



Note: Form must be filled out completely and signed prior to submittal to one of the following:

**Mail: Nuclear Waste Partnership LLC
PO Box 2078 GSA-207
Carlsbad, NM 88221**

FAX: (575) 234-7050

Email: WIPPSupplier@wipp.ws

Company Name:			
Physical Address:			
City:	State:	County:	Zip(+4)
Phone:		Email:	
Country (if other than USA):		Website:	
REMITTANCE ADDRESS (if different)			
Address:			
City:	State:	Zip:	
e-Mail:			
MAILING ADDRESS (if different from Physical Address)			
Address:			
City:	State:	Zip:	
COMPANY CONTACTS			
Manager Name:		Sales Name:	
Phone:	Cell:	Phone:	Cell:
e-Mail:		e-Mail:	
Service Name:		Billing Name:	
Phone:	Cell:	Phone:	Cell:
e-Mail:		e-Mail:	
Fax:		Fax:	

WIPP Suppliers are required to register their business at: www.sam.gov

Attach a print out of your company's SAM Registration with this Supplier Application

There is no charge to register at SAM.GOV



TYPE OF BUSINESS					
Is your company a Corporation?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes: Corporation incorporated under laws of the State of:					
If not, select company type:					
<input type="checkbox"/>	Individual	<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>	LLC
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Joint Venture		
State Congressional District Number :			State:		
(Information available at http://www.house.gov/representatives/find/)			District No:		
Year your company was established:					
New Mexico Combined Reporting System (CRS) ID Number:					
Federal Tax ID Number or Social Security Number if no Federal Tax ID:					
DUNS Number:					
(If your business does not have a DUNS number, you may obtain one free of charge at https://fedgov.dnb.com/webform)					
Average Number of Employees*:			Average Annual Revenue†:		
PARENT COMPANY INFORMATION					
Company Name:					
Address:			Phone:		
City:		State:	Zip:		
Parent Company DUNS Number:			Parent Company Federal Tax ID Number:		
Is your parent company a Corporation?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Individual	<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>	LLC
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Joint Venture		
If yes: Corporation incorporated under laws of the State of:					
BUSINESS DESCRIPTION & TYPE					
GENERAL PROVIDER OF (check all applicable)	SUPPLIES/EQUIPMENT <input type="checkbox"/>	SERVICES <input type="checkbox"/>	CONSTRUCTION <input type="checkbox"/>	OTHER <input type="checkbox"/>	
BRIEF DESCRIPTION OF BUSINESS:					

* The average number of employees for the latest 12 months, including persons employed by the parent organization, all branches, and all affiliates worldwide.

† The average annual receipts from the most recently completed three or five fiscal years, including receipts of the parent organization, all branches and all affiliates worldwide.



Socioeconomic Information

For guidance refer to 13 CFR Parts 121 through 127

Is your company a small business concern?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Check all that apply:

<input type="checkbox"/> Small Disadvantaged Business (<i>per 13 CFR 124.1002</i>)	<input type="checkbox"/> Alaskan Native Owned
<input type="checkbox"/> Women-Owned Small Business	<input type="checkbox"/> Native Hawaiian Owned
<input type="checkbox"/> Economically Disadvantaged Woman-Owned Small Business	<input type="checkbox"/> American Indian Owned
<input type="checkbox"/> HUBZone Certified Small Business	<input type="checkbox"/> Asian-Pacific American Owned
<input type="checkbox"/> Veteran-Owned Small Business	<input type="checkbox"/> Black American Owned
<input type="checkbox"/> Service-Disabled Veteran-Owned Small Business	<input type="checkbox"/> Hispanic American Owned
<input type="checkbox"/> 8(a) Certified Small Business	<input type="checkbox"/> Native American Owned
<input type="checkbox"/>	<input type="checkbox"/> Asian-Indian American Owned

If your company is not a small business, which of the following applies?

<input type="checkbox"/> Large Business	<input type="checkbox"/> Federal Government
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> State/Local Government
<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> DOE Prime Contractor If yes, please provide Prime Contract #

NORTH AMERICAN INDUSTRIAL CLASSIFICATION CODES SYSTEM (NAICS)

The **North American Industry Classification System (NAICS)** is the standard used by Federal statistical agencies in classifying business establishment for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

Reference: <http://www.census.gov/eos/www/naics/>

https://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf

Primary NAICS Code(s)	Description	Size Standard	Small Business (Y/N)?

By manually signing below, the applicant certifies that the information and representations provided on this form are accurate, current, and complete. Under 15 U.S.C. 645(d), any person who misrepresents its size status shall (1) be punished by a fine, imprisonment or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in the programs conducted under the authority of the Small Business Act.

Printed Name and Title of Person Authorized to Sign	Signature	Date
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SUPPLIER AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

ALL FIELDS MUST BE COMPLETED AS NOTED

REQUEST TYPE:	<input type="radio"/> New Banking Information	<input type="radio"/> Change Existing Banking Information
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VENDOR INFORMATION		
VENDOR NAME <small>(FULL LEGAL NAME)</small>		
ADDRESS		
ADDRESS		
CITY	STATE / PROVINCE	POSTAL / ZIP CODE
COUNTRY	TAXPAYER ID #	
PHONE #	E-MAIL ADDRESS *	

** E-mail address for payment notifications / remittance advices*

CONTACT INFORMATION	
CONTACT NAME #1	
CONTACT PHONE #	E-MAIL ADDRESS
CONTACT NAME #2	
CONTACT PHONE #	E-MAIL ADDRESS

BANKING INFORMATION		
BANK NAME		
BANK ADDRESS		
BANK ADDRESS		
CITY	STATE / PROVINCE	POSTAL / ZIP CODE
COUNTRY		
BANK ROUTING / TRANSIT #	BANK BIC / SWIFT CODE	
ACCOUNT NAME		
ACCOUNT NUMBER	LOCKBOX NUMBER	

**SUPPLIER AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS (CREDITS)**

BANKING INFORMATION (continued)			
ACCOUNT TYPE	<input type="radio"/> Checking / Current	<input type="radio"/> Savings	<input type="radio"/> Lockbox
ACCOUNT CURRENCY (ISO Code)			

If 'Change Existing Banking Information' selected above, complete the following IN FULL:

PREVIOUS BANK NAME		
PREVIOUS BANK ACCOUNT NUMBER		
PREVIOUS PO NUMBER	PREVIOUS INVOICE NUMBER	PREVIOUS INVOICE AMOUNT

I/we hereby authorize Nuclear Waste Partnership LLC to execute payments by electronic funds transfer (EFT) to the bank and account indicated above. In the event NWP erroneously remits funds to the Account, for any reason, I/we hereby authorize NWP to debit the Account for an amount not to exceed the original amount of the erroneous remittance. This authority is to remain in effect until NWP has received written notification to terminate this agreement. Any such termination shall become effective following receipt by NWP of such written termination after NWP has had reasonable opportunity to act upon such notice.

By signing this form, you certify that:

1. You are an authorized representative of (the "Company") who has the authority to provide, or to instruct changes to, banking information for the Company.
2. The banking information provided above is true and correct as of the date set forth below.
3. Upon request by NWP for an independent verification of the banking information provided above, an authorized representative(s) of the Company will provide such information as reasonably requested by NWP to authenticate the banking information provided above.

SIGNATURE	
NAME	TITLE
DATE	PHONE

NWP INTERNAL USE ONLY *	
CALLBACK VERIFICATION COMPLETED BY	DATE
CONTACT NAME	CONTACT TITLE
CONTACT PHONE	CONTACT EMAIL

* NWP INTERNAL VALIDATION ONLY REQUIRED FOR CHANGES TO EXITING VENDOR ACCOUNTS

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

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 for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.