



SIMCO SUPPLIER APPLICATION

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

Salado Isolation Mining Contractors LLC
PO Box 2078 GSA-207
Carlsbad, NM 88221

Email: WIPPSupplier@wipp.doe.gov

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: <https://www.sam.gov>

Attach a printout 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 not, state company type:				
<input type="checkbox"/> Individual	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> LLC		
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/>		
If yes: Corporation incorporated under laws of the State of:				
State Congressional District Number :		State:		
(Information available at https://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:				
SAM Unique Entity ID:		DUNS Number:		
Number of Employees*:		Annual Revenue*:		
PARENT COMPANY INFORMATION				
Company Name:				
Address:		Phone:		
City:	State:	Zip:		
Parent Company SAM Unique Entity ID:				
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	<input type="checkbox"/>		
If yes: Corporation incorporated under laws of the State of:				
BUSINESS DESCRIPTION & TYPE				
GENERAL PROVIDER OF: (check all applicable)	SUPPLIES/EQUIPMENT <input type="radio"/>	SERVICES <input type="radio"/>	CONSTRUCTION <input type="radio"/>	OTHER <input type="radio"/>
BRIEF DESCRIPTION OF BUSINESS:				

* The average number of employees for the latest 24 months, including persons employed by the parent organization, all branches, and all affiliates worldwide.

* The average annual receipts from the most recently completed 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? ☐ Yes ☐ No

Check all that apply:

<input type="checkbox"/>	Small Disadvantaged Business	<input type="checkbox"/>	Alaskan Native Owned
<input type="checkbox"/>	Woman-Owned Small Business	<input type="checkbox"/>	Native Hawaiian Owned
<input type="checkbox"/>	HUBZone Certified Small Business	<input type="checkbox"/>	American Indian Owned
<input type="checkbox"/>	Veteran-Owned Small Business	<input type="checkbox"/>	Asian-Pacific American Owned
<input type="checkbox"/>	Service-Disabled Veteran-Owned Small Business	<input type="checkbox"/>	Black American Owned
<input type="checkbox"/>	8(a) Certified Small Business	<input type="checkbox"/>	Hispanic American Owned
<input type="checkbox"/>	Non-Alaskan Native Corporation Indian	<input type="checkbox"/>	Native American Owned
<input type="checkbox"/>	Ability One Program Participants	<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 establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

NAICS Code Listings: <https://www.census.gov/naics/>

SBA Size Standards Table: <https://www.sba.gov/document/support-table-size-standards>

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

By manually or electronically 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 _____



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	<input type="radio"/> No Change
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VENDOR INFORMATION

Vendor Name: (Full Legal Name)		
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:

ACH/EFT 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:	



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 Salado Isolation Mining Contractors LLC to execute payments by electronic funds transfer (EFT) to the bank and account indicated above. In the event SIMCO erroneously remits funds to the Account, for any reason, I/we hereby authorize SIMCO 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 SIMCO has received written notification to terminate this agreement. Any such termination shall become effective following receipt by SIMCO of such written termination after SIMCO 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 SIMCO 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 SIMCO to authenticate the banking information provided above.

Signature:	
Print Name:	Title:
Date:	Phone:

SIMCO INTERNAL USE ONLY

Callback Verification Completed By:		Date:
Contact Name:	Contact Title:	
Contact Phone:	Contact Email:	

**Request for Taxpayer
Identification Number and Certification**

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

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its 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) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	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. See also *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:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

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. 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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they