

Tower Pest Control

Bid Contact **Jessica Torre**
jessica@towerpestcontrolmiami.com
Ph 305-821-3888

Address **7760 W 20 Avenue**
Bay 14
Hialeah, FL 33016

Qualifications **FL-EVERIFY PP-DRUGFREE PP-EQUAL PP-LBTR PP-LOCAL PP-SCRUTINIZED PP-SWORN PP-VENDORINFO**
PP-VOSB PP-W9

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch. Docs
CS-21-01--01-01	Proposal Form	Supplier Product Code:	First Offer -	1 / each	Y

Supplier Total **\$0.00**

Supplier: Tower Pest Control



City of Pembroke Pines

Attachment A

CONTACT INFORMATION FORM

IN ACCORDANCE WITH CS-21-01 titled “**Pest Control Services for Pines Point, Pines Place and Southwest Focal Point**” attached hereto as a part hereof, the undersigned submits the following:

A) Contact Information

The Contact information form shall be electronically signed by one duly authorized to do so, and in case signed by a deputy or subordinate, the principal's properly written authority to such deputy or subordinate must accompany the proposal. This form must be completed and submitted through www.bidsync.com as part of the bidder's submittal. The vendor must provide their pricing through the designated lines items listed on the BidSync website.

COMPANY INFORMATION:

COMPANY: **Tower Pest Control Inc**

STREET ADDRESS: **7760 W 20 AVE, BAY 14**

CITY, STATE & ZIP CODE: **Hialeah**

PRIMARY CONTACT FOR THE PROJECT:

NAME: **Francisco Torre** TITLE: **33016**

E-MAIL: **frank@towerpestcontrolmiami.com**

TELEPHONE: **3058213888** FAX: **jessica@towerpestcontrolmiami.com**

AUTHORIZED APPROVER:

NAME: **Francisco Torre** TITLE: **President**

E-MAIL: **frank@towerpestcontrolmiami.com**

TELEPHONE: **3058213888** FAX:

SIGNATURE: **Francisco Torre**

B) Proposal Checklist

Did you make sure to submit the following items, as stated in section 1.5 “Proposal Requirements” of the bid package?

Attachment A - Contact Information Form	Yes <input checked="" type="checkbox"/>
Attachment B - Non-Collusive Affidavit	Yes <input checked="" type="checkbox"/>
Attachment C - Proposer’s Completed Qualification Statement	Yes <input checked="" type="checkbox"/>

In addition, please remember to update the documents listed in Section 1.6, as applicable.

Vendor Information Form	Yes <input checked="" type="checkbox"/>
Form W-9 (Rev. October 2018)	Yes <input checked="" type="checkbox"/>
Sworn Statement on Public Entity Crimes Form	Yes <input checked="" type="checkbox"/>
Local Vendor Preference Certification	Yes <input checked="" type="checkbox"/>
Local Business Tax Receipts	Yes <input checked="" type="checkbox"/>
Veteran Owned Small Business Preference Certification	Yes <input checked="" type="checkbox"/>
Equal Benefits Certification Form	Yes <input checked="" type="checkbox"/>
Vendor Drug-Free Workplace Certification Form	Yes <input checked="" type="checkbox"/>
Scrutinized Company Certification	Yes <input checked="" type="checkbox"/>
E-Verify System Certification Statement	Yes <input checked="" type="checkbox"/>

C) Sample Proposal Form

Please see Attachment G for proposal price form, please enter pricing for each section within the excel spreadsheet. After completing the Document please upload the excel sheet as part of your document submittal.

Supplier: **Tower Pest Control**



City of Pembroke Pines

Attachment B

NON-COLLUSIVE AFFIDAVIT

BIDDER is the **OWNER**,
(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature **FRANCISCO TORRE**

Title **PRESIDENT**

Name of Company **TOWER PEST CONTROL INC**

Supplier: Tower Pest Control**PROPOSER'S BACKGROUND INFORMATION**

Please provide the following information. Additional sheets may be attached as required.

- 1) Under what former name has your business operated? Include a description of the business.

Tower Pest Control was opened in 1996 and has been proudly serving the residents of Palm Beach, Broward, Miami Dade and Monroe Counties with all aspects related to pest control in homes, businesses and schools.

We have not operated under a different name.

- 2) At what address was that business located?

Not applicable

- 3) Have you ever failed to complete work awarded to you. If so, when, where and why?

No

- 4) Have you personally inspected the proposed WORK and do you have a complete plan for its performance?

Yes

- 5) Will you subcontract any part of this WORK? If so, give details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

No

The foregoing list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.

- 6) List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.

Not applicable

- 7) List and describe all successful Bond claims made to your surety (ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).

Not applicable

- 8) List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.

Not applicable

- 9) List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.

Not applicable

- 10) Are you an cb Original provider cb sales representative cb distributor, cb broker, cb manufacturer, cb other, of the commodities/services proposed upon? If other than the original provider, explain below.

Not applicable

- 11) Have you ever been debarred or suspended from doing business with any governmental agency? If yes, please explain:

Not applicable

- 12) Describe the firm's local experience/nature of service with contracts of similar size and complexity, it the previous three (3) years:

It is imperative that your pest control provider be familiar with the users in a specific environment in order to predict pest control patterns and have effective and targeted pest control solutions to address any issues that may arise. We have been providing pest control services to all of the low income properties for Atlantic and Pacific Management in the tri county area, and are the sole pest control providers for Miami Dade County Public schools, which is a specific and defined population that requires effective and long term pest control solutions.

The PROPOSER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by CITY in awarding the contract and such information is warranted by PROPOSER to be true. The discovery of any omission or misstatement that materially affects the PROPOSER's qualifications to perform under the contract may cause the CITY to reject the Bid, and if after the award, to cancel and terminate the award and/or contract.

Tower Pest Control Inc

(Company Name)

Francisco Torre

(Printed Name/Signature)

Supplier: Tower Pest Control**REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

Reference Contact Information:

Name of Firm, City, County or Agency: **Atlantic and Pacific Management**

Address: **1025 Kane Concourse**

City/State/Zip: **Bay Harbor Islands, FL 33154**

Contact Name: **Lisette Sabatino** Title: **Regional Manager**

E-Mail Address: **lsabatino@apmanagement.net**

Telephone: **3053054886** Fax:

Project Information:

Name of Contractor Performing the work: **Tower Pest Control Inc**

Name and location of the project: **All section 8 properties in the tri county including but not limited to Saratoga Crossings, Northside Transit Village, to name a few properties**

Nature of the firm's responsibility on the project: **Responsible for all pest control duties inside of the individual units, and the green areas surrounding the units.**

Project duration: **18 years** Completion (Anticipated) Date: **N/A**

Size of project: **30,000 per year** Cost of project: **22, 000 per year**

Work for which staff was responsible: **Interior and exterior pest control services**

Contract Type: **Yearly**

The results/deliverables of the project: **Successful**

REFERENCES FORM

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

Reference Contact Information:

Name of Firm, City, County or Agency: **Barry University**

Address: **11300 NE 2nd Avenue**

City/State/Zip: **Miami, FL 33161**

Contact Name: **Raul Gonzalez** Title: **Director Facilities Management**

E-Mail Address: **rgonzalez@barry.edu**

Telephone: **786-535-0929** Fax:

Project Information:

Name of Contractor Performing the work: **Tower Pest Control Inc**

Name and location of the project: **All campuses of Barry University in South Florida**

Nature of the firm's responsibility on the project: **Pest Control services to the entire university including but not limited to food service, classrooms, libraries, and dormitories.**

Project duration: **7 years** Completion (Anticipated) Date: **n/a**

Size of project: **30, 000 per year** Cost of project: **22,000 per year**

Work for which staff was responsible: **Interior and exterior pest control services throughout University**

Contract Type: **Yearly**

The results/deliverables of the project: **Successful**

REFERENCES FORM

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

Reference Contact Information:

Name of Firm, City, County or Agency: **Miami Dade County Public Schools**

Address: **12525 NW 28 Ave**

City/State/Zip: **Miami, FL 33167**

Contact Name: **Jenny Alexandre** Title: **Division of Safety and Emergency Mgmt**

E-Mail Address: **jalexandre@dadeschools.net**

Telephone: **3059954035** Fax: **3059954924**

Project Information:

Name of Contractor Performing the work: **Tower Pest Control Inc**

Name and location of the project: **Miami Dade County Public Schools, district wide**

Nature of the firm's responsibility on the project: **Exclusive provider of pest control services to all cafeterias in the district, and pest control treatment to schools on an as needed basis.**

Project duration: **12 years** Completion (Anticipated) Date: **n/a**

Size of project: **390 schools** Cost of project: **400,000**

Work for which staff was responsible: **Interior and exterior pest control treatments to all Miami Dade County Public Schools.**

Contract Type: **Yearly**

The results/deliverables of the project: **Successful**

REFERENCES FORM

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

Reference Contact Information:

Name of Firm, City, County or Agency: **Little Havana Activities and Nutrition Centers**

Address: **700 SW 8 Street**

City/State/Zip: **Miami, FL**

Contact Name: **Betty Ruano** Title: **Chief Administrator**

E-Mail Address: **bruano@lhanc.org**

Telephone: **3058582610 ext 274** Fax:

Project Information:

Name of Contractor Performing the work: **Tower Pest Control Inc**

Name and location of the project: **Elderly daycare and living properties throughout South Floria**

Nature of the firm's responsibility on the project: **Interior Pest Control**

Project duration: **11 years** Completion (Anticipated) Date: **N/a**

Size of project: **10,000 per year** Cost of project: **7,000 per year**

Work for which staff was responsible: **Interior pest control services to all living, food service and recreational areas in the adult day care centers.**

Contract Type: **Municipal**

The results/deliverables of the project: **Successful**

REFERENCES FORM

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

Reference Contact Information:

Name of Firm, City, County or Agency: **Baptist Health Systems**

Address: **14701 NW 77 Ave**

City/State/Zip: **Miami Lakes, FL 33014**

Contact Name: **Yanei Perez** Title: **Property Manager**

E-Mail Address: **yaneip@baptisthealth.net**

Telephone: **7866620749** Fax:

Project Information:

Name of Contractor Performing the work: **Tower Pest Control Inc**

Name and location of the project: **Emergency treatment to all facilities in the tri county area**

Nature of the firm's responsibility on the project: **Pest Control, interior and exterior**

Project duration: **7 years** Completion (Anticipated) Date: **N/a**

Size of project: **15,000 per year** Cost of project: **8,000 per year**

Work for which staff was responsible: **Emergency calls for interior and exterior pest control issues to all facilities**

Contract Type: **Yearly**

The results/deliverables of the project: **Successful**

Supplier: Tower Pest Control

Housing Division - Pines Place					
Item #	Pest Control Tower I - 8103 S. Palm Drive, Pembroke Pines 33025	Per Request	Apts	QTY	Total Cost
1	1 Bedroom (small) (575 SQ FT)	First Tuesday of the Month	138	once of month	276
2	1-Bedroom (large) (750 SQ FT)	First Tuesday of the Month	70	once of month	140
Item #	Pest Control Tower II - 8210 Florida Drive, Pembroke Pines 33025	Per Request	Apts	QTY	Total Cost
1	1 Bedroom (small) (575 SQ FT)	Third Thursday of the Month	78	once of month	156
2	1-Bedroom (large) (750 SQ FT)	Third Thursday of the Month	1	once of month	2
3	1-Bedroom (2 bed) (750 SQ FT)	Third Thursday of the Month	107	once of month	214
Item #	Pest Control III - 8203 S. Palm Drive, Pembroke Pines 33025	Per Request	Apts	QTY	Total Cost
1	1 Bedroom (small) (575 SQ FT)	First Thursday of the Month	210	once a month	420
2	1-Bedroom (large) (750 SQ FT)	First Thursday of the Month	10	once a month	20
Item #	Extra Services	Per Request		QTY	Total Cost
1	Spray Garbage chute - 2 per floor, 4 floors total of (24) Towers I, II & III	monthly	24	once a month	250
2	Spray Garbage room on the 1st floor - 2 per bldg, total of (6) Towers I, II, & III	monthly	6	once a month	60
3	Spray Leasing Office Tower II	monthly	1	monthly	15
4	Spray lawn for ants (around the bldgs) Towers I, II & III	quarterly	1	quarterly	225
5	Roach infestation treatment (bomb)	per apt as needed	1	as needed	45
6	Bedbug treatment	as needed	1	as needed	300
7	Subterranean termites treatment	as needed	1	as needed	8.00 lf
8	Termites treatment	as needed	1	as needed	250
Housing Division - Pines Point					
Item #	Pest Control 401 Building - 401 NW 103rd Avenue, Pembroke Pines 33026	Per Request	Apts	QTY	Total Cost
1	Studio (554 SQ FT)	Second Tuesday of the Month	5	monthly	10
2	1-Bedroom Small (580 SQ FT)	Second Tuesday of the Month	30	monthly	60
3	1-Bedroom Large (750 SQ FT)	Second Tuesday of the Month	60	monthly	120
Item #	Pest Control 601 Building - 601 NW 103rd Avenue, Pembroke Pines 33026	Per Request	Apts	QTY	Total Cost
1	Studio (554 SQ FT)	Third Tuesday of the Month	5	monthly	10
2	1-Bedroom Small (580 SQ FT)	Third Tuesday of the Month	30	monthly	60
3	1-Bedroom Large (750 SQ FT)	Third Tuesday of the Month	60	monthly	120
Item #	Extra Services	Per Request		QTY	Total Cost
1	Spray Garbage chute - 1 per floor, 5 floors 2 Buildings total of (10) 401 & 601 Building	monthly	10	monthly	40
2	Spray Garbage room on the 1st floor - 1 per bldg, total of (2) 401 & 601 Building	monthly	6	monthly	40
3	Spray Leasing Office 501 Building	monthly	1	monthly	15
4	Spray lawn for ants (around the bldgs) 401 & 601 Building	quarterly	1	quarterly	275
5	Roach infestation treatment (bomb)	per apt as needed	1	as needed	45
6	Bedbug treatment	as needed	1	as needed	300
7	Subterranean termites treatment	as needed	1	as needed	8.00 lf
8	Termites treatment	as needed	1	as needed	250
Southwest Focal Point					
Item	Pest Control 301 Building (Senior Center) - 301 NW 103rd Avenue,	Per Request		QTY	Total Cost

#	Pembroke Pines 33026				
1	Administrative Offices	Monthly		1	75
2	Lobby / Rotunda	Monthly		1	10
3	Common Areas	Monthly		1	10
4	Kitchen	Monthly		1	30
5	Pool Deck / Furniture	Monthly		1	5
6	Lounge Areas	Monthly		1	5
7	Restrooms	Monthly		1	5
8	Conference Rooms / Activity Rooms	Monthly		1	5
9	Loading Dock Area	Monthly		1	5
10	Restaurant	Monthly		1	5
11	Class Rooms	Monthly		1	5
12	Gym / Exercise Rooms	Monthly		1	5
13	Stage Area / Rear Stage	Monthly		1	5
14	Card Rooms / Pool Room	Monthly		1	5
15	Alzheimer's Center	Monthly		1	5
16	Daycare	Monthly		1	5



EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

Except where federal or state law mandates to the contrary, a Contractor awarded a Contract pursuant to a competitive solicitation shall provide benefits to Domestic Partners and spouses of its employees, irrespective of gender, on the same basis as it provides benefits to employees' spouses in traditional marriages.

The Contractor shall provide the City and/or the City Manager or his/her designee, access to its records for the purpose of audits and/or investigations to ascertain compliance with the provisions of this section, and upon request shall provide evidence that the Contractor is in compliance with the provisions of this section upon each new bid, contract renewal, or when the City Manager has received a complaint or has reason to believe the Contractor may not be in compliance with the provisions of this section. Records shall include but not be limited to providing the City and/or the City Manager or his/her designee with certified copies of the Contractor's records pertaining to its benefits policies and its employment policies and practices.

The Contractor must conspicuously make available to all employees and applicants for employment the following statement:

"During the performance of a contract with the City of Pembroke Pines, Florida, the Contractor will provide Equal Benefits to its employees with spouses, as defined by Section 35.39 of the City's Code of Ordinances, and its employees with Domestic Partners and all Married Couples".

The posted statement must also include a City contact telephone number and email address which will be provided to each contractor when a covered contract is executed.

SECTION 1 DEFINITIONS

- 1. Benefits** means the following plan, program or policy provided or offered by a contractor to its employees as part of the employer's total compensation package which may include but is not limited to sick leave, bereavement leave, family medical leave, and health benefits.
- 2. Cash Equivalent** mean the amount of money paid to an employee with a domestic partner or spouse in lieu of providing benefits to the employee's domestic partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee for his or her spouse from a traditional marriage.
- 3. Covered Contract** means a contract between the City and a contractor awarded subsequent to the date when this section becomes effective valued at over \$25,000 or the threshold amount required for competitive bids as required in section 35.18(A) of the Procurement Code.
- 4. Domestic Partner** shall mean any two (2) adults of the same or different sex who have registered as domestic partners with a governmental body pursuant to state or local law authorizing such registration, or with an internal registry maintained by the employer of at



least one of the domestic partners. A contractor may institute an internal registry to allow for the provision of equal benefits to employees with domestic partners who do not register their partnerships pursuant to a governmental body authorizing such registration, or who are located in a jurisdiction where no such governmental domestic partnership registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

5. **Equal benefits** means the equality of benefits between employees with spouses and/or dependents of spouses and employees with domestic partners and/or dependents of domestic partners, and/or between spouses of employees and/or dependents of spouses and domestic partners of employees and/or dependents of domestic partners.
6. **Spouse** means one member of a married pair legally married under the laws of any state within the United States of America or any other jurisdiction under which such marriage is legally recognized, irrespective of gender.
7. **Traditional marriage** means a marriage between one man and one woman.

SECTION 2 CERTIFICATION OF CONTRACTOR

The firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of Section 35.39 "City Contractors providing Equal Benefits for Domestic Partners and all Married Couples" of the City's Code of Ordinances, and certifies the following (**Check only one box below**):

- ☒ A. Contractor currently complies with the requirements of this section; or
- ☐ B. Contractor will comply with the conditions of this section at the time of contract award; or
- ☐ C. Contractor will not comply with the conditions of this section at the time of contract award; or
- ☐ D. Contractor does not comply with the conditions of this section because of the following allowable exemption (**Check only one box below**):
- ☐ 1. The Contractor does not provide benefits to employees' spouses in traditional marriages;
- ☐ 2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;



City of Pembroke Pines

☐ 3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;

☐ 4. The Contractor is a governmental agency;

The certification shall be signed by an authorized officer of the Contractor. Failure to provide such certification (by checking the appropriate boxes above along with completing the information below) shall result in a Contractor being deemed non-responsive.

COMPANY NAME: TOWER PCA Control

AUTHORIZED OFFICER NAME / SIGNATURE: ANUCIA



E-VERIFY SYSTEM CERTIFICATION STATEMENT (UNDER SECTION 448.095, FLORIDA STATUTES)

1. Definitions:

- a. **“Contractor”** means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. “Contractor” includes, but is not limited to, a vendor or consultant.
- b. **“Subcontractor”** means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.
- c. **“E-Verify system”** means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.

2. Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of:

- a. All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
- b. All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Pembroke Pines. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with the City of Pembroke Pines; and
- c. Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., “Employment Eligibility,” as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

3. Contract Termination

- a. If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09 (1) Fla. Stat., the contract shall be terminated.
- b. If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
- c. A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
- d. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination.
- e. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

COMPANY NAME:

TOWER Pest Control

PRINTED NAME / AUTHORIZED SIGNATURE:

SMUA TOWE

Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



5621165

RECEIPT NO.

RENEWAL

5863023

BUSINESS NAME/LOCATION

TOWER PEST CONTROL INC

7760 W 20TH AVE 14

HIALEAH, FL 33016



EXPIRES
SEPTEMBER 30, 2022

Must be displayed at place of business

Pursuant to County Code

Chapter 8A - Art. 9 & 10

OWNER

TOWER PEST CONTROL INC

SEC. TYPE OF BUSINESS

213

PEST CONTROL
SERVICE

**PAYMENT RECEIVED
BY TAX COLLECTOR**

67.50 07/13/2021

CHECK21-21-050703

Employee(s)

15

JB5887

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector





LOCAL VENDOR PREFERENCE CERTIFICATION

SECTION 1 GENERAL TERM

LOCAL PREFERENCE

The evaluation of competitive bids is subject to section 35.36 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following objective criteria as of the bid or proposal submission date stated in the solicitation. A local business shall be defined as:

1. "Local Pembroke Pines Vendor" shall mean a business entity which has maintained a permanent place of business with full-time employees within the City limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the City of Pembroke Pines.

OR;

2. "Local Broward County Vendor" shall mean or business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Broward County or the city within Broward County where the business resides.

A preference of five percent (5%) of the total evaluation point, or five percent (5%) of the total price, shall be given to the **Local Pembroke Pines Vendor(s)**; A preference of two and a half percent (2.5%) of the total evaluation point for local, or two and a half percent (2.5%) of the total price, shall be given to the **Local Broward County Vendor(s)**.

COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

SECTION 2 AFFIRMATION

LOCAL PREFERENCE CERTIFICATION:

- ☐ Place a check mark here only if affirming bidder meets requirements above as a Local Pembroke Pines Vendor. In addition, the business must attach a current business tax receipt from the City of Pembroke Pines along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.
- ☐ Place a check mark here only if affirming bidder meets requirements above as a Local Broward County Vendor. In addition, the business must attach a current business tax receipt from the Broward County or the city within Broward County where the business resides along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.
- ☒ Place a check mark here only if affirming bidder does not meet the requirements above as a Local Vendor.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Local Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Local Vendor Preference based on their sub-contractors' qualifications.

COMPANY NAME: Tower Pest Control

PRINTED NAME / AUTHORIZED SIGNATURE: [Signature]



**SCRUTINIZED COMPANY CERTIFICATION
PURSUANT TO FLORIDA STATUTE § 287.135.**

I, Jessica Torre VP, on behalf of Tower Pest Control,
Print Name and Title Company Name

certify that Tower Pest Control:
Company Name

1. Does not participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector list, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

Jessica Torre VP

Print Name / Title

Tower Pest Control

Company Name

Signature



**SWORN STATEMENT ON PUBLIC ENTITY CRIMES
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

1. This sworn statement is submitted Tower Pest Control Inc
(name of entity submitting sworn statement)
whose business address is 7760 W 20 Ave Hialeah, FL 33016
and (if applicable) its Federal Employer Identification Number (FEIN) is
65-0670041. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: Jessica Torre.)
2. My name is Jessica Torre and my
(Please print name of individual signing)
relationship to the entity named above is VP.
3. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime: or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Cityship by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a



joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

7. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

☒ A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ B) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND **(Please indicate which additional statement applies.)**

☐ B1) There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. **(Please attach a copy of the final order.)**

☐ B2) The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **(Please attach a copy of the final order.)**

☐ B3) The person or affiliate has not been placed on the convicted vendor list. **(Please describe any action taken by or pending with the Department of General Services.)**

Jessica Torre

Bidder's Name

Tower Pest Control Inc

Company Name


Signature

8/20/21

Date



VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

SECTION 1 GENERAL TERM

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

IDENTICAL TIE BIDS - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drugfree workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after each conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

SECTION 2 AFFIRMATION

☒ Place a check mark here only if affirming bidder **complies fully** with the above requirements for a Drug-Free Workplace.

☐ Place a check mark here only if affirming bidder **does not** meet the requirements for a Drug-Free Workplace.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Drug-Free Workplace Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Drug-Free Workplace Preference based on their sub-contractors' qualifications.

TOWER Pest Control
Company Name

Jessica Torra
Authorized Signer Name

[Signature]
Authorized Signature

**VENDOR INFORMATION FORM**

The City of Pembroke Pines is currently implementing an enhanced Citywide Enterprise Resource Planning (ERP) system with the goal of updating our processes and improving customer service. Part of the new Tyler Technologies Munis ERP system will include a vendor management module. In addition, this new system will include a Vendor Self Service (VSS) web portal which will allow vendors to update their necessary information and documents on an as-needed basis. The City intends for this system to allow for vendors to view their Purchase Orders, Invoices, Checks and other beneficial information in real-time. Using VSS, vendors will also be able to enter and maintain their contact and remittance information, discount and payment terms, designated contact persons, and the commodity codes that represent the goods and services the vendor can provide.

While we work towards go-live with the new VSS web portal, we are requesting for vendors to complete the attached Vendor Registration Packet and submit it to accountspayable@ppines.com to help facilitate the implementation process.

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)	Tower Pest Control Inc		
Doing Business As (DBA)			
Primary Business Address	7760 W 20 Avenue Bay 14		
	City:	Hialeah	
	State:	FL	Zip: 33016
	Country:	USA	
Remit To Address	Same as above		
	City:		
	State:		Zip:
	Country:		
Order From Address	Same as above		
	City:		
	State:		Zip:
	Country:		
Foreign Entity (Yes/No)	No		
Telephone Number	305-821-3888		
Primary Company E-mail	jessica@towerpestcontrolmiami.com		
Fax			
Website	www.tpcmiami.com		
DUNS			
Independent Contractor (Yes/No)	No		
Identification Number	SSN:		FID: 65-0670041

GENERAL PAYMENT TERMS		
Discount Percent Defines the discount percentage the vendor extends to your organization.	Days to Discount Number of days which payment must be received to claim the discount percent.	Days to Net Number of days that the vendor allows before requiring net payment.
1	NET 30	30

**CONTACT # 1**

Contact Name (First & Last Name)	Francisco Torre		
Description/Title/Position	President		
Phone (Voice)	305-821-3888		
Phone (Text)	305-219-4045	Opt In (Y/N):	Y
Fax			
E-mail	frank@tpcmiami.com		

CONTACT # 2

Contact Name (First & Last Name)	Jessica Torre		
Description/Title/Position	VP		
Phone (Voice)	305-821-3888		
Phone (Text)	305-202-0532	Opt In (Y/N):	Y
Fax			
E-mail	jessica@towerpestcontrolmiami.com		

CONTACT # 3

Contact Name (First & Last Name)			
Description/Title/Position			
Phone (Voice)			
Phone (Text)		Opt In (Y/N):	
Fax			
E-mail			

MINORITY BUSINESS ENTERPRISE

MBE Classifications	Yes	Certifying Agency	Expiration
African American			
Asian American			
Disadvantage Business			
Hispanic American	X	Miami Dade County	6/2022
HubZone / Labor Surplus Area			
Minority Owned Business	X	Miami Dade County	6/2022
Native American			
Small Business Enterprise	X	Miami Dade County	6/2022
Veteran Owned Small Business			
Woman Owned Business	X	Miami Dade County	6/2022

If you selected "Yes" to any of the above items, please attach proof of certification.

GEOGRAPHIC PREFERENCE

Local Broward County Vendor	
Local Pembroke Pines Vendor	
Not a Local Broward County of Pembroke Pines Vendor	

Please read and complete the attached "Local Vendor Preference Certification" Form and select the applicable option above.

STATE REGISTRATION

Is your company registered with the State of Florida? (Y/N)	Yes
If not, what state is your company registered in?	

Please attach the print out from <https://dos.myflorida.com/sunbiz/> or the appropriate state showing your active registration and any applicable fictitious names that are registered.



VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION

SECTION 1 GENERAL TERM

VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE

The evaluation of competitive bids is subject to section 35.37 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to veteran owned small businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with the following objective criteria as of the bid or proposal submission date stated in the solicitation. A veteran owned small business shall be defined as:

1. "Veteran Owned Small Business" shall mean a business entity which has received a "Determination Letter" from the United States Department of Veteran Affairs Center for Verification and Evaluation notifying the business that they have been approved as a Veteran Owned Small Business (VOSB).

A preference of two and a half percent (2.5%) of the total evaluation point, or two and a half percent (2.5%) of the total price, shall be given to the **Veteran Owned Small Business (VOSB)**. This shall mean that if a **VOSB** submits a bid/quote that is within 2.5% of the lowest price submitted by any vendor, the **VOSB** shall have an option to submit another bid which is at least 1% lower than the lowest responsive bid/quote. If the **VOSB** submits a bid which is at least 1% lower than that lowest responsive bid/quote, then the award will go to the **VOSB**. If not, the award will be made to the vendor that submits the lowest responsive bid/quote. If the lowest responsive and responsible bidder is a "**Local Pembroke Pines Vendor**" (**LPPV**) or a "**Local Broward County Vendor**" (**LBCV**) as established in Section 35.36 of the City's Code of Ordinances, entitled "Local Vendor Preference", then the award will be made to that vendor and no other bidders will be given an opportunity to submit additional bids as described herein.

If there is a **LPPV**, a **LBCV**, and a **VOSB** participating in the same bid solicitation and all three vendors qualify to submit a second bid, the **LPPV** will be given first option. If the **LPPV** cannot beat the lowest bid received by at least 1%, an opportunity will be given to the **LBCV**. If the **LBCV** cannot beat the lowest bid by at least 1%, an opportunity will be given to the **VOSB**. If the **VOSB** cannot beat the lowest bid by at least 1%, then the bid will be awarded to the lowest bidder.

If multiple **VOSBs** submit bids/quotes which are within 2.5% of the lowest bid/quote and there are no **LPPV** or **LBCV** as described in Section 35.36 of the City's Code of Ordinance, entitled "Local Vendor Preference", then all **VOSBs** will be asked to submit a **Best and Final Offer (BAFO)**. The award will be made to the **VOSB** submitting the lowest **BAFO** providing that that **BAFO** is at least 1% lower than the lowest bid/quote received in the original solicitation. If no **VOSB** can beat the lowest bid/quote by at least 1%, then the award will be made to the lowest responsive bidder.

COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

SECTION 2 AFFIRMATION

VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION:

- ☐ Place a check mark here only if affirming bidder meets requirements above as a Veteran Owned Small Business. In addition, the bidder must attach the "Determination Letter" from the U.S. Dept. of Veteran Affairs Center.
- ☒ Place a check mark here only if affirming bidder does not meet the requirements above as a VOSB.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for VOSB Preference. This form must be completed by/for the proposer; the proposer **WILL NOT** qualify for VOSB Preference based on their sub-contractors' qualifications.

COMPANY NAME: Towle Pest Control

PRINTED NAME / AUTHORIZED SIGNATURE: [Signature]

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Tower Pest Control Inc		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
5 Address (number, street, and apt. or suite no.) See instructions. 7760 W 20 Ave Bay 14	Requester's name and address (optional)	
6 City, state, and ZIP code Hialeah, FL 33016		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

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


Social security number	
or	
Employer identification number	
65	0670041

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ►  Date **8/20/21**

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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