



Professional Driver Employment Application

Position(s) applied for: _____

Name _____ Social Security No. _____
First Middle Last

Current Address: _____ Date of Birth: _____
Street
City, State, Zip Code Phone: _____
Email: _____

Please list any prior address(es) over the past 3 years:

Street	City, State, Zip Code	How Long? _____ Yr./Month
Street	City, State, Zip Code	How Long? _____ Yr./Month
Street	City, State, Zip Code	How Long? _____ Yr./Month

Did you have the legal right to work in the United States? Yes ☐ No ☐ Can you provide proof of age? Yes ☐ No ☐

In case of emergency, notify _____
Name Address Phone

Have you worked for this company before? _____ Where? _____

Dates: From _____ to _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, please explain fully on a separate sheet of paper.
Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes ☐ No ☐ You may explain below if you desire:

EMPLOYMENT HISTORY

EMPLOYMENT RECORD Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past **three years**. Effective July 1, 1987, they **must also show commercial driver employment for the seven years preceding this three year period**. Sec. 291.21 (b) (10) 911). Account for any gaps in employment between employers. Please begin chronologically with your most recent employment.

Current or Last employer			Date:	
Name:				
Address:			Start Date (m/y)	End Date (m/y)
City:	State:	Zip Code:	Position:	
Contact Person:		Phone Number:	Salary /Wage:	
Where you subject to the FMCRs* while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for leaving:	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

EMPLOYMENT HISTORY CONTINUED

Employer			Date:	
Name:				
Address:			Start Date (m/y)	End Date (m/y)
City:	State:	Zip Code:	Position:	
Contact Person:	Phone Number:		Salary /Wage:	
Were you subject to the FMCRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for leaving:	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Employer			Date:	
Name:				
Address:			Start Date (m/y)	End Date (m/y)
City:	State:	Zip Code:	Position:	
Contact Person:	Phone Number:		Salary /Wage:	
Were you subject to the FMCRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for leaving:	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Employer			Date:	
Name:				
Address:			Start Date (m/y)	End Date (m/y)
City:	State:	Zip Code:	Position:	
Contact Person:	Phone Number:		Salary /Wage:	
Were you subject to the FMCRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for leaving:	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Employer			Date:	
Name:				
Address:			Start Date (m/y)	End Date (m/y)
City:	State:	Zip Code:	Position:	
Contact Person:	Phone Number:		Salary /Wage:	
Were you subject to the FMCRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for leaving:	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Employer			Date:	
Name:				
Address:			Start Date (m/y)	End Date (m/y)
City:	State:	Zip Code:	Position:	
Contact Person:	Phone Number:		Salary /Wage:	
Were you subject to the FMCRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for leaving:	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

*** The Federal Motor Carrier Safety Regulations (FMCRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designated or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.*

EDUCATION

Check Highest Grade Completed: ☐ Elementary School ☐ Middle School ☐ High School ☐ College: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Last School Attended _____
Name City

List special courses or training you've taken that would add your qualifications for the position you are applying for:

ACCIDENT RECORD OF PAST 10 YEARS OR MORE

(Attach sheet if more space is needed. Only complete these sections if you are applying for a professional driving position)

DATES	NATURE OF ACCIDENTS (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Last Accident:			
Next Previous:			
Next Previous:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 10 YEARS (Other than parking violations.)

DATES	LOCATION	CHARGE	PENELTY
Last Incident:			
Next Previous:			
Next Previous:			
Next Previous:			
Next Previous:			

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. How many years total CDL driving experience do you have?	
B. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Has any license, permit or privilege ever been suspended or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Have you ever been convicted of a DWI/OWI?	Yes <input type="checkbox"/> No <input type="checkbox"/>

IF YES TO ANY ANSWER ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE FOR THE PAST TEN YEARS

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO		APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

List states/regions operated in for last five year: _____

What safe driving awards to you hold and from whom? _____

List special equipment or technical materials you can work with (other than those already shown): _____

TO BE READ AND SIGNED BY APPLICANT

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. I authorize you to make such investigations and inquiries of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

Date

Applicant's Signature



6825 S 7th Street, #8422 ♦ Phoenix, AZ 85042 ♦ (602) 680-4570 ♦ info@light-logistics.com

Fair Credit Reporting Act & Pre-Employment Investigation Disclosure Statements

This statement is to inform you that your driving record, drug and alcohol test results, and verification of previous employment may be obtained for employment purposes. This is in accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208). Obtaining this information is required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Additionally, you consent to investigations into your personal, financial and medical histories and other related matters, as necessary only for making employment decisions. Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. You hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with your application.

The information you provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating your safety performance history as required by 49 CFR 391.23 (d) and (e). As a part of this process you have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and you cannot agree on the accuracy of the information.

By signing below, you acknowledge understanding and acceptance of the above procedures. you also certify that you have completed this application, and that all entries on it and information in it are true and complete to the best of your knowledge.

Applicant's Signature

Date

Printed Name



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IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Light Logistics (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 Light Logistics 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.

Signature

Printed Name

Date

Light Logistics Safety Performance History Records Request

Section 1 - To be Completed by Prospective Contractor/Applicant

Instructions for applicant: Please complete only highlighted portions.

I, (print name) _____ hereby authorize:
First M.I. Last Social Security # Date of Birth

Previous Employer: _____ Email: _____
Street: _____ Phone: _____
City, State Zip: _____ Fax: _____

to release and forward the information requested in Sections 2 and 3 of this document concerning my Alcohol and Controlled Substances Testing and accident records, within the previous 3 years from _____.

Employment application date

1) Within the last three (3) years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? Yes ☐ No ☐

2) If yes, have you successfully completed the return-to-duty process? Yes ☐ No ☐ If yes please attach proof

Please forward the requested information to the prospective employer:

Prospective employer: Light Logistics, LLC
Attention: Bonnie Osborn
Street Address: 6825 S 7th Street, #8422
City, State, Zip: Phoenix, AZ 85042
Email: admin@light-logistics.com
Fax: 602-704-1889

In compliance with §40.25(g) and 391.23(h), release of this information must be made in written form that ensures confidentiality, such as fax, email or letter.

Applicant's Signature _____ Date: _____

Section 2: To be Completed by Previous Employer

ACCIDENT HISTORY

The applicant named above was employed by us: Yes ☐ No ☐

Employed as: _____ from (M/Y): _____ to (M/Y): _____

1. Did he/she drive a motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight truck ☐ Tractor-Semitrailer ☐
Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____
2. Reason for leaving your company: Discharged ☐ Resignation ☐ Lay-Off ☐ Military Duty ☐

If there is no safety performance history to report, check here ☐, sign below and return.

Accidents: Complete the following for any accidents included on your accident register (§390.15(b)) that involve the applicant with in the 3 years prior to the application date show above, or check here if there is no accident register data for this driver ☐.

	Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers, or retained under internal company policies.

Please share any other remarks here:

This section was completed by: _____ Signature: _____

Title: _____

Section 3**To be Completed by Previous Employer****Drug & Alcohol History**

_____ was subject to Department of Transportation testing requirements from _____ to _____.

What was the date this person was last tested for controlled substances? ____ / ____ / ____

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?

Yes ☐ No ☐

2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?

Yes ☐ No ☐

3. Has this person refused to submit to a post-accident random, reasonable suspicion or follow-up alcohol or controlled substance test?

Yes ☐ No ☐

4. Has this person committed other violations of Subpart B of Part 382 or Part 40?

Yes ☐ No ☐

5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program under your employment, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.

Yes ☐ No ☐

6. For a driver who successfully completed a SAP's rehabilitation referral and remained in employed by your company, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?

Yes ☐ No ☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

If driver **was not** subject to Department of Transportation testing requirements while employed by your company, please check here ☐. Dates of DOT non-safety sensitive employment: _____ to _____

Previous Employer Information

Company Name: _____ Telephone: _____

Street: _____ City, State, Zip: _____

Authorize company representative completing this form: _____

Authorized representative's signature: _____

Thank you!

Section 4**To be Completed by Light Logistics**

How was this form sent to previous employer: ☐ Faxed ☐ Mailed ☐ Emailed ☐ Other _____

By: _____ Date: _____

Information received from: _____ Via: ☐ Fax ☐ Mail ☐ Email ☐ Telephone ☐ Other _____



6825 S. 7th St, Unit 8422 • Phoenix, AZ 85042 • (602) 845-9148 • info@light-logistics.com

ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS

Each motor carrier must at least once every 12 months, require each driver to prepare a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

DRIVER NAME:	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT	
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

☐ Check this box if you have had no violations in the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

DATE	DRIVER'S SIGNATURE		
REVIEWER PRINTED NAME	REVIEWER SIGNATURE	TITLE	DATE

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing or rated at 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

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.	
	2 Business name/disregarded entity name, if different from above	
	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 type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="text"/> 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. <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) <input type="text"/> Exemption from FATCA reporting code (if any) <input type="text"/> <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
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										
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
or										
Employer identification number										
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶
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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.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)																						
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town		State	Zip Code																				
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												E-mail Address <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (*See instructions*)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (<i>Family Name</i>)			First Name (<i>Given Name</i>)		
Address (<i>Street Number and Name</i>)		City or Town		State	Zip Code



Employer Completes Next Page

