



Account Application and Information Packet

3095 114th Avenue North St. Petersburg, Florida 33716-2006

Phone: 727-464-7500

Fax: 727-464-7713

www.pinellascounty.org



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Facilities Hours of Operations

Administration / Business & Finance

Hours: Monday to Friday 8 a.m. to 5 p.m.

Closed Saturdays, Sundays, County and all major holidays

Scalehouse

Hours: Monday thru Friday 6 a.m. to 6 p.m. and Saturday 7 a.m. to 5 p.m.

Closed Sundays, Thanksgiving, Christmas, and New Year Day

Household Electronics and Chemical Collection Center

Hours: Monday thru Friday 6 a.m. to 6 p.m. and Saturday 7 a.m. to 5 p.m.

Closed Sundays and all major holidays

Also, located at the Household Electronics and Chemical Collection Center

Swap Shop – during normal business hours

Recycling Drop-off Center – 24 hour 7 days a week

EnviroBusiness - 9:00 am – 4:00 pm second Wednesday of every month (Dates may change if Wednesday falls on a County observed holiday)

Waste-to-Energy Facility

Hours: Monday thru Friday 6 a.m. to 6 p.m and Saturday 7 a.m. to 5 p.m.

Closed Sundays, Thanksgiving, Christmas, and New Year Day

Bridgeway Acres Landfill

Hours: Monday thru Friday 6 a.m. to 6 p.m. and Saturday 7 a.m. to 5 p.m.

Closed Sundays, Thanksgiving, Christmas, and New Year Day



Notification Contact Request

We are implementing a system that will notify you in a timely manner should a situation arise requiring notification to our customers regarding the operation status of the Solid Waste facility, so you can make an informed decision based on the information received. We are asking you to provide us with a method of contact so you can receive these important notifications.

Please complete and return this form to swfinance@co.pinellas.fl.us or fax to 727-464-7713 as soon as possible.

Account Number: _____

Contact Name: _____

Company Name: _____

Please choose the best contact method for you?

E-mail

Address _____

Address _____

Fax

Fax number _____

Dispatch Fax _____

Telephone

Phone number _____

Cellular number _____

Dispatch number _____



Account Information

- A. Cash Account – payment is due at the time of service.
- B. Invoice Account – requires a guarantee (escrow) of payment.

We offer three types of guarantee of payment methods. Credit cards are not offered as a guarantee of payment method.

The initial guarantee of payment is an **estimate** of 2 months of disposal fees and the minimum amount of an initial guarantee is \$325. See *Escrow Calculation – Table 1* on page 3.

Guarantee of payment (escrow) methods:

1. A deposit held in a non–interest bearing account.

Cash, check, cashier’s check, or money order made payable to: Pinellas County Solid Waste Management

2. Bank Irrevocable Letter of Credit

Must be on the bank’s original letterhead with the proper signatures and seals. See “Sample” contained in packet.

3. Surety Bond

Must be on the bonding/insurance agency’s original bond with the proper signatures and seals. See “Sample” contained in packet.

NOTE: * Upon account setup, a 30-day pass will be issued for each vehicle entering the facility. This means you have **30 days** to affix your account and vehicle numbers on your vehicles and container numbers on your containers. Please read County Ordinance 82-594 on page 14.

If one of the conditions below applies, a deposit (see table 2, page 4) will be necessary:

1. No account number
2. No vehicle or container number
3. A reweigh is required or requested



Estimated Escrow Calculations

***There is a minimum escrow deposit of \$325 for all new accounts as of 12/1/15.**

Table 1

Disposal Tonnage	<u>Estimated Monthly Disposal Tonnage</u>	Disposal Fee	2 Months of <u>Estimated Escrow</u>	Disposal Tonnage	<u>Estimated Monthly Disposal Tonnage</u>	Disposal Fee	2 Months of <u>Estimated Escrow</u>
1	4	37.50	\$325	31	134	37.50	\$10,075
2	9	37.50	\$650	32	139	37.50	\$10,400
3	13	37.50	\$975	33	143	37.50	\$10,725
4	17	37.50	\$1,300	34	147	37.50	\$11,050
5	22	37.50	\$1,625	35	152	37.50	\$11,375
6	26	37.50	\$1,950	36	156	37.50	\$11,700
7	30	37.50	\$2,275	37	160	37.50	\$12,025
8	35	37.50	\$2,600	38	165	37.50	\$12,350
9	39	37.50	\$2,925	39	169	37.50	\$12,675
10	43	37.50	\$3,250	40	173	37.50	\$13,000
11	48	37.50	\$3,575	41	178	37.50	\$13,325
12	52	37.50	\$3,900	42	182	37.50	\$13,650
13	56	37.50	\$4,225	43	186	37.50	\$13,975
14	61	37.50	\$4,550	44	191	37.50	\$14,300
15	65	37.50	\$4,875	45	195	37.50	\$14,625
16	69	37.50	\$5,200	46	199	37.50	\$14,950
17	74	37.50	\$5,525	47	204	37.50	\$15,275
18	78	37.50	\$5,850	48	208	37.50	\$15,600
19	82	37.50	\$6,175	49	212	37.50	\$15,925
20	87	37.50	\$6,500	50	217	37.50	\$16,250
21	91	37.50	\$6,825	51	221	37.50	\$16,575
22	95	37.50	\$7,150	52	225	37.50	\$16,900
23	100	37.50	\$7,475	53	230	37.50	\$17,225
24	104	37.50	\$7,800	54	234	37.50	\$17,550
25	108	37.50	\$8,125	55	238	37.50	\$17,875
26	113	37.50	\$8,450	56	243	37.50	\$18,200
27	117	37.50	\$8,775	57	247	37.50	\$18,525
28	121	37.50	\$9,100	58	251	37.50	\$18,850
29	126	37.50	\$9,425	59	256	37.50	\$19,175
30	130	37.50	\$9,750	60	260	37.50	\$19,500

If the Estimated Monthly Disposal Tonnage is **5 tons**, then your **2 Months of Estimated Escrow** is **\$325**. Disposal privileges are limited to the escrow amount. If the total disposal exceeds the escrow, the account will be placed on hold until the account is brought current.



Application

OFFICE USE ONLY			
Date	Customer ID_____	_____Cash _____	Charge _____ Update
GUARANTEE OF PAYMENT METHODS			
Deposit (Non-interest bearing account)	Irrevocable Letter of Credit (Bank)	Surety Bond (Bond/Insurance Company)	
Number	Number	Number	
Amount	Amount	Amount	
BUSINESS INFORMATION			
Business name:			
Division/DBA name:			
Phone:	Fax:	Web address:	
Business address:			
City:	State:	ZIP Code:	-
Billing address:			
City:	State:	ZIP Code:	-
Mailing address:			
City:	State:	ZIP Code:	-
BUSINESS CONTACT INFORMATION			
Contact name:		Title:	
Contact address:			
City:	State:	ZIP Code:	-
Phone:	Cell:	E-mail:	
ACCOUNTS PAYABLE CONTACT INFORMATION			
Name:		Title:	
Address:			
City:	State:	ZIP Code:	-
Phone:	Fax:	E-mail:	
REGISTERED AGENT INFORMATION			
Agent Name:		Title:	
Address (No POs):			
City:	State:	ZIP Code:	-
Phone:	Cell:	E-mail:	



Release of Liability

The undersigned _____, on behalf of _____, do hereby agree to indemnify, defend, save harmless and release from all liability whatsoever **PINELLAS COUNTY**, its board members, officers, agents, employees, representatives and contractors from and against all losses and all claims, demands, payments, suits, actions, recoveries, expenses, attorney's fees, and judgments of every nature and description, including but not limited to claims for property damage and claims for injury to or death of persons, brought or recovered against them by reason of any act of negligence or omission of the agents, representatives, contractors of employees unless such agent, representatives, contractor or employee acts in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, property of the customer or by reason of any act of **PINELLAS COUNTY'S** agents, representatives, officials, employees, or contractors in removing or relocating a "disable vehicle", as defined by Resolution No. 83-240 of the **BOARD OF COUNTY COMMISSIONERS** governing operational rules and regulations pertaining to the **PINELLAS COUNTY SOLID WASTE RESOURCE RECOVERY SYSTEM** facilities.

I acknowledge and understand that this instrument waives certain rights and that I am authorized to execute same voluntarily and with full knowledge of its effect.

Authorized Signature	
Signature:	Title:
Printed name:	Date:

Signature _____ Title _____
 State/Province of _____ County/City of _____
 sworn to and subscribed to before me this _____ day of _____, 20____, by
 _____ who is personally known to me or
 who has produced _____ as identification.

 Notary Public-State of Florida - signature

STAMP



Agreements

TARE AGREEMENT

Upon affixing your account, vehicle, and container numbers, you will be required to obtain tare weights (empty weight) for each of your vehicle(s) and container(s).

NOTE: No tares will be done unless the account, vehicle, and container numbers are affixed and displayed on them in accordance to County Ordinance 82-594, on page 13. See exhibit A on page 16 for proper displaying and height requirements.

All vehicles and containers are subject to a random tare (empty weight) to be performed every six months. You are required to tare your vehicles and containers at a minimum of two times per year.

When your vehicle and or container is required to tare, you will be notified by the Scale Operator to tare (reweigh) your vehicle and or container.

I the undersigned _____ on behalf of
(Your Name)

_____ do hereby agree to the above
(Company's Name)

tare agreement set forth by the Pinellas County Board of County Commissioners.

VEHICLE DISPLAY AGREEMENT

All vehicles entering the facility must have the account and vehicle numbers permanently affixed, attached, or painted on the vehicles.

A six-digit scheme consisting of an account number and vehicle number (Exhibit "A", page 17) shall be placed on the left front edge of the vehicle body facing forward or may be located on the cab door just below the window.

The first three numerals are assigned by Solid Waste and are not transferable. The second three numerals are used to identify a particular vehicle and is supplied by the owner.

Please read County Ordinance 82-594, page 14

CONTAINER DISPLAY AGREEMENT

A three-digit numbering system shall be used to identify all container(s) entering the facility.

A particular container must have a three-digit number supplied by the owner and shall be permanently affixed, attached, or painted on the container.

I the undersigned _____ on behalf of
(Your Name)

_____ do hereby agree to the above
(Company's Name)

vehicle and container agreement set forth by the Pinellas County Board of County Commissioners.



Agreements Cont.

ESCROW AGREEMENT

The estimated amount of the two months of disposal fees is subject to change or adjustment, made at the discretion of Pinellas County Solid Waste and will be based on such factors as changes in use of services, adjustment in fee schedules, disposal history, payment history or other such variables as deemed appropriate. This agreement made this ____ day of _____, 20____, between _____ as the "User" and the **BOARD**

(COMPANY'S NAME)

OF COUNTY COMMISSIONERS, as the "Obligee" that the User agree as follows:

Upon the establishment of a non-cash account with Pinellas County Solid Waste, the user shall establish and maintain an escrow account containing 2 months estimated disposal fees by one or more of the following payment guarantees types:

An irrevocable letter of credit with a financial institution having authority to transact business in the State of Florida.

A surety bond with an insurance or bonding agency having authority to transact business in the State of Florida.

A non-interest bearing cash deposit made to the account of the Board of County Commissioners.

The User agrees to maintain 2 months of disposal fees.

If the User exceeds the escrow in three consecutive months, the User agrees to an adjustment to the escrow of an amount to cover the deficit.

The user agrees within 30-days of notification of an increase, the amount of the adjustment will be made to the escrow account using one or more of the guarantee payment types.

Signature _____ Title _____

State/Province of _____ County/City of _____

sworn to and subscribed to before me this ____ day of _____, 20____, by

_____ who is personally known to me or

who has produced _____ as identification.

Notary Public-State of Florida – signature

STAMP



Web Access Form

****Online Payments are not available at this time****

With web access, you can:

- 1. Access account information 24/7
- 2. View daily transactions in real time
- 3. Download transactions to Excel
- 4. Reprint monthly statements and invoices
- 5. View payment history

Please complete the form and return with application or fax: (727) 464-7713 or email: swfinance@co.pinellas.fl.us

Account Number _____

Date _____

Account Name (print) _____

First Name	Last Name	Email Address	Access to Reporting	Access to Statements

User Name: first initial last name for example, jsmith. **User Password:** auto generated password.

After you have been set up for web reporting, an email will be sent with your user name, temporary password, and the URL link to the web site.

User Sign in: log in with your user name and temporary password, you will be given the opportunity to change the temporary password at that time.

Flat Rate and Deposit Fee Schedule



\$2.00

Passenger Vehicles

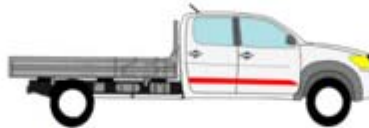


\$10.00

Pickup Trucks

Vans

*Vehicles paying by weight will be required to provide a deposit for 50% of gross weight upon entering the facility



Modified Pickups



Any vehicle pulling a trailer



\$37.50 per ton*

Box Trucks

Dump Trucks



Tractor Trailers

*All calculations are based on total gross weight of the vehicle and the load. See estimated deposit calculations below, if you are required to leave a deposit.



Estimated Deposit Calculations

NOTE: Failure to reweigh will result in forfeiture of your deposit.

Table 2

GrossTons	Disposal Fee	Gross Deposit	50% of Gross Deposit	Required Deposit Amount
1	37.50	37.50	0.50	\$19
2	37.50	75.00	0.50	\$38
3	37.50	112.50	0.50	\$56
4	37.50	150.00	0.50	\$75
5	37.50	187.50	0.50	\$94
6	37.50	225.00	0.50	\$113
7	37.50	262.50	0.50	\$131
8	37.50	300.00	0.50	\$150
9	37.50	337.50	0.50	\$169
10	37.50	375.00	0.50	\$188
11	37.50	412.50	0.50	\$206
12	37.50	450.00	0.50	\$225
13	37.50	487.50	0.50	\$244
14	37.50	525.00	0.50	\$263
15	37.50	562.50	0.50	\$281
16	37.50	600.00	0.50	\$300
17	37.50	637.50	0.50	\$319
18	37.50	675.00	0.50	\$338
19	37.50	712.50	0.50	\$356
20	37.50	750.00	0.50	\$375
21	37.50	787.50	0.50	\$394
22	37.50	825.00	0.50	\$413
23	37.50	862.50	0.50	\$431
24	37.50	900.00	0.50	\$450
25	37.50	937.50	0.50	\$469
26	37.50	975.00	0.50	\$488
27	37.50	1,012.50	0.50	\$506
28	37.50	1,050.00	0.50	\$525
29	37.50	1,087.50	0.50	\$544
30	37.50	1,125.00	0.50	\$563
31	37.50	1,162.50	0.50	\$581
32	37.50	1,200.00	0.50	\$600
33	37.50	1,237.50	0.50	\$619



Payment Acceptances

No account payments are accepted at the scale house

Scale house: Cash Credit Card Checks

Cash

Credit Card

- Visa
- MasterCard

Note: Deposits on credit/debit cards can be held by the bank 3 to 5 business days.

Checks

- Business checks must be signed by the owner.
 - Out of state checks accepted
- Personal checks must be signed and presented by the check writer or authorized signer on the account.
 - No out of state checks are accepted
 - No starter checks are accepted

Financial and Business Services: Monday – Friday 8:00 am – 5:00 pm

Cash Money Order Cashier's Check Checks

By mail:

Make checks payable to: Pinellas County Solid Waste Management
Mail checks to: Attention: Financial Services
 3095 114th Avenue North
 St. Petersburg, Florida 33716-2006

To ensure payments are received in a timely manner, it is to your advantage to return your payments in the self-addressed envelope provided with your invoice and statement.

Mailing payments to any other address other than the address above will cause a delay in processing your payment to your account and your account being suspended until payment is received.



Check Acceptance Requirements

Personal Checks:

Valid Florida Driver's License
Home and Work phone number
Address printed on the check
Signatory must be person presenting the check

Business Checks:

Name of business
Physical address printed on the check
Phone number

Returned Checks:

Upon receipt of a returned check, your disposal privileges will be revoked until the returned check is resolved.

A 15-day notice will be sent by postal mail of any check(s) that are returned to us, whether electronically (TeleCheck) or manually (bank), to pay the check(s) and any fees associated with the check(s).

The customer will not be allowed to use the facility on a cash or credit/debit card basis until the check(s) and any fees associated with the check(s) are paid in full.

If the customer has written two bad checks and paid by the given deadline the customer will be considered for continued check acceptance.

If the customer has written more than two bad checks and paid by the given deadline the customer will not be considered for continued check acceptance for 3 months.

If the customer check(s) is not paid by the given deadline and the check(s) is forwarded to the State Attorney's office for collection, the customer will not be considered for continued check acceptance for at least 9 months.

Returned Checks Payments:

NO credit card, personal or business checks will be accepted as payment for returned checks.

Payments for returned checks are accepted at the administration office only and must be in cash, cashier's check, or money order for the check amount and any fees associated with the check.



Vehicle and Container Requirements

New accounts will be issued a 30-day temporary pass

When your account number is given to you, you have 30 days to permanently affix, attach, or paint the account and vehicle number (Exhibit A, page 17) on your vehicle.

Vehicle Identification

All municipal and commercial owners shall have affixed, attached, or painted on each vehicle used to transport refuse to Solid Waste the account number and the vehicle number.

Container Identification

All municipal and commercial owners shall have affixed, attached, or painted on each metal container or trailer a number on each that is used to transport refuse to Solid Waste.

Layout and Location

Layout of the emblem shall be arranged to provide both account (owner) and vehicle number by use of a six-digit format (Exhibit "A", page 17). The first three numerals are the account number, assigned by Solid Waste, and the second three numerals are the vehicle number, assigned by the owner.

Location of the emblem shall be placed on the left front edge of the vehicle body facing forward or may be located on the cab door just below the window.

Tares

Once the account and vehicle numbers are affixed, attached, or painted on each vehicle, and the container number affixed, attached, or painted on each container you are required to obtain a tare weight (empty weight) for each of your vehicles and containers.

NOTE: No tares will be done unless the account, vehicle, and container numbers are affixed and displayed on them in accordance to County Ordinance 82-594, page 14.



County Ordinance 82-594

POLICY COVERING THE DISPLAY OF AN IDENTIFICATION EMBLEM ON REFUSE VEHICLES WHICH ROUTINELY USE THE PINELLAS COUNTY SOLID WASTE DISPOSAL SYSTEM.

1. All municipal and commercial owners shall have **affixed, attached, or painted** on each vehicle used to transport refuse to the System, an identification emblem which conforms to the design, size, and style shown on exhibit "A" to this Resolution. A separate but similar identification emblem shall be **affixed, attached, or painted** on each metal container or trailer, which can be handled or moved separately.
2. Location of the identification emblem shall be established to provide easy recognition by the weigh-scale attendant, while conducting the transaction. When possible, the emblem shall be placed on **left front edge of the vehicle body facing forward** or to the **left**. When such locations are not practical, the emblem may be located on the **cab door just below the window**. Right hand drive trucks require comparable placement on the right side of such vehicles.
3. Layout of the emblem shall be arranged to provide both owner and vehicle identification by use of a **six-digit number**. The **first three** numerals are reserved for **owner identification** and the **second three** numerals are reserved for **vehicle** or container identification, and a hyphen shall be inserted between the third and fourth digit.
4. The **first three numerals** shall be those specifically **reserved for the municipality or commercial owner** as assigned by the Solid Waste and are not transferable. Additional names with corresponding numerals will be added, as circumstances require. The second three numerals used to identify a particular vehicle or the owner based on his own numbering system shall supply container.

BE IT FURTHER RESOLVED that a corollary activity to the display of an identification number on refuse vehicles is the program to obtain **tare weights** and thus eliminate the need for re-weighing following each refuse disposal transaction. Owners can save time and expense by having each vehicle in their fleet report to the Solid Waste Entrance facility promptly on the date and time scheduled for determining the tare weight of such vehicles.



Request for a Temporary Pass

Limit 30 days. More than 30 days must be approved.

Please send request prior to scheduled use of the facility Fax: (727) 464-7713 or email: swfinance@co.pinellas.fl.us

Account Number _____ Date _____

Account Name (print) _____

Contact Name (print _____ Title _____

Phone () _____ Fax() _____ Email Address _____

Signature _____ Date _____
Person authorizing account usage

Reason for pass: New _____ Borrowed _____ Rental _____ Demo _____ Hauler _____

Must enter a from and to date

Effective From: _____ Effective To: _____ Number of passes requested _____

Hauler's Information

Company Name _____

Contact Name _____ Title _____

Phone () _____ Fax () _____ Cell () _____

Vehicle Information

1. Name on vehicle (If applicable) _____ TYPE _____

Vehicle Number (If applicable) _____ Color _____

2. Name on vehicle (If applicable) _____ TYPE _____

Vehicle Number (If applicable) _____ Color _____

3. Name on vehicle (If applicable) _____ TYPE _____

Vehicle Number (If applicable) _____ Color _____



Account Number _____

Date _____

Account Name (print) _____

Vehicle Information

4. Name on vehicle (If applicable) _____ TYPE _____

Vehicle Number (If applicable) _____ Color _____

5. Name on vehicle (If applicable) _____ TYPE _____

Vehicle Number (If applicable) _____ Color _____

6. Name on vehicle (If applicable) _____ TYPE _____

Vehicle Number (If applicable) _____ Color _____

7. Name on vehicle (If applicable) _____ TYPE _____

Vehicle Number (If applicable) _____ Color _____

8. Name on vehicle (If applicable) _____ TYPE _____

Vehicle Number (If applicable) _____ Color _____

9. Name on vehicle (If applicable) _____ TYPE _____

Vehicle Number (If applicable) _____ Color _____



Personal Protective Equipment (PPE) requirements

SAFETY: is everyone’s responsibility and is a number one priority for Pinellas County. In an effort to create the safest possible environment at the Solid Waste Disposal Facility, the County has established Minimum Personal Protective Equipment (PPE) requirements as follows:

WASTE TO ENERGY PLANT - Hard Hat, Safety Glasses, High Visibility Safety Vest and Closed-toed Shoes.

LANDFILL - SOUTH & WEST - Hard Hat, Safety Glasses, High Visibility Safety Vest and Closed-toed Shoes.

MINI - HAND UNLOAD – Closed-toed Shoes

YARD WASTE/MULCH AREA – Closed-toed Shoes

We would like you to ensure this is done as soon as possible.

However, effective **July 15, 2014**, anyone who does not have or is not wearing the above described/required PPE will be required to remain inside of the vehicle. If no one in the vehicle has the required PPE available, the vehicle will not be permitted to unload unless it can do so without anyone exiting the vehicle.

SEGURIDAD: es la responsabilidad de todos y es es la prioridad número uno en el Condado de Pinellas. En un esfuerzo para crear el ambiente más seguro posible en el centro de desechos y residuos sólidos (vertedero), el condado ha establecido requisitos mínimos para el uso de Equipo Protector Personal (EPP) durante su visita. Lo siguiente son requisitos mínimos:

PLANTA DE CONVERSION DE RESIDUOS A ENERGÍA: casco protector, gafas de seguridad, chaleco (camiseta) de seguridad y de visibilidad alta, y zapatos o botas cerradas con punta protectora del pie.

VERTEDERO DE BASURA – SUR Y OESTE: casco protector, gafas de seguridad, chaleco (camiseta) de seguridad y de visibilidad alta, y zapatos o botas cerradas con punta protectora del pie.

ÁREA PEQUEÑA DE DESCARGAS MANUALES: zapatos o botas cerradas con punta protectora del pie.

ÁREA DE BASURA (DESPERDICIOS) DE LA YARDA / ÁREA DE PAJA DE YARDA (CAPOTE o MANTILLO): zapatos o botas cerradas con punta protectora del pie.

Nos gustaría que usted asegurara que estas medidas de seguridad se cumplan y se mantengan cuanto antes posible.

Comenzando **el 15 de julio de 2014**, cualquiera que no tenga o no use el Equipo Protector Personal (EPP) descrito y requerido en este documento, se le requerirá permanecer dentro del vehículo. Si nadie en el vehículo tiene el equipo requerido disponible, el vehículo no se permitirá descargar a menos que este pueda descargar sin nadie fuera del vehículo.

Provisions of Florida Statute 316.520

COVER YOURSELF...AND YOUR LOAD!



Pinellas County abides by a State Statute which addresses vehicle load transportation.

PROVISIONS OF FLORIDA STATUTE 316.520

- (1) A vehicle may not be driven or moved on any highway unless the vehicle is so constructed or loaded as to prevent any of its load from dropping, shifting, leaking, blowing, or otherwise escaping therefrom. except that sand may be dropped only for the purpose of securing traction or water or other substance may be sprinkled on a roadway in cleaning or maintaining the roadway.

- (2) It is the duty of every homeowner and driver, severally, of any vehicle hauling, upon any public road or highway open to the public, dirt, sand, lime rock, gravel, silica, or other similar aggregate or trash, garbage, or any similar material which could fall or blow from such vehicle, to prevent such materials from falling, blowing, or in any way escaping from such vehicle. Covering and securing the load with a close-fitting tarpaulin or other appropriate cover is required.

REASONS TO SECURE YOUR LOAD

- Litter is expensive to clean up.
- Loose or flying litter is hazardous to other vehicles near you.
- Uncovered loads are against the law.

PENALTIES

- Haulers are subject to a minimum penalty of a written warning and a maximum penalty of an \$80 fine.

INFORMATION LINE

For additional information regarding this Statute, please call the Pinellas County Sheriff's office at **(727) 582-6200**. Please leave your name, phone number and a brief message. A representative will return your call.



Exhibit "A"

DO NOT USE MAGNETIC NUMBERS OR LETTERS OR 999 AS A VEHICLE OR CONTAINER NUMBER

The numbers in this exhibit are for demonstration only. These are not your assigned account number and vehicle number.

1. The first three numbers in the exhibit will be assigned to you when your account is setup in the system. The account number shall be **affixed, attached, or painted** on each vehicle.
2. The second three numbers are your vehicle number, which you will assign to your vehicle. The vehicle number shall be **affixed, attached, or painted** on each vehicle.
3. You will also assign a three-digit number to your container that is to be **affixed, attached, or painted** on each container.

The letter and numbers must be at least 3 inches in height and 12 inches in width (3" x 12") and **affixed, attached, or painted** on each vehicle following the example below:

1 2 3-4 5 6



Tire Hauler Requirements

EFFECTIVE: Monday, February 29, 2016

1. A Tire Manifest form must be completed (filled out) prior to arriving at Solid Waste.
2. A Tire Disposal Sticker is a requirement for businesses transporting twenty-five (25) tires or more by the State of Florida, Department of Environmental Protection (FDEP) and must be affixed to your vehicle. For information on how to obtain this contact Lauren O'Conner at (850) 245-8756 or email at lauren.oconner@dep.state.fl.us
3. Only tires that have been picked-up from Pinellas County Businesses will be accepted at Solid Waste. (NO OUT OF COUNTY TIRES WILL BE ACCEPTED)
4. Tires up to 36" will be accepted whole, tires over 36" must be cut into quarters, up to 2 tires can be attached to a rim; all others must have the rim removed. No tractor trailer of tires will be accepted.

If the above requirements are not met you will not be permitted to dispose of your tires. Any falsification of the Tire Manifest will result in the load being rejected and you will be asked to leave the facility. Tire Manifests are subject to verification of the information you are providing.

All loads are subject to inspection by Compliance Inspectors with Pinellas County Solid Waste.

Eficaz: Lunes, Febrero 29, 2016

Todos los transportistas tienen que observar los requisitos para disponer (botar) llantas en el Residuo Sólido del Condado de Pinellas (Pinellas County Solid Waste).

1. Un manifiesto de llantas tiene que estar completo antes de venir a el Residuo Sólido del Condado de Pinellas (Pinellas County Solid Waste).
2. El Departamento de Protección de Ambiente del Estado de Florida (Florida Department of Environmental Protection (FDEP), exige que tenga una etiqueta engomada para disponer de llantas. La etiqueta engomada tiene que estar afijada en el vehículo. Este es un requisito si tiene veinticinco (25) llantas o más. Para información acerca de recibir la etiqueta engomada, contacte a Lauren O'Conner al (850) 245-8756, o correo electrónico a lauren.oconner@dep.state.fl.us
3. Nadamos aceptamos las llantas que vinieron de compañías con residuo en el Condado de Pinellas. (NO ACEPTAMOS LLANTAS DE OTROS CONDADOS)
4. Nadamos aceptamos llantas hasta 36". Si son más grandes que 36", tienen que estar cortadas en cuartos (4/cuartales). Nadamos dos llantas pueden estar con el borde; el resto no pueden tener borde (rim/wheel). No aceptamos llantas de trailer tractor (camión, semi-remolque).

Si los requisitos 1-4 no están correctos, no pueden botar las llantas. Si falsifica el manifiesto, no puede botar las llantas, y se tiene que salir de la propiedad. El manifiesto se va a verificar para autenticarlo.

Los inspectores de Conformidad del Residuo Sólido del Condado de Pinellas (Pinellas County Solid Waste), tienen derecho a investigar (examinar) las cargas.



Waste Tire Manifest

COMPANY/GENERATOR

NAME: _____

ADDRESS: _____

CITY _____ COUNTY _____

TELEPHONE NUMBER: _____

QUANTITY PICKED UP _____

PRINTED NAME: _____

SIGNATURE _____

.....

TRANSPORTER

COMPANY: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

TELEPHONE NUMBER _____

PRINTED NAME: _____

SIGNATURE: _____

COMPANY/REPRESENTATIVE

DATE OF PICK UP _____

FDEP / PERMT NUMBER: _____

NOTE: LOAD WILL BE REJECTED IF THIS FORM IS NOT COMPLETELY AND PROPERLY FILLED OUT.



Sample Irrevocable Letter of Credit

(On Bank/Issuer Letterhead)

BENEFICIARY: Board of County Commissioners
c/o Pinellas County Solid Waste
3095 114th Avenue North
St. Petersburg, FL 33716

APPLICANT: _____
(Name of Company)

{Local Address} {City} {State} {Zip Code}

DATE: _____ **NUMBER:** _____

EXPIRATION: _____
(Not Less Than One Year From Date First Above Named)

PRINCIPAL: \$ _____
(U.S. Currency)

Ladies and Gentleman:

We hereby issue our Irrevocable Letter of Credit (the "Credit") in favor of Pinellas County Board of County Commissioners/Pinellas County Solid Waste (BENEFICIARY) at the request of the APPLICANT in the amount (PRINCIPAL) of _____ for account number _____. This credit is issued to secure guarantee payment of disposal fees incurred by the APPLICANT and we engage with you that we will fully honor any draft drawn at sight under this Credit provided that certification of all disposal fees have been declared due by the Director of Solid Waste (DIRECTOR).

Notwithstanding anything herein to contrary, this Credit, shall automatically renew itself for successive terms of one (1) year from the above-stated or any future expiration date without other amendment or modification hereto unless and until,

(1) The Director receives, not less than thirty (30) days before the above-stated or any future expiration date, written notice from _____, via certified or registered mail, return receipt requested, or via a nationally recognized overnight courier, that ISSUER elects not to renew this Credit for any such additional successive terms.



(2) Such draft is presented at our counters on or before _____, {The above-stated expiration date}, or before such other extended expiration date as may result from any automatic renewal of this Credit as hereinafter set forth;

(3) Such draft is accompanied by this original Credit;

(4) Such draft is marked "Drawn under _____ (ISSUER) Irrevocable Letter of Credit No. _____, Dated _____; {Bank's name} {Insert date first above named}

(5) Such draft is accompanied by either:

- (a) statement signed by the Director certifying that as of the date of such draft, the APPLICANT has failed or defaulted in payment of their account and the account balance due is over 90 days, or
- (b) a statement signed by the Director certifying that Pinellas County Solid Waste has received written notice of the ISSUER'S election not to renew this credit for an additional one (1) year term as hereinafter set forth.

In the event the Director of Solid Waste receives such notice from the ISSUER prior to the expiration of the then current term of the Credit; the Director may at any time thereafter within such then current term of this Credit draw its draft on sight at our counters for the balance of the APPLICANT'S account in accordance with the terms and conditions herein above set forth.

In the event the ISSUER fails to honor any draft of Pinellas County Solid Waste drawn under this Credit and in conformity with its terms, the ISSUER shall pay to Pinellas County in addition to any and all damages resulting from such dishonor, all attorney, witness fees, professional service fees, and court costs incurred by Pinellas County in connection with its efforts to obtain the honor of such draft, regardless of whether or not litgations ensues in relation thereto.

Very truly yours,

{Issuer}

_____, 20_____
{Date}

{Name of bank representative}

{Title of bank representative}

Stamp

{Phone number} {Ext}



Sample Surety Bond

Bond No. _____

Effective Date _____

KNOWN ALL MEN BY THESE PRESENTS:

That we, _____ as Principal,
(Name of Company)

and whose address is _____,
(Local Address) (City) (State) (Zip Code)

and _____ as Surety,
(Surety Company)

authorized to do business in the State of _____, are held and firmly bound unto
(Surety Company's state)

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS as obligee, in the sum of

_____ (\$ _____),
(Written Amount) (Dollar amount)

payable to Pinellas County for the use and benefit of the county or any injured party, lawful money of the United States for the payment of which well and truly to be made, we, and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by the presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT:

Whereas, the aboved named Principal, has entered into a written agreement with PINELLAS COUNTY SOLID WASTE, as of the above **EFFECTIVE DATE** for guarantee of disposal fees which the agreement is hereby referred to and made a part hereof as if fully set forth herein:

NOW, THEREFORE, the condition of the obligation is such that if the Principal in accordance with the agreement shall well and truly keep all the terms and conditions as outlined in said agreement then this obligation shall be null and void, otherwise to remain in full force and effect.

PROVIDED, HOWEVER, this bond is executed by the Surety and accepted by the Obligee subject to the following conditions:

1. No assignment of this bond shall be effective without the written consent of the Surety.



2. This obligation may be terminated by the Surety by 30-day advanced written notice to the Obligee and such notice is to be sent by **registered mail**. Such termination shall not affect liability incurred under this obligation prior to the effective date of such termination.

3. In the event of any breach of the agreement on the part of the Principal, a written statement of the particular facts stating the nature of such breach shall be given as soon as reasonably possible by the Obligee to the Surety. The Surety shall not be obligated to perform Principal's obligation until 30 days after Surety's receipt of such statement.

4. No action, suit, or proceeding shall be had or maintained against the Surety on this bond unless the same be brought or instituted within 60 days after the termination or release of this bond.

5. Under no circumstances shall the aggregate liability of the Surety exceed the penal sum above stated.

6. This bond shall be effective from _____ 20__ to _____ 20__

IN WITNESS WHEREOF, said Principal and said Surety have caused these presents to be executed and their seals affixed this ____ day of _____, 20__.

Principal

Title _____ Phone _____

BY _____

Surety

Title _____

Seal

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.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is 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.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 4.

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.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.