



**Georgia Interscholastic
Swimming & Diving Officials Association**

New Member Packet

Name: _____

- ☐ GISOA Application
- ☐ GISOA Membership Agreement
- ☐ Background Check Authorization Form
- ☐ Copy of Driver's License for Background Check
- ☐ Homeland Security USCIS Form I-9
- ☐ Copy of Acceptable Documents on I-9 Page 3
- ☐ IRS Form W-9
- ☐ GISOA Dues Paid: \$80
- ☐ GHSA Dragonfly Registration Completed
- See <http://gisoa.org/gisoa/dfnew>
- ☐ GHSA Dragonfly Dues Paid: \$32

___ Polo Shirt Size
Sport-Tek ST405, sizes S-XXXL



GEORGIA INTERSCHOLASTIC SWIMMING & DIVING OFFICIALS ASSOCIATION, INC
NEW MEMBER APPLICATION WWW.GISOA.ORG

NAME: _____

PREFERRED EMAIL: _____

MAILING ADDRESS: _____

CELL PHONE: _____

PLEASE DESCRIBE ALL EXPERIENCE IN SWIMMING AND/OR DIVING AS OFFICIAL, PARTICIPANT OR OTHER:

GISOA OFTEN HAS HIGH SCHOOL AND MIDDLE SCHOOL MEETS 6 DAYS A WEEK, MONDAY – SATURDAY. PLEASE DESCRIBE YOUR AVAILABILITY DURING THIS TIME:



**Georgia Interscholastic
Swimming & Diving Officials Association**

Officiating Agreement

This agreement is made between **GEORGIA INTERSCHOLASTIC SWIMMING & DIVING OFFICIALS ASSOCIATION, INC.**, hereafter known as GISOA, a Georgia 501(c)(3) non-profit corporation located at 4320 Deep Springs Circle, Kennesaw GA 30144 and

Name: _____, a swimming & diving official, residing at

Address: _____

City/State/Zip: _____

In consideration of the following mutual promises, GISOA and Official agree as follows:

1. **TERM.** The term of this agreement is for one season from **July 1, 2023**, and terminating **June 30, 2024**.
2. **OFFICIAL'S STATUS.** The Official is an independent contractor for the **GEORGIA INTERSCHOLASTIC SWIMMING & DIVING OFFICIALS ASSOCIATION, INC.**, to officiate swimming and diving for the season. The term is for one season and includes all officiating-related work such as clinics and travel to and from games. You are not an employee of **GEORGIA INTERSCHOLASTIC SWIMMING & DIVING OFFICIALS ASSOCIATION, INC.**, or any of the member schools for which GISOA assigns officials. Your signature on this agreement indicates that you are not an employee and are therefore not entitled to any benefits, including the collection of any workers' compensation. You are advised to obtain and maintain your own medical and disability insurance for officiating and officiating-related work. By executing this letter of agreement, you acknowledge your understanding and agree that neither GISOA nor its affiliated institutions will be liable to you in the event of any injury or loss of any type.
3. **TRAINING.** This agreement requires the official to attend and participate in an association meeting in September or October, take the annual Georgia High School Association online exam before the deadline and pay all required fees and dues.
4. **ASSIGNMENTS.** This agreement, which makes the official an independent contractor for GISOA for one season only, does not obligate GISOA to make any meet assignments to the Official nor does it obligate GISOA to make a minimum number or certain quality or level of assignments to the Official. If assignments are made by GISOA to the Official, they may include in-season and post season small meets, invitationals and championships. All assignments are subject to change. The Official agrees that any assignment is subject to cancellation by the Schools or the Assignor, when and if they, in their sole judgment, deem such cancellation necessary. Official is required to notify the Assignor immediately if he/she cannot fulfill or perform at any assignment due to illness, family matters, business matters, injury or an unforeseen circumstance. The Official may accept or decline any game assignment when offered by GISOA using the Arbiter Assigning Tool. The Official also agrees to keep his/her Arbiter Availability Calendar up-to-date.

Initials of Official _____

GEORGIA INTERSCHOLASTIC SWIMMING & DIVING OFFICIALS ASSOCIATION, INC

- A. **RESTRICTIONS.** The Official agrees to furnish GISOA with a list of potential conflict of interest statements for all schools, which include financial contributions to that school, having a child or other close relation competing for that school, having any business or professional relationships with that school or any other activity that could be perceived or construed as a conflict of interest.

5. REMUNERATION. The Official will be paid by GISOA for meets based upon the following criteria:

- A. Game Fees. As listed on the GISOA website and established by GHSA.
- B. Travel Reimbursement. As listed on the GISOA website.
- C. Payment to officials will be made after the end of the season and is determined by the swift payment of fees by teams, booster clubs, county school systems and organizations.
- D. All college and university meets are paid at a rate negotiated by GISOA. A booking fee is still applied. No travel is awarded for college meets but is included in the total fee paid by the school.
- E. End of season payment will be made either by check or direct deposit, at the discretion of GISOA.

6. TRAVEL. All transportation and travel arrangements for all officiating and officiating-related work are the sole responsibility of the Official.

- A. The Official will receive a share of the overall travel fees for all meets officiated during the regular season.
- B. The amount is calculated based on distance from your home to the pool, no matter your departure location.
- C. There are no travel fees for college meets and all post season matches.

7. OFFICIATING GUIDELINES.

A. **UNIFORM**

- i. High school uniform: solid white shirt (with collar), tan khaki slacks or skirt, belt, and solid white socks & shoes. Long pants or shorts may be worn to regular season meets. GHSA insignia patch will be worn on the left sleeve for GHSA and middle school meets ONLY.
- ii. College uniform: white shirt (with collar), blue slacks/skirt or shorts, white shoes and socks.
- iii. Championship high school uniform: white button-up shirt, tan khaki slacks, white shoes and socks, majority red or navy blue tie or scarf.
- iv. State high school prelims and diving: solid white shirt (with collar), tan khaki slacks or skirt, belt, and solid white socks & shoes. Long pants/skirt only. GHSA insignia patch must be worn on the left sleeve.
- v. State high school finals: white button-up shirt, tan khaki slacks or skirt, white shoes and socks, majority red or navy blue tie or scarf, navy blue blazer.

B. **SCHEDULES:** Meets, invitationals, and championships will be assigned by the Assignor.

C. **EQUIPMENT:** Whistle with a lanyard, radio and headset, rule book, pen.

D. **CELL PHONES** are not to be anywhere on the Official or on the deck during any meet. If you have a situation where you need to be in constant reach of another then you need to turn back assignments. Emergencies do arise but planning is a must.

E. **ON TIME ARRIVAL:** ALL officials MUST be in uniform and pool side 30 minutes before the actual start time. If you are not **in the pool area** 30 minutes before the scheduled start time, you **must** call the assignor at **404-375-9578 or 678-230-6235**. For all championship meets the Referee must be pool side at least 60 minutes before the scheduled start time, all other officials at least 45 minutes before. For 11-dive meets ALL officials must be pool side 60 minutes prior to the scheduled start time.

F. **TEAMFORFEITS THE DAY OF THE CONTEST:** Team(s) not showing up for the assigned start time of a meet will have 30 minutes from that start time before forfeiting the meet. As soon as the team arrives, the late team should be given 5-10 minutes of warm-up time. There may be unforeseen circumstances that call for more time to be allowed.

Initials of Official _____

GEORGIA INTERSCHOLASTIC SWIMMING & DIVING OFFICIALS ASSOCIATION, INC

- G. **TURN BACKS:** All officials may turn matches back. If the Official turns a match back it must come with an explanation in writing. Without 24-hour advanced notice, the Official will be charged a fine of the standard meet fee at the dual meet rate: **\$56**. All meets are on your Arbiter website and, once accepted, are the responsibility of the Official. All meets waiting on acceptance or rejection on your Arbiter website must be handled by the official within 48 hours of assignment. Failure to accept assignments in a timely manner may result in reassignment of meets and/or reduction or loss of assignments in the future.
- H. **OFFICIALS NOT SHOWING:** If the Official is scheduled for a meet and does not show, the Official will be charged a fine of double the standard meet fee at the dual meet rate: **\$112**. If the Official misses one assignment during the season he/she will be put on probation with GISOA. If the Official misses two assignments during the same season, all remaining matches will be reassigned to other officials.
- I. **TARDY OFFICIALS:** All officials that are not in uniform and pool side in the described time frames in Section 7E will be considered tardy and will be assessed a **\$10** late fee. Officials that are not in uniform and pool side by the actual meet start time will be assessed one meet fee of **\$56**.
- J. **BOOKING FEE** of 10% will be taken out of all meet fees. Booking fees are not taken out of the travel reimbursement. All officials whose compensation exceeds the IRS minimum will receive a 1099 at the end of the year in which payment is made. Please see your accountant for any and all tax questions and deductions when itemizing.
- K. **NEW OFFICIALS** are required to work one meet as a training official. The training official receives a flat **\$20** fee plus a travel fee.
- L. **PROFESSIONALISM** from officials is a MUST. This applies to all behavior on and off the deck. You are a professional at the pool and will be held to a higher standard!

8. **TERMINATION.** This agreement may be terminated at any time by either GISOA or the Official upon one day written notice sent via e-mail.

9. **NFHS AND GHSA RULES.** The Official agrees to abide by all rules of the National Federation of High Schools (NFHS) and the Georgia High School Association (GHSA). If the Official fails to do so, this Agreement may be terminated immediately and without any advance notice by GISOA, and without any monetary liability of GISOA to the Official for any loss the Official might claim.

10. **IDEMNIFICATION.** Official shall indemnify, defend and hold GISOA, its affiliated Schools, board of directors, officers and independent contractors harmless from and against any claim, action, damages, liability, loss, cost or expense (including reasonable attorney's fees), resulting from or arising out of the performance of this Agreement.

11. **INTEGRATION AND CHOICE OF LAW.** The entire agreement, intent and understanding between Official and GISOA is contained in the provisions of this Agreement and any stipulations, representations, promises, or agreements, written or oral, made prior to or contemporaneously with this Agreement shall have no legal or equitable effect or consequence unless reduced to writing herein. The parties hereby stipulate that the State Courts of the State of Georgia shall have sole jurisdiction over any disputes which arise under the Agreement or otherwise regarding the parties hereto, and that venue shall be proper and shall lie exclusively in the Superior Court of Cobb County, Georgia.

Initials of Official _____

GEORGIA INTERSCHOLASTIC SWIMMING & DIVING OFFICIALS ASSOCIATION, INC

Signature of Official: _____

Print Name of Official: _____ **Agreement made on Date:** _____

Conflict of Interest Disclosure:

List any GISOA affiliated Schools with which the Official has a personal relationships that could be perceived as real or potential conflicts of interest

1. _____
2. _____
3. _____

Initials of Official _____

GEORGIA INTERSCHOLASTIC SWIMMING & DIVING OFFICIALS ASSOCIATION, INC



BACKGROUND CHECKS FOR GHSA CONTEST OFFICIALS

Effective August 1, 2015 all GHSA contest officials shall have a current year background check completed.

1. It shall be the responsibility of each GHSA sanctioned contest officials association to insure that background checks are completed for the current academic school calendar, and keep official records for each registered association member. The association shall provide individual records when requested by the GHSA Office.
2. Local associations have the option of selecting a certified background service company of their choice, but the service must provide the information listed in the example of criminal offenses that would “red flag” the individual. The GHSA will provide a list of companies that provide the required service.
3. Officials who have not completed a current year background check shall not be allowed to officiate any GHSA sanctioned event.
4. Associations that violate any provision of this requirement shall be subject to a \$250.00 fine per violation, and the possibility of losing their GHSA association sanction.
5. The GHSA “Background Check Screening Policy” is listed on the subsequent pages in this document.

GHSA BACKGROUND CHECK SCREENING POLICY

Pursuant to Section 4.51 of the GHSA Bylaws, All Officials Associations approved by the GHSA shall require its members to undergo an annual background check. The GHSA office will provide a list of vendors who are approved to perform the annual background check. If the background check reveals that an official has been convicted of a crime involving moral turpitude, then that official shall not be authorized to officiate GHSA contests unless a waiver has been granted by the officials association and thereafter accepted by the GHSA. All GHSA approved officials associations shall be required to maintain a copy of background check reports on all its officials for a period of at least five (5) years and shall make such reports available to the GHSA upon request. All states do not have the same laws and crimes are often categorized differently. The list of offenses set forth below is not intended to be an exhaustive list of disqualifying offenses, but rather examples of crimes involving moral turpitude:

murder/homicide/manslaughter, theft/burglary/robbery/larceny, breaking and entering, prostitution/solicitation, rape/sexual assault, assault, battery, arson, false imprisonment kidnapping, domestic violence, cruelty to children, child molestation, furnishing alcohol to a minor, indecent exposure, child endangerment, any crime related to drugs (use/distribution), driving under influence of drugs or alcohol (3rd offense in 7 years), identity theft, forgery, money laundering, conspiracy to commit a felony, any offense designated as a felony

GHSA approved officials associations should establish a procedure for the evaluation and consideration of its member officials' requests for waivers of this policy and appeals from disqualification. In the event that such a request for waiver is granted by any officials association, then that member official's name may be submitted to the GHSA along with a statement in writing of the specific grounds of why the waiver was granted to such member. The GHSA may accept or reject the granting of such waiver. In the event of rejection of the waiver, such official shall not be eligible to officiate GHSA contests. Sample background check release and authorization forms are available through the GHSA office.

CRIMINAL SEARCH REQUIREMENTS

1. National Criminal Super Search
2. Georgia Statewide Criminal History
3. National Sex Offender Search
4. OFAC (National terrorism watch list search)
5. Property Records Search

GHSA BACKGROUND CHECK RELEASE AND AUTHORIZATION FORM

FOR THE _____ OFFICIALS ASSOCIATION

In connection with my application to become or remain a member of the above association and to be eligible to officiate GHSA contests, I hereby authorize the association or its designated representative or outside organization to perform a criminal background and/or motor vehicle driving record check on me. The background check may include information gathered from federal, state and local law enforcement and other sources. I understand that the nature and scope of the investigation will also include, but not be limited to, consumer credit, employment records, criminal convictions, my driving record and other information from sources that maintain background information on me. I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, credit or credit reporting agency or organization, employer or other person in possession of such background information regarding me, to provide such information as may be requested by the above officials association or any agency or outside organization acting on behalf of such officials association.

THE INFORMATION RECEIVED WILL BE USED TO DETERMINE YOUR ELIGIBILITY TO OFFICIATE GHSA CONTESTS.

As a member of the above officials association, I understand that this authorization and release shall remain in effect as long as I am a member unless I revoke or cancel my consent by signed letter or statement delivered to the association office.

I am providing the following information and personal identifiers to aid in the proper identification of my files and records and state that the same is true and correct to the best of my knowledge:

Print Name (Full legal name: Last, First, Middle) _____

Any other names known by (in last ten years) _____

Last four digits of Social Security Number _____ Date of Birth _____

Driver's License Number State _____

Current Address _____

Previous Addresses (5 years) _____

*** Include a legible copy of your driver's license with this Release and Authorization.

Signature _____ Date _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div>QR Code - Section 1 Do Not Write In This Space</div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Request for Taxpayer Identification Number and Certification

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

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

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.	
	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.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number										
				-				-		
or										
Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

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

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

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.