



## HOW TO COMPLETE THE CONTRACTOR APPLICATION

### Basic Information

1. Type or print your company's name, address, contact employee, phone and cell numbers and pager number, if you have one.
2. Identify a Supervisor or a Certified Renovator to be contacted in case of an emergency along with their phone, cell or pager number.
3. Identify the type of legal entity for your company. i.e. sole proprietorship, partnership, corporation, or tax exempt.
4. Provide your federal tax identification number or social security number and complete the W-9 form provided.
5. Provide your company's EPA Certified Firm number.
6. Provide the identity and the EPA Certified Renovator number of each Certified Renovator in your employ.

### References

1. Provide three references each for clients and credit. Include name, phone number and type of work or credit.

### Authorized Company Representatives

1. Type or print the names of all individuals and their title authorized to sign documents to bind the company.
2. Have each individual sign opposite their name.

### Monitoring

1. The information requested here is **required** but will in no way affect approval or disapproval of your application.

### Certification

1. Sign the application and return with the required attachments.

### Attach the following:

1. Copy of the current Contractor's State License Board (CSLB) pocket license.
2. Copy of all employees' Department of Public Health (DPH) Lead-Related Construction Certification pocket identification card **or** copies of lead-safe training completion forms.
3. Copy of all EPA Certified Renovator certifications within your company.
4. Copy of your EPA Renovation, Repair and Painting firm certification.
5. Copy of Evidence of Insurance that shows the name, address and policy number for your liability and lead hazard (pollution) insurance stating the Alameda County Lead Poisoning Prevention Program as additionally insured.
6. Copy of your workers compensation insurance coverage.
7. Copy of your automobile insurance.

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**CONTRACTOR APPLICATION**

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**Full Legal Name:** \_\_\_\_\_

**DBA Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Legal Entity:**

- Individual     Sole Proprietor     Partnership  
 Corporation     Tax-Exempt     Government or Trust

**Office phone and cell:** \_\_\_\_\_

**Pager:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

**Federal Tax Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

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**QUALIFICATIONS: CSLB Licensure and EPA Firm/Individual certification**

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**License Holder**

**CSLB Number**

**Classification**

\_\_\_\_\_  
\_\_\_\_\_  
**EPA Certified Renovation Firm name and certification number**

\_\_\_\_\_  
\_\_\_\_\_  
**EPA Certified Renovator(s) name and number**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**COUNTY OF ALAMEDA**  
1221 OAK STREET, ROOM 249, OAKLAND, CA 94612  
**Substitute IRS Form W-9**  
Request for Taxpayer Identification Number and Certification

TIN

To be completed by Auditor's Office

*The purpose of this form is to obtain or verify the accuracy of information regarding Alameda County's payees. ALL, payees must have an accurate W-9 on file in the Auditor-Controller's office in order to be paid. If you fail to furnish your correct TIN, you could be subject to a penalty. The form must be completed, even if the information shown at the bottom of the form is accurate.*

**Please print or type. Do not send to IRS. Return to Alameda County in the envelope provided.**

Name on record with IRS or Social Security Administration:
All DBA(s) or Invoice Name(s) (If different from above name) - use attachments if necessary:
Address for Correspondence or 1099 (we will take the remittance address if different, from the invoice)

**TAX PAYER IDENTIFICATION NUMBER (TIN)**

You may enter only one TIN and it must be the type of TIN (SSN or EIN) that is appropriate to your type of entity. If you do not have a TIN, or for further information, see the instruction on the second page.

**SOCIAL SECURITY NUMBER :** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

OR

**EMPLOYER ID NUMBER:** \_\_\_\_\_ -- \_\_\_\_\_

**ONLY ONE  
NUMBER WILL  
BE ACCEPTED**

TIN MUST BE ENTERED REGARDLESS OF TYPE OF ENTITY (I.E., NON-PROFIT, RETAIL CORPORATION, ETC.)

**Type of Entity (Please check only one)**

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SOLE PROPRIETOR
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION
<input type="checkbox"/> TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)	<input type="checkbox"/> GOVERNMENT OR TRUST (SPECIFY)

CHECK THE BOXES THAT APPLY TO Alameda County'S PAYMENT TO YOU:

<input type="checkbox"/> GOODS ONLY	<input type="checkbox"/> GOODS AND SERVICES	<input type="checkbox"/> RENTS / LEASES	<input type="checkbox"/> RENTS / LEASES PAID TO YOU AS THE AGENT
<input type="checkbox"/> MEDICAL AND HEALTH CARE SERVICES	<input type="checkbox"/> LEGAL SERVICES	<input type="checkbox"/> SETTLEMENTS	
<input type="checkbox"/> OTHER SERVICES - DESCRIBE: _____			

CHECK THIS BOX if you are exempt from backup withholding. Entities exempt from backup withholding are listed on the second page.

Certification - Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer information number (or I am waiting for a number to be issued to me).
- (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 IRS that I am subject to back up withholding as a result of failure to report all interest of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. (For instructions, see the second page.)

The purpose of this form is to verify the accuracy of the information we currently have on our records and to obtain your certification for our files. PLEASE DON'T MARK THE LABEL BELOW; WE USE IT TO VERIFY THE ACCURACY OF OUR CURRENT INFORMATION.

Please sign here (required).

Check if this signature applies to Certification (1) only

Signature ➤ \_\_\_\_\_

Print name ➤ \_\_\_\_\_

Title ➤ \_\_\_\_\_ Date ➤ \_\_\_\_\_

Phone Number ➤ \_\_\_\_\_

Fax Number ➤ \_\_\_\_\_

e-mail address ➤ \_\_\_\_\_

## INSTRUCTIONS

**Purpose of Form.** To furnish your correct TIN to the County and, when applicable, to (1) certify that the TIN you are furnishing is correct (or that you are waiting for a TIN), (2) certify that you are not subject to backup withholding, and (3) to claim exemption from backup withholding.

**How to obtain a TIN.** Individuals should obtain Form SS-5 from their local Social Security Administration. Businesses and all other entities obtain Form SS-4 from their local IRS office. If you do not have a TIN, write "Applied For" in the TIN space on the front of this form and send it to us, keeping a photocopy of the blank form. You will have 60 days to receive your TIN and send it on the photocopy to the address at the top of this form. If we do not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN.

**What is Backup Withholding?** Unless you are exempt (see next section), payments you receive will be subject to 30% withholding if: (1) You do not furnish your TIN, or

(2) IRS notifies us that the TIN/Name combination you furnished is incorrect.

All amounts withheld will be sent to IRS. Under no circumstances will the withheld amount later be sent directly to you. The total amount withheld will be reported in Box 4 of your 1099-Misc.

**Who is exempt from backup withholding of payments made by the County?**

- (1) A corporation, except a corporation which provides medical, health care, or legal services.
- (2) An organization exempt from tax under Internal Revenue Code Section 501 (a)(c).
- (3) A government.
- (4) A real estate investment trust, a common trust fund operated by a bank under section 584 (a), and a trust exempt from tax under section 664 or described in section 4947.
- (5) A financial institution.

**Penalties for failure to furnish TIN.** You are subject to a penalty of \$50 for each failure to furnish your correct TIN/Name combination unless your failure is due to reasonable cause and not to willful neglect. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a penalty of \$500. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**What TIN/name combination should be reported:**

For this type of payee:	Give the name* and SOCIAL SECURITY NUMBER (SSN) of:
Individual	The individual, (Individuals' names may never be used in combination with employers' TINs)
Two or more individuals (such as two individuals who own rental property)	One of the individuals. Choose one name to list first and circle and show his/her SSN (payments will be reported on 1099 for that name and SSN only). The invoice must match the names and order chosen.
For this type of payee:	Give the name and EMPLOYER IDENTIFICATION NUMBER (EIN) of:
Corporation	The corporation.
Partnership	The partnership.
Association, club, tax-exempt organization	The organization.
A valid trust, estate, or pension trust	The legal entity.
For this type of payee:	Give the name and SSN or EIN of:
Sole proprietorship	The owner. (If the owner is a married couple, choose one name to list first and circle and show his/her SSN.) Sole proprietors must show the owner's name on the first line as the "Name on record." On the second line, show the business name as a "dba" if that is the name on the invoice. Sole Proprietors may choose to give either an SSN or EIN.

- If you are an individual, you must generally provide the name shown on your social security card. However, if you have changed your last name (e.g. due to marriage) without informing the Social Security Administration of the name change, please enter your first name, the last name shown on your social security card, and the new last name.

**Signing the certification.** You are required to furnish your correct TIN/name combination, but you are not required by the IRS to sign the certification unless you have been notified of an incorrect TIN/name combination. **However, the County requires that you sign Certification (I).** If two individuals are listed, only the one whose SSN is reported may sign the certification.

**Privacy Act Notice.** Section 6109 requires you to furnish your correct TIN. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable payments to a payee who does not furnish a TIN. Certain penalties may also apply. If we disclose or use your TIN in violation of Federal law, we may be subject to penalties.

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CERTIFICATION

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I am applying to the Alameda County Lead Poisoning Prevention Program for inclusion as an eligible Lead Abatement Contractor. I understand that this is not an offer or guarantee of work and that all contracts are awarded on a competitive basis. I hereby certify that to the best of my knowledge, all statements and representations made in this application are true and complete and agree to the release of information verifying any statement or representation made in this application. I also give permission and consent to the Alameda County Lead Poisoning Prevention Program to use copies of this certification to obtain verifications.

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NAME

TITLE

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SIGNATURE

DATE

- CHECKLIST**
- Application
  - W-9 Form
  - Copy of your current CSLB pocket license
  - Copy of EPA Firm Certification
  - Copy of all EPA Certified Renovators pocket certificate
  - Copies of pocket cards for DPH certifications and/or completion forms for one day lead-trained individuals.
  - Lead Hazard Insurance Certificate listing ACLPPP as additional insured
  - Commercial General Liability Insurance listing ACLPPP as additional insured\*
  - Auto Insurance Certificate
  - State Workers Compensation Insurance Certificate

\* Insurance: The Contractor shall purchase and maintain comprehensive public liability insurance protecting the Owner for not less than \$1,000,000.00 in the event of bodily injury, including death, and \$50,000.00 in the event of property damage which may arise out of or result from the performance of the work. Contractor shall supply Administrator with a Certificate of Insurance naming Owner and Program as additional insured and Certification of Non-Cancellation of Insurance without notice to Program before the start of construction of work described in the attached documents.

The Contractor shall also maintain Worker's Compensation Insurance as required by the State of California. Contractor shall supply the Owner and their Representative with a Certificate of Insurance.

**Pollution liability:** In addition to insurance requirements stated above, the contractor shall provide Program with certificates of coverage for lead hazard reduction work (pollution liability) as follows:

1. Combined single limit of \$1,000,000 minimum per occurrence.
2. Contractor shall provide Program with a certificate listing Program and Property Owner as additional insured.