

# FNSB Voluntary Solid Fuel Burning Appliance Change Out Program 2020 PRE-APPLICATION QUESTIONNAIRE

(Revised 4-22-20)



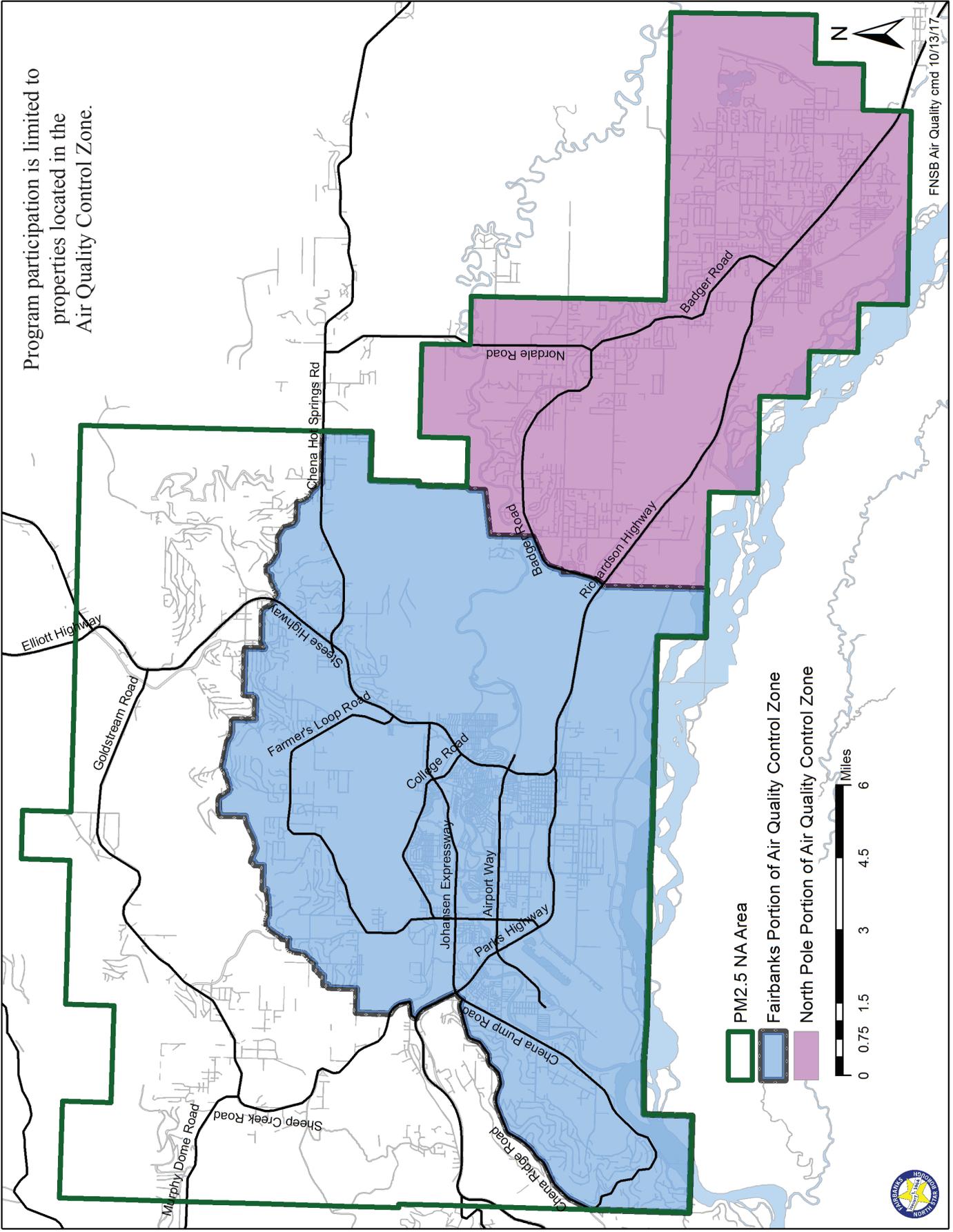
Properties located within the Air Quality Control Zone of the Fairbanks North Star Borough (FNSB) may be eligible for the Borough’s Voluntary Removal, Replacement, or Repair Program! Participants may be able to change out their SOLID fuel burning heating appliance(s) (SFBA) to a more efficient appliance (see application instructions for more detail). Please note: The Fairbanks North Star Borough is subject to the Alaska Public Records Act, AS 40.25 et seq. and the application document may be subject to public disclosure under state law.

Below are several questions that outline the basic qualifying criteria as outlined by FNSBC 21.28.045. If you answer “NO” to any of the questions, or if you have any questions, please call the AQ Office at 459-1005 or email aqip@fnsb.us before proceeding with filling out the application.

## PLEASE INITIAL YOUR ANSWERS BELOW AND SUBMIT WITH YOUR APPLICATION.

	YES	NO
1. Are you replacing, removing, or repairing an existing SOLID fuel burning heating appliance (i.e. wood, coal, or pellet burning appliance)?	_____	_____
2. Is the property within the Fairbanks North Star Borough (FNSB) Air Quality Control Zone? See map on the next page. Only properties within this zone are eligible.	_____	_____
3. Are you the legal owner(s) of the property in question? The program is limited to the legal owner(s) of the property in question. Renters are not eligible to apply on behalf of the landlord. Notify the FNSB AQ Office of any current or planned real estate transactions.	_____	_____
4. Are you willing to sign a deed restriction that restricts all future installations of SFBA's (i.e. wood, pellet, and/or coal burning appliances) on the property? If replacing with a non-SFBA appliance (i.e. oil or gas burning appliances) or if participating in the Removal Program, this document must be signed and recorded with the State of Alaska. This document must also be disclosed during a real estate transaction.	_____	_____
5. Are your property taxes current? The property taxes must be current to be eligible for the program and throughout the course of the program.	_____	_____
6. If participating in the <b>REPLACEMENT or REMOVAL</b> program, are you willing to comply with the destruction requirements of the appliance? Old appliances must be brought to the FNSB Air Quality office at 3175 Peger Road to be destroyed. Once the appliance is received by the Borough, it becomes Borough property and cannot be returned.	_____	_____
7. Are you willing to register any SFBA's that are to remain on the property with the Alaska Department of Environmental Conservation (ADEC)? Per State Regulation, all SFBA's that are to remain on the property must be registered with ADEC starting January 2020.	_____	_____

Program participation is limited to properties located in the Air Quality Control Zone.



- PM2.5 NA Area
- Fairbanks Portion of Air Quality Control Zone
- North Pole Portion of Air Quality Control Zone

Miles

0 0.75 1.5 3 4.5 6



# FNSB Voluntary Solid Fuel Burning Appliance Change Out Program 2020 APPLICATION INSTRUCTIONS



(Revised 4-22-20)

Properties located within the Air Quality Control Zone of the Fairbanks North Star Borough (FNSB) may be eligible for the Borough's Voluntary Solid Fuel Burning Appliance (SFBA) Removal, Replacement and Repair Program. Participants may be able to replace certain SFBAs (i.e. wood-, coal-, or pellet-burning stoves, furnaces, hydronic heaters, or fireplaces) with one of the following: an appliance designed to use home heating oil (excluding waste/used oil), natural gas, propane, hot water district heat, electricity or emergency power system (i.e. generator), or an EPA Certified Pellet Stove or Catalytic Wood Stove with an emission rating of 2.0 grams/hour or less. Certain appliances may be eligible for the repair program. Some reimbursement options require a deed restriction to be recorded, limiting all future installations of SFBAs on the property.

Please note: Before you burn, please check to make sure that there are no air quality alerts in affect. Participation in this program does not exempt you from following State Air Quality regulations.

The Fairbanks North Star Borough is subject to the Alaska Public Records Act, AS 40.25 et seq. and the application document may be subject to public disclosure under state law.

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1. Complete the Pre-application Questionnaire to determine if you meet the basic eligibility requirements. If you answer "NO" to any of the questions, or if you have any questions, please call the FNSB Air Quality (FNSB AQ) Office at 459-1005 or email [aqip@fnsb.us](mailto:aqip@fnsb.us) before proceeding with filling out the application. Submit Pre-application Questionnaire with your application.
2. Complete the application, W-9, and (if applicable) the Vendor Direct Form. The application must be signed by **ALL** property owners, but the W-9 should only be signed by **ONE** person. Please use your mailing address on the W-9. Applications can be mailed or delivered to the FNSB AQ Office: **FNSB Air Quality, 3175 Peger Road, Fairbanks, AK 99709**. They are available at our office or online at [AQFairbanks.com](http://AQFairbanks.com). Applications that are incomplete and/or not signed will not be accepted. Applications for properties located outside of the Borough's Air Quality Control Zone will not be accepted. A W-9 is required before a purchase order can be issued, and any money that may be received from these programs is considered **taxable income**.
3. You must be the legal owner throughout the program. If this property is for sale or will be before the program requirements can be completed, notify the FNSB AQ staff. Final reimbursement can only be made to the current property owner at the time of program completion.

All documentation for the program must be signed, and final invoices must be submitted before reimbursement. FNSB AQ Staff is willing to work with sellers/buyers to ensure the buyer can finish the program.

4. FNSB AQ staff will contact you to schedule a preverification appointment in order to ensure that the appliance(s) meets program requirements. If you are eligible to upgrade to a cleaner wood-burning appliance, proper wood storage, as defined by Borough code, must be available. Pictures of the appliance(s) and the wood storage area (if applicable) will be taken for our records and used throughout the program process.

Per State Code, any SFBA's that are to remain on the property must be registered with the Alaska Department of Environmental Conservation (ADEC), and proof of registration will be required prior to a reimbursement being issued. Information on all SFBA's located on the property will be collected during the preverification appointment.

**DO NOT REMOVE YOUR APPLIANCE PRIOR TO THE PREVERIFICATION PROCESS.**

5. Applications that meet all eligibility requirements (including proper wood storage, if required) will be given a priority score. Applications with the highest scores are funded first. Applications with lower priority scores may be denied if funding becomes limited.

**COMPLETION OF THE PREVERIFICATION PROCESS DOES NOT GUARANTEE ACCEPTANCE INTO THE PROGRAM and FUNDING IS NOT GUARANTEED.**

6. If funding is authorized, the FNSB AQ Office will mail you written instructions on how to proceed along with a paper copy of the purchase order that indicates the maximum amount you have been authorized to receive. Your application has not been accepted unless there is a purchase order number. You will have **90 days from the purchase order date** in which to complete **ALL** program requirements. The actions taken depend upon the program(s) you apply for.
7. If doing removal (without replacement) or repair program only – please skip to page 4.

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**REPLACEMENT PROGRAM:**

**REIMBURSEMENT OPTIONS:**

**Replace Wood/Pellet/Coal Burning appliance with an:**

- appliance designed to use natural gas or propane (up to \$10,000)\*
- appliance designed to use home heating oil (excluding waste/used oil), emergency power system (i.e. generator), hot water district heat, or electricity (up to \$6,000)\*
- EPA Certified pellet burning appliance with an emissions rate less than or equal to 2.0 grams/hour (up to \$5,000). Appliance must be listed on the ADEC List of Approved Appliances.\*\*
- EPA certified **CATALYTIC** wood stove with an emissions rating of 2.0 grams/hr or less (up to \$4,000). Appliance must be listed on the ADEC List of Approved Appliances.\*\*

**Replace Wood/Pellet/Coal Burning Hydronic heater with an:**

- appliance designed to use natural gas, propane, hot water district heat, or electricity (up to \$14,000)\*
- appliance designed to use home heating oil (excluding waste/used oil) (up to \$12,000)\*
- EPA certified **CATALYTIC** wood stove or an EPA Certified pellet stove with an emissions rating of 2.0 grams/hr or less, or an EPA Certified pellet burning hydronic heater with an emissions rating of 0.10 lbs/million BTU or less, or emergency power system (i.e. generator) (up to \$10,000)\* Replacement SFBA's must be listed on the ADEC List of Approved Appliances.\*\*

\* These options require a deed restriction. See "Deed Restriction Requirement" on the next page.

\*\* If the appliance you are applying to replace is already EPA Certified, then it will not qualify for this option.

## HOW TO COMPLETE THE REPLACEMENT PROGRAM:

- **AFTER YOU RECEIVE YOUR PURCHASE ORDER**, call the FNSB AQ Office to schedule an appointment to deliver the old appliance to the FNSB AQ Office (may not be applicable for fireplaces). A Borough representative will ensure the appliance is the same one from the preverification process and issue a Certificate of Destruction.
- **DEED RESTRICTION REQUIREMENT:** If installing an appliance designed to use natural gas, propane or home heating oil, an emergency power system, electricity or hot water district heat, you will be required to sign a deed restriction, provided by the FNSB AQ Office, that restricts **all** future installations of solid fuel burning appliances on the property. To be recorded by the FNSB AQ Office upon completion of the program.
- Purchase your new appliance, and save the original paid receipts for the appliance, as well as any parts or labor. Per Borough code, the **new appliance must be installed by a Borough listed vendor**, a list of which can be found at [AQFairbanks.com](http://AQFairbanks.com). You are responsible for arranging ALL payments to the vendor.

NOTE: Up to 3 SFBA's may be replaced with a single heating appliance designed to use home heating oil (excluding waste/used oil), natural gas, propane, hot water district heat, electricity, or emergency power system.

- After the new appliance has been purchased, and **installed by a Borough listed installer**, call the FNSB AQ Office to discuss the requirements for the post verification of the appliance. A visual verification will be made to ensure that a qualified appliance was installed on the same property from which the old appliance was removed.
- EDUCATION REQUIREMENT – Borough code requires that participants in the replacement program and installing a SFBA, complete training with the vendor that installed the new appliance. Training on proper burning techniques must also be completed.
- Register SFBA(s) located on the property and submit confirmation to the FNSB AQ Office (if applicable)

Once the FNSB AQ Office has all of the necessary documents (see below):

- Pre-application Questionnaire
- Application & W-9
- Verification Certificate (completed by FNSB AQ Office)
- Certificate of Destruction (created by FNSB AQ Office Staff once old appliance is delivered to the FNSB AQ Office, and will need to be signed by property owner)
- Original paid receipt(s) itemized by the vendor that indicates the purchase of an appliance and/or hardware)
- If applicable: Deed Restriction, Proof of SFBA Registration, Installation Checklist, Burn Wise Quiz

A check will be mailed to you or to a participating vendor for the applicable amount.

**NOTE: Purchases made prior to the date of application will not be reimbursed.**

**REMOVAL (WITHOUT REPLACEMENT) PROGRAM** – For removal of SFBA(s) (limited to a one-time participation in this program per property).

**PAYMENT OPTIONS:**

- Removal of SFBA -- \$2,000 cash payment
- Removal of hydronic heater -- \$5,000 cash payment

**HOW TO COMPLETE THE REMOVAL PROGRAM:**

- **AFTER YOU RECEIVE YOUR PURCHASE ORDER**, call the FNSB AQ Office to schedule an appointment to deliver the old appliance to the FNSB AQ Office to be destroyed. A Borough representative will ensure the appliance is the same one from the pre-verification process and issue a Certificate of Destruction.
- **DEED RESTRICTION REQUIREMENT:** Sign the deed restriction provided by the FNSB AQ Office, restricting all future installations of SFBAs on the property. To be recorded by the FNSB AQ Office upon completion of the program.
- Register SFBA(s) located on the property and submit confirmation to the FNSB AQ Office (if applicable)

Once the FNSB AQ Office has all of the necessary documents (see below):

- o Pre-application Questionnaire
- o Application & W-9
- o Verification Certificate – Preverification Section Only
- o Deed Restriction
- o Certificate of Destruction
- o If applicable: Proof of SFBA Registration

A check will be mailed to you for the applicable amount.

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**REPAIR PROGRAM** – For repair of EPA Certified SFBA's.

**REIMBURSEMENT OPTIONS:**

- Repair Catalytic converter or Other Emissions-Reducing Components (up to \$750)

**HOW TO COMPLETE THE REPAIR PROGRAM:**

- Submit a quote for the repairs. FNSB AQ staff will verify what is reimbursable.
- **AFTER YOU RECEIVE YOUR PURCHASE ORDER**, purchase repair items and install it.
- Register SFBA(s) located on the property and submit confirmation to the FNSB AQ Office.
- Once the FNSB AQ Office has all of the necessary documents: application & W-9, Verification Certificate (preverification section only), quote, proof of registration, and original paid receipt(s) itemized by the vendor for hardware purchased and/or any labor costs) a check will be mailed to you for the applicable amount. **NOTE: Purchases made prior to the date of application will not be reimbursed.**

# FNSB Voluntary Solid Fuel Burning Appliance Change Out Program 2020 APPLICATION FORM



(Revised 4-22-20)

Properties located within the Air Quality Control Zone of the Fairbanks North Star Borough (FNSB) may be eligible for the Borough's Enhanced Voluntary Removal, Replacement and Repair Program! Participants may be able to replace certain solid fuel burning appliances (SFBA's) (i.e. wood-, coal-, or pellet-burning stoves, furnaces, hydronic heaters, or fireplaces) with one of the following: an appliance designed to use home heating oil (excluding waste/used oil), natural gas, propane, hot water district heat, electricity or emergency power system (i.e generator), or an EPA Certified Pellet Stove or Catalytic Wood Stove with an emission rating of 2.0 grams/hour or less. Certain appliances may be eligible for the repair program. **SOME REIMBURSEMENT OPTIONS REQUIRE A DEED RESTRICTION TO BE RECORDED, LIMITING FUTURE INSTALLATIONS OF SFBA'S ON THE PROPERTY.**

**Complete all sections of this application.** Initial screening takes a minimum of 1 week. The AQ Office is not responsible for materials lost in the mail. Applications are processed in the order received. Applications will be given priority scores and the highest scoring applications will receive funding first. Funding is limited and **NOT** guaranteed unless written authorization has been issued. If you have questions, call the AQ Office at **(907) 459-1005** or email us at **aqip@fnsb.us**.

The FNSB is subject to the Alaska Public Records Act, AS 40.25 et seq. and this document may be subject to public disclosure under state law.

Name(s) of All Property Owner(s): \_\_\_\_\_

Please note: If there are multiple property owners, please choose only one to complete the accompanying W-9.

Phone Number(s): Best Daytime: \_\_\_\_\_ Alternate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Have you previously submitted an application for this program? Yes, approx. date \_\_\_\_\_ No

## **PROPERTY AND PROGRAM INFORMATION**

Property Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is this your primary residence? YES NO If not, please explain: Rental Business Other: \_\_\_\_\_

Has there been a previous application for this property? Yes, approx. date \_\_\_\_\_ Unknown

To schedule a preverification appointment at a rental property (optional):

Tenant Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Indicate the number of appliances to be replaced, removed or repaired on the lines below:

- Wood, pellet, or coal appliance (i.e. stove or fireplace): # \_\_\_ Replacement # \_\_\_ Removal Only
- Wood, pellet, or coal **hydronic heater**: # \_\_\_ Replacement # \_\_\_ Removal Only
- Repair of an EPA certified wood stove: # \_\_\_

Make/Model (if known) and any other notes: \_\_\_\_\_

Choose the type(s) of replacement appliance(s) you prefer to install (check all that apply):

- Natural Gas / Propane       Emergency Power Backup System       Hot Water District Heat  
 Home Heating Oil       Electricity  
 Pellet Stove / HH       Catalytic Wood Stove

**\*\* For full program details and detailed reimbursement options, refer to the Application Instructions\*\***

**IMPORTANT! Please read terms carefully. By applying, you are representing and agreeing to the following provisions:**

- \* I am a legal owner of the property for which I am applying or am authorized to act on behalf of the trust or business that owns the property (please submit paperwork) and will inform the AQ Office if this changes for any reason. I also understand that in order to complete the program I must still be the legal owner, and that if the property is sold that I may forfeit my right to reimbursement.
- \* The property is located within the Air Quality Control Zone of the Fairbanks North Star Borough.
- \* There is currently one or more solid fuel burning appliance(s) (SFBA) installed on the property.
- \* **I understand that if replacing a SFBA with an appliance designed to use natural gas, propane or home heating oil, emergency power system, electricity, hot water district heat, or if removing an appliance, I will be required to sign a deed restriction that restricts all future installations of SFBA on this property.**
- \* **I understand that any SFBA(s) that are to remain on the property must be registered with ADEC prior to reimbursement.**
- \* I understand that monies received are considered taxable income and that I must submit a completed W-9 in order to receive payment from the Borough.
- \* I understand that I will be ineligible for the program if I have delinquent property tax or penalty or interest owed and that I must still be up-to-date on my property taxes at the completion of the program requirements or I may forfeit my right to reimbursement.
- \* I agree to allow a Borough-approved verifier to physically verify the installation and type of each SFBA or fireplace being applied for, and to verify that any replacement units meet the Program requirements.
- \* I understand that appliances designed to use home heating oil, natural gas, propane, hot water district heat, or electricity **DO NOT** qualify for this program.
- \* I understand that applications are processed in the order received. A scoring process will determine priority of fund distributions, and an application may be denied that does not receive a high enough priority score. Funding is limited, so reimbursement incentives are **NOT guaranteed** unless I have received a written authorization that has a valid date.
- \* I understand that if an authorization is issued, I will receive an instruction packet and a copy of the written authorization in the mail, and that I will have only 90 days from the date of authorization to complete all of the program requirements.
- \* I understand that I am responsible for arranging all up-front costs that might be associated with purchasing and installing any new appliances, new hardware, and/or removing the old appliance(s), and that I will be required to submit paid original, itemized receipts to the AQ Office to receive reimbursement (not applicable for removal program).
- \* If I receive an authorization, I agree to bring my old SFBA(s) to the AQ Office to receive a Certificate of Destruction.
- \* I understand that I may have to demonstrate proper wood storage prior to acceptance into the program.
- \* I understand that I may have to complete appliance specific training on new appliance(s) prior to being reimbursed.
- \* I understand that the FNSB does not warranty any appliances or components reimbursed by this program, nor does the FNSB warranty the installation of said appliances or components.

By signing below I/we acknowledge that I/we understand, accept and will abide by the program terms outlined above. I/we also authorize the person listed above to receive funds dispersed as part of this program.

NOTE: All property owners must sign below. Include additional signature page if necessary.

Printed Name of Owner 1: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Owner 2: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. How many days per week do you burn during the winter season?  1-3 days  3-5 days  5-7 days
2. What type of solid fuel(s) are you using (ex: birch, spruce, mix of species, coal)? \_\_\_\_\_
3. In a typical season, how much solid fuel (i.e. wood or coal) do you use? \_\_\_\_\_ Cords/Tons |  Don't Know
4. If you burn wood, what is the average moisture content of the wood you burn? \_\_\_\_\_ % |  Don't Know

**Mail or bring** completed and signed application packet to:

FNSB Air Quality Improvement Program 3175 Peger Road Fairbanks, Alaska 99709

OFFICE USE ONLY Received on \_\_\_\_\_ by \_\_\_\_\_. Entered in database on \_\_\_\_\_ by \_\_\_\_\_.

# FNSB Air Quality Improvement Programs

## 2020 Vendor Direct Payment Agreement

(Revised 4-22-20)



# OPTIONAL

Participants in either the FNSB's Voluntary Enhanced Replacement or Repair Program or the Voluntary Heating Oil to Gas Conversion Program may choose to have the FNSB directly reimburse a vendor. This form is an agreement between the applicant and one participating vendor of their choice, and will not be valid unless a purchase order has been issued by the FNSB. Under this option, the purchase order will be made out in the name of the vendor if an applicant has been accepted into the program, and **AFTER ALL PROGRAM REQUIREMENTS ARE MET** the Borough will mail a check directly to the vendor. The applicant will still be required to submit a W-9 form, as monies received from this program are considered taxable income to the applicant. Reimbursement amounts are limited as per the program applied for (see application instructions for full details). Any non-reimbursable expenses and/or any cost above the maximum allowable amount are the applicant's responsibility. If there are any questions about eligible expenses, it is up to either the applicant or the vendor to contact the FNSB Air Quality office **PRIOR** to the sale being finalized.

Please complete all sections of this application, including vendor information and signature, and submit it to the FNSB Air Quality Office at 3175 Peger Road. **ALL SIGNATURES ARE REQUIRED OR THIS FORM IS NOT VALID.** This form must be returned to the FNSB Air Quality office prior to a purchase order being issued. For more information please call the Air Quality office at (907) 459-1005.

**NOTE: THIS FORM IS OPTIONAL.** The applicant still has the option to complete the program on their own and receive the reimbursement. The Borough does not guarantee that a vendor will participate in this program nor does the Borough recommend any vendor. If the applicant wishes to use this option, **it is up to the applicant to contact the vendor of their choice.** It is a vendor's choice whether or not they will participate. The FNSB is subject to the Alaska Public Records Act, AS 40.25 et seq. and this document may be subject to public disclosure under state law.

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Name of Applicant: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Indicate the type of appliances to be replaced, converted, or repaired on the lines below:

Replacement of a:     \_\_\_ Wood or coal stove, or other SFBA  
                              \_\_\_ Wood or coal hydronic heater  
                              \_\_\_ Oil burning heating appliance

Conversion of an existing oil burning heating appliance to gas \_\_\_

Repair of EPA Certified wood stove:     \_\_\_ Catalytic Converter     \_\_\_ Other Emissions-Reducing Components

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**By signing below I acknowledge that I understand, accept and will abide by the program terms outlined in the application form for the program for which I have applied.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing below I acknowledge that I understand I will not be paid until all program requirements have been met.**

Authorized Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name of Vendor: \_\_\_\_\_

**\*\*This page intentionally left blank\*\***

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

<b>Social security number</b>					
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## 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.

<b>Sign Here</b>	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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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](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*