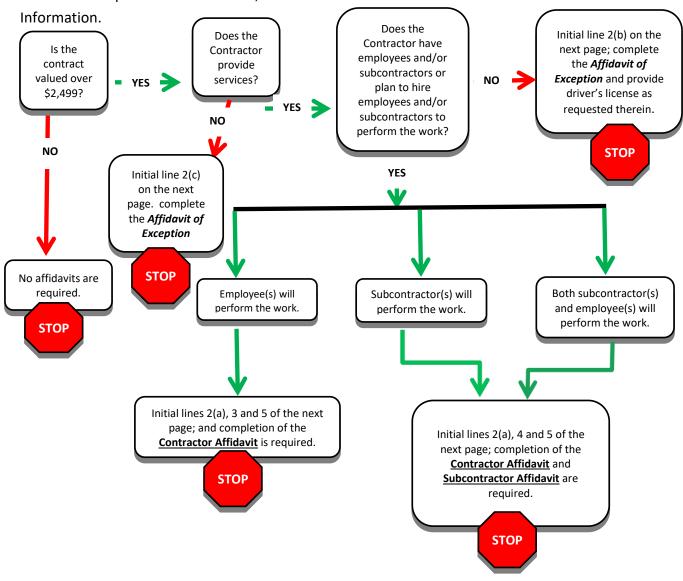
Do Not Send This Form to IRS

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

								the submitt	ing vendor
Payment (Remit) Address									
Address:									
Contact Nam	ne:								
City:				State:			Zip:		
Telephone:					Contact Emai	il:			
Checks shou	ld be	made payable to	<mark>):</mark>						
					Payment	Options			
What types of payments do you accept? (Check all that apply) If you select any type of payment transfer please send your bank account and routing number.				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 p	ayment not check	ked, wo	uld you co	onsider it as an	option?		Yes	☐ No
If you respor	nded	yes, which type(s	s) would	d you cons	ider?				
Comments:									
					Vendor	Туре			
☐ 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:  (a) I am exempt from withholding, or  (b) I have not been notified by the IRS of failure to report interest and dividend income, or  (c) 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	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



# 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 Muscogee 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, quote, contract, or vendor registration.

1)		Muscogee County School District shall comply with the Georgia Security and Immigration Compliance Act, as amended, O.C.G.A10-90 et seq.						
2)	and	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. ollectively 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/ 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 300-10-101 et seq. in accordance with the terms thereof; (Complete and submit the Contractor Affidavit and Agreement); OR						
	(b)	(Initial here) The Contractor is a sole proprietor with no employees, subcontractors, or sub-subcontractors, and it will not use or hire employees, subcontractors, or sub-subcontractors for any work performed for the District under the contract. This requires submission of a Georgia driver's license or a license from an approved state. (Complete and submit the Affidavit of Exception); OR						
	(c)	(Initial here) The Contractor will provide goods only to the District and will not render any services to the District. If your company provides goods along with ancillary services, such as maintenance, repairs, help desk support, customer support, technological support, or any other ancillary services, your company cannot file an Affidavit of Exception and must register with E-Verify. (Complete and submit the Affidavit of Exception); OR						
	(d)	(Initial here) The Contractor is a foreign company and the work performed under the contract will be done in a foreign country by residents of that country. Contractor must comply with any other laws required to perform services in the United States, including but not limited to having an appropriate visa. (Complete and submit the Affidavit of Exception); OR						
	(e)	(Initial here) The Contractor is an individual who is licensed pursuant to Official Code of Georgia Title 26 or Title 43, or by the State Bar of Georgia; whose license is in good standing, and the Contractor is the individual who will be performing the services under the contract. (Complete and submit the Affidavit of Exception)						
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 300-10-101 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 300-10-102, 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 300-10-12.; 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 300-10-101 et seq. (Complete and submit the Subcontractor Affidavit and Agreement)						
5)		(Initial here) Contractor agrees to provide the Muscogee County School District with all affidavits of compliance as required by the Act and Georgia Department of Labor Rule 300-10-102, 300-10-103, 300-10-107 and 300-10-108 within five (5) business days of its receipt of any such documents.						
		Company Name:						

### CONTRACTOR AFFIDAVIT PROVIDED PURSUANT TO O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify public employer Muscogee County School District in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to public employer Muscogee County School District within five (5) business days of receipt.

Federal Work Authorization User Identification Number (4 to 7 Digit Number)		
Date of Authorization		
Name of Contractor		
Email Address		
Telephone Number		
Name of Public Employer	Muscogee County School Distric	ct
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 of Co	 ntractor	
Printed Name and Title of Authorized Officer of	 or Agent	
NOTARY INFORMATION		Affix Notarial Seal Here
Subscribed and Sworn before me this the 20	day of	
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 subcindividual, firm or corporation which is (name	engaged in the physical pe		contract with
registered with, is authorized to use and use subsequent replacement program, in accord 10-91. Furthermore, the undersigned subcoprogram throughout the contract period, th services in the performance of such contract the information required by O.C.G.A. § 13-1 subcontractor's affidavit to the contractor and days of its receipt of the same. If the unde affidavit from any other contracted sub-subcodays of receipt, a copy of the notice, together	es the federal work authorization dance with the applicable proviontractor covenants that it will not the undersigned subcontract only with sub-subcontractors value 10-91(b), and that the subcontractor of School District, together with ersigned subcontractor receives contractor, the undersigned subcontractor subcontractor.	program commonly known as E-Visions and deadlines established in continue to use the federal work tor will contract for the physical pervisor present an affidavit to the subcoractor shall forward notice of receipth a copy of such affidavit, within five notice that a sub-subcontractor had contractor must forward, within five	Verify, or any O.C.G.A. § 13-authorization rformance of intractor with ot of any sub-e (5) business s received an
Subcontractor hereby attests that its federal wo	ork authorization user identificatio	n number and date of authorization ar	e as follows:
Federal Work Authorization User Identification Number (4 to 7 Digit Number)			
Date of Authorization			
Name of Subcontractor		_	
Email Address			
Telephone Number			
Name of Public Employer	Muscogee County School Distric	t	
I hereby declare under penalty of perjury that the	he foregoing is true and correct.		
Executed on	, 20in	(city),(s	tate).
	 contractor		
Printed Name and Title of Authorized Officer or	Agent		
NOTARY INFORMATION		Affix Notarial Seal Here	
Subscribed and Sworn before me this the 20	day of		
Notary Public Signature			

My Commission Expires:

### AFFIDAVIT OF EXCEPTION PURSUANT TO O.C.G.A. § 13-10-91(b)(5)

The undersigned, in connection with a proposed contract or subcontract with the Muscogee 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:

- (a) I am a sole proprietor.
- (b) I do not employ any other persons.
- (c) I do not intend to hire any employees to perform the Contract.
- (d) A true, correct and complete copy of my state issued driver's license or state issued identification card is attached hereto.
- (e) 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 <u>before</u> hiring any employees, I will:
  - (i.) Immediately notify the School District and all higher tier contractors (if any) in writing; and
  - (ii.) 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
  - (iii.) 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.; OR
- (f) The Contractor will provide **goods only** to the District and will not render any services to the District. If your company provides goods along with ancillary services, such as maintenance, repairs, help desk support, customer support, technological support, or any other ancillary services, your company cannot file an Affidavit of Exception and must register with E-Verify; OR
- (g) The Contractor is a foreign company, and the work performed under the contract will be done in a foreign country by residents of that country; OR
- (h) The Contractor is an individual who is licensed pursuant to Official Code of Georgia Title 26 or Title 43, or by the State Bar of Georgia; whose license is in good standing, and the Contractor is the individual who will be performing the services under the contract.

Print Company Name / Name of Sole Proprietor	
BY: Signature of Authorized Officer/Agent of Company/Sole Proprietor	Date
NOTARY INFORMATION	Affix Notarial Seal Here
Sworn to before me this day of, 20	
Notary Public Signature	
My Commission Expires:	

Museages County School District (MCSD)	
Muscogee County School District (MCSD)	
Vendor Authorization Agreement For Electronic Fund Transfers Direct Deposit	
Please supply the information requested and return the completed form to:	
Muscogee County School District, Purchasing Department, P.O. Box 2427, Columbus, GA 31902	
706-748-2350, vendor@muscogee.k12.ga.us, Fax 706-748-2359	
Vendor Payment Information	ı
Remit To:	
Vendor Name	
Attention: Tax ID Number (TIN)	
Address	
City & State	
Zip Code	
Phone	
Fax	
Email Address For Accounts Receivable	
	_
Do you accept purchasing cards (VISA) for invoice payment?	
Do you accept payments through electronic fund transfers?	-
AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFERS DIRECT DEPOSIT	
Along with this authorization, a copy of a voided pre-printed check slip must be submitted.	
Thong With the damonization, a copy of a voluce pro printed effect on printed by cabinition.	
I hereby authorize Muscogee County School District to initiate credit entries and, if necessary, debit entrie	9
to correct errors to the account at the depository financial institution named below. This authority is to	
remain in full force and effect until MCSD receives written notification of termination in such a manner	
to afford MCSD and the financial institution a reasonable opportunity to act upon the notification for	
termination. I understand that a paper payment check may be issued in the event circumstances	
prevent the EFT payment.	
Deat Mana	
Bank Name	
Bank Address	
Bank Contact Person Telephone Number	
Routing Number	
Checking Account Number	
Authorizer NameAuthorizer Title	
Signature of AuthorizerDate	
MCSD USE ONLY	
Date Authorization Form Received	
Date Entered Into Vendor Database	
Form Updated 05/02/2016	
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