**For Internal Use Only:** 

Vendor Code:

Site/Account Code:

Payment Terms:

Prometric Point of Contact:

# SUBSTITUTE W-9

\*Vendor/Client Name (as shown on your income tax return):

Business name (DBA), if different from above:

\*Address:

\*City:        \*State:        \*Country:        \*Zip Code:

Mailing Address, if different from above:

City:       State:       Country:       Zip Code:

\*Contact Person:        \*Telephone number:       \*Email Address:
*The payment remittance advice will be emailed to this email address.*

***\*Indicates required field.***

\*Please check appropriate business classification:

[ ] Individual/Sole Proprietor [ ] Corporation [ ] Partnership

[ ] Limited Liability Company. Enter the tax classification (D=Disregarded, C=Corporation, P=Partnership) >

[ ] Other

If you are an individual, please provide your Date of Birth and Country of Citizenship for payment authorization purposes:

Date of Birth:

Country of Citizenship:

Please check appropriate small business classification and attach certificate (refer to attached document for descriptions):

[ ] Alaska Native Corporation [ ] Certified HUBZone [ ] Certified SBA 8(a)

[ ] HBCU/MI [ ] Indian Tribe [ ] Service Disabled Veteran-owned

[ ] Small disadvantaged Business [ ] Veteran-owned [ ] Woman-owned

Please check appropriate governmental business classification (refer to attached document for descriptions):

[ ] Government Owned corporation [ ] Government Linked Company [ ] Quasi-Governmental Organization

[ ] Government Sponsored Enterprises [ ] Government chartered and owned corporations

\*Social Security Number

 OR

\*Employer Identification Number

# ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM FOR PROMETRIC VENDORS

Prometric Inc. desires the flexibility to make payments for such goods and services by electronic funds transfers ("EFT") through the automated clearinghouse system, and Vendor agrees to grant such flexibility.

Therefore, Vendor hereby:

1. Authorizes Prometric Inc. to make payments for goods and services by EFT
2. Certifies that it has selected the following depository institution
3. Directs that all such electronic funds and electronic remittance advice transfers be made as provided below:

Name of Depository/Institution:

Depository/Institution Telephone Number:

Depository/Institution Email:

Address (Street, City, State/Country and Zip):

**ACH**

Account Name on File with Bank

Account Number

Bank Routing Number

Type of account (check one): Checking        Savings

Vendor agrees to be responsible for any loss or damage suffered as a result of any inaccuracies in or failure to advise changes to the above particulars. Vendor will give thirty (30) days advance notice in writing to Prometric if there are any changes in its depository institution or other payment instructions. When properly executed, this EFT Authorization will become effective fifteen (15) days after its receipt by Prometric. Vendor warrants and represents that Vendor has full right, power and authority to enter into and fully perform all of its obligations hereunder and grant the rights granted hereunder. An electronic signature on this EFT Authorization shall be binding as an original. Unless required by applicable law, no originals of this EFT Authorization shall be provided.

An electronic signature on this Substitute W-9 and EFT Authorization shall be binding as an original.

       \_\_\_\_\_\_\_\_

(Name of Authorized Representative) (Signature of Authorized Representative)

Date Title

**1. ALASKA NATIVE CORPORATION (ANC)**

Any Regional Corporation, village corporation, Urban Corporation, or Group Corporation organized under the laws of the State of Alaska in accordance with the Alaska Native claims Settlement Act, as amended (43 U.S.C. 1601, et seq.) and which is considered a minority and economically disadvantaged concern under the criteria at 43 U.S.C. 1626€(1). This definition also includes ANC direct and indirect subsidiary corporations, joint ventures, and partnerships that meet the requirements of 43 U.S.C. 1626(e)(2).

**2. HUBZone**

A small business concern that appears on the List of Qualified HUBZone Small Business concerns maintained by the Small Business Administration.

**3. HISTORICALL BLACK COLLEGES & UNIVERSITIES/ MINORITY INSTIUIONS (HBCU/MI)**

An institution that was established before 1964 and has a principal that was, and is, the education of Black Americans and that meets the requirement set forth by the Department of Education, Title 34, of the Code of Federal regulations (CFR), Part 608.2 Minority Institutions (MI’s) are institutions that substantially increase the higher education opportunities for minority and/ or low – income students who are educationally disadvantaged or underrepresented in post-secondary education and meet the requirements set forth by the department of Education, title 3 of the CFR, Part 607.2.

**4. INDIAN TRIBE**

Any Indian tribe, band, group, pueblo, or community including native villages and native groups (including corporations organized by Kenai, Juneau, Sitka, and Kodiak) as defined in the Alaska native claims Settlement Act, that is recognized b the Federal government as eligible for services from the Bureau of Indian Affairs (BIA) in accordance with 25 U.S.C. 1452©. This definition also includes Indian-owned economic enterprises that meet the requirements of 25 U.S.C. 1452©.

**5. SERVICE- DISABLED VETERAN-OWNED BUSINESS CONERN**

A concern which is at least 51 owned by one or more service – disabled veterans; or in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more service- disabled veterans; and whose management and daily business operations are controlled by one or more service-disabled veterans; and whose management and daily business operations are controlled by one or more service-disabled veterans or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran. Service-disabled veteran means a veteran with a disability that is service-connected, as defined in 38 U.S.C. 101 (2,16).

**6. SMALL DISADVANAGED BUSINESS CONCERN**

The term “small business concern owned and controlled by socially and economically disadvantaged individuals” shall mean a small business concern which is at least 51% owned by one or more socially and economically disadvantaged individuals or, in the case of a publicly owned business, at least 1 of the stock is owned by one or more socially and economically disadvantaged individuals, and whose management and daily business operations are controlled by one or more of such individuals. Socially and economically disadvantaged individuals include Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Subcontinent Asian Americans and other minorities or individuals found to be disadvantaged by the Small Business Administration pursuant to Section 8(a) of the small Business Act. Also included are concerns that are owned and controlled by an economically disadvantaged Indian Tribe or Native Hawaiian Organization. The tern “Asian Pacific Americans” includes U.S. citizens with origins from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, The U.S. Trust territory of the Pacific Islands, the Northern Mariana Islands, Laos, Cambodia, Taiwan, Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Republic of the Marshall Islands, or the Federated States of Micronesia. The term “subcontinent Asia” includes U.S. citizens with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan or Nepal.

**7. VETERAN-OWNED BUSINESS CONCERN**

A concern which is at least 51 percent owned by one or more veterans; or in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or

more veterans; and whose management and daily business operations are controlled by one or more veterans.

**8. WOMAN-OWNED BUSINESS CONERN**

A concern which is at least 51 percent owned by one or more women; or in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and whose management and daily business operations are controlled by one or more women. “Control” in this context means exercising the power to make policy decisions. “Operate” in this context means actively involved in the day-to-day- management.

**9. Government Owned Corporation**

A concern which is fully or partially owned by the government.

**10. Government Linked Company**

A corporate entity where an existing government owns a stake using a holding company.

**11. Quasi-Governmental Organization**

An entity that is treated by National laws and regulations to be under the guidance of the government but separate and autonomous from the government.

**12. Government Sponsored Enterprises**

A group of financial services corporations created by the US Congress.

**13. Government Chartered and Owned Corporations**

Separate set of corporations chartered and owned by the Federal Government, which operate to provide public services, but unlike the federal agencies they have a separate legal personality from the federal government, providing the highest level of political independence.