

## SUPPLIER INFORMATION

| FORM INSTRUCTIONS   | ATTACHMENTS (Required if checked)   |
|---|---|
| <p><b>Instructions:</b> Supplier shall complete this form and each of the attachments checked in the section to the right.</p> <p>When applying to become a trusted supplier, you will be agreeing with <a href="http://www.southerncompany.com/about-us/suppliers/policies.cshtml">Southern Company compliance principles</a> (accessible via <a href="http://www.southerncompany.com/about-us/suppliers/policies.cshtml">http://www.southerncompany.com/about-us/suppliers/policies.cshtml</a>), which are a summary of some of the governing terms and conditions contained in our contracts. In addition, you can be confident that at Southern Company, ethical behavior applies to every part of our business. Learn more about our <a href="http://coe.southernco.com/">Code of Ethics</a> (accessible via <a href="http://coe.southernco.com/">http://coe.southernco.com/</a>).</p> <p>Please note that providing the following information does not guarantee that the product(s) and/or service(s) you offer will be purchased by a subsidiary of Southern Company.</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> A – Contractor Information</li> <li><input type="checkbox"/> B – Supplier Site Information</li> <li><input type="checkbox"/> C – Supplier Certification Form</li> <li><input type="checkbox"/> D – Supplier Product/Service Information</li> <li><input type="checkbox"/> E – W-9 Information</li> <li><input type="checkbox"/> F – W-8 Information (International Suppliers)</li> <li><input type="checkbox"/> G – I-9 Information</li> <li><input type="checkbox"/> H – Contractor Compliance Background Form</li> <li><input type="checkbox"/> I – Contractor Statistical Data Form</li> <li><input type="checkbox"/> J – Contractor Safety Questionnaire</li> <li><input type="checkbox"/> K – Supplier Sales and Use Tax Information</li> <li><input type="checkbox"/> L – Hire Mississippi Supplier Certification</li> <li><input type="checkbox"/> M – Electronic Funds Transfer (EFT) Form</li> <li><input type="checkbox"/> N – Other _____</li> </ul> |

### COMPANY INFORMATION

|   |                                      |                              |  |
|---|--------------------------------------|------------------------------|--|
| Company Name  |                                      | Company Web Site             |  |
| Tax Reporting Name (if different)   |                                      | Company Phone                | Company Fax                                  |
| Federal Tax ID # or Social Security #:                                    | Organization Type:                   |                              |  |
|   | <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC | <input type="checkbox"/> Sole Proprietorship |
|   | <input type="checkbox"/> Partnership |                              |  |
| 1099 Reportable? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other       | If Other, specify:           |  |
| CEO/Owner Name  | CEO/Owner Title                      |                              |  |

| Company Headquarters Address (Domestic) | Company Headquarters Address (International) |
|---|--|
|---|--|

|      |       |          |   |  |  |
|------|-------|----------|---|--|--|
|      |       |          | <i>If entering an international address, fill in domestic address fields with "N/A" and select "—" for the state.</i> |  |  |
| City | State | Zip Code |   |  |  |

### INFORMATION PURPOSES ONLY

|   |  |
|---|--|
| When invoicing, Invoicing Name (if different) |  |
|---|--|

### COMPANY CONTACT

|      |     |       |                |
|------|-----|-------|----------------|
| Name | Fax | Phone | E-mail Address |
|      |     |       |                |

### SUBMISSION STATEMENT

The undersigned individual affirms that the above information, and all attached forms, is accurate, true, and complete. Also, the individual understands and acknowledges that the information provided is subject to verification. The individual further understands that proper completion of this form, and all attachments, is a condition of participation as a potential supplier for one of the subsidiaries of Southern Company.

|      |       |           |      |
|------|-------|-----------|------|
| Name | Title | Signature | Date |
|      |       |           |      |

### SOUTHERN COMPANY INTERNAL INFORMATION

|                 |                    |
|-----------------|--------------------|
| Requestor Name  | Requestor Comments |
| Requestor Phone |                    |

| ATTACHMENT A - CONTRACTOR INFORMATION FORM  |   |  |               |
|---|---|--|---------------|
| FORM INSTRUCTIONS   | SUPPLIER NAME:  |  |               |
| <b>Instructions:</b> Supplier shall complete this form in its entirety, and provided additional attachments as necessary.   |   |  |               |
| GENERAL INFORMATION   |   |  |               |
| 1. Are you presently or have you done business with Southern Company or affiliate? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, please check applicable affiliate and list name of primary contact.</i>                     |   |  |               |
| <input type="checkbox"/> Alabama Power Company<br>Contact:  | <input type="checkbox"/> Georgia Power Company<br>Contact:    | <input type="checkbox"/> Southern Company Services<br>Contact: |               |
| <input type="checkbox"/> Mississippi Power Company<br>Contact:  | <input type="checkbox"/> Southern Nuclear Company<br>Contact: | <input type="checkbox"/> Southern Power Company<br>Contact:    |               |
| 2. <b>Business References:</b> List the three largest customers for whom you have provided services similar to those requested by Southern Company and provide the requested information for each:  |   |  |               |
| - Reference #1 - Customer Name:   |   |  |               |
| Contact Title   | Contact Name  | Contact Phone  | Contact Email |
| Contract Description, Amount and Completion Date  |   |  |               |
| - Reference #2 - Customer Name:   |   |  |               |
| Contact Title   | Contact Name  | Contact Phone  | Contact Email |
| Contract Description, Amount and Completion Date  |   |  |               |
| - Reference #3 - Customer Name:   |   |  |               |
| Contact Title   | Contact Name  | Contact Phone  | Contact Email |
| Contract Description, Amount and Completion Date  |   |  |               |
| 3. What is your company's Dun & Bradstreet (D&B) Listing Number?  |   |  |               |
| 4. Has your company ever filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?  |   |  |               |
| 5. <b>Licenses:</b> List the professional licenses and/or certifications that your company currently holds that are applicable to the work you seek to perform for Southern Company. If necessary, provide an attachment listing additional licenses. |   |  |               |
| Professional (List State)   | Certificate Number  | Expiration Date  |               |
|   |   |  |               |
|   |   |  |               |
|   |   |  |               |
|   |   |  |               |
| 6. <b>Insurance Certifications:</b> (Indicate limit amounts and attach sample certificate)  |   |  |               |
| <input type="checkbox"/> General Liability \$   | <input type="checkbox"/> Employer's Liability \$              | <input type="checkbox"/> Vehicle \$                            |               |
| <input type="checkbox"/> Umbrella/Excess Liability \$   | <input type="checkbox"/> Other (Specify type): \$             |  |               |

| <b>GENERAL INFORMATION (Continued)</b>   |  |                             |
|--|--|-----------------------------|
| 7. For the services your company provides, indicate the type labor your company uses to perform the work. If it is a combination, provide a percentage breakdown between the two.  |  |                             |
| <input type="checkbox"/> Organized Labor Shops -        %  | <input type="checkbox"/> Open Shops -        %   |                             |
| 8. <u>Trade Organizations</u> : List the trade organizations with which you have current contracts or working agreements that are applicable to the work you seek to perform for Southern Company. If necessary, provide an attachment listing additional trade organizations. |  |                             |
| Organization Name  | Local or Lodge Number                            |                             |
|  |  |                             |
|  |  |                             |
|  |  |                             |
|  |  |                             |
| 9. <u>Special Quality Programs and Certifications</u> : Provide a response to each of the quality related questions listed below. If your company has other quality initiatives in place, please explain within the "Other" section.   |  |                             |
| - Is quality control/assurance a separate and distinct part of your organization?  | <input type="checkbox"/> Yes                     | <input type="checkbox"/> No |
| - Is there a documented quality system (Quality Manual)?   | <input type="checkbox"/> Yes                     | <input type="checkbox"/> No |
| - Is there a program for continual quality improvement?  | <input type="checkbox"/> Yes                     | <input type="checkbox"/> No |
| - Is your company ISO 9000 certified?  | <input type="checkbox"/> Yes                     | <input type="checkbox"/> No |
| - Does your company have a 10CFR50 Appendix B QA program?  | <input type="checkbox"/> Yes                     | <input type="checkbox"/> No |
| - Other:   |  |                             |
| 10. <u>Business Volume (Consolidated)</u> : Provide the following information on your company.   |  |                             |
| - What year was your company established?  | - Average annual income during the last 5 years: |                             |
| - Estimated annual income this year:   | - Largest single sale/project (past 5 years):    |                             |
| 11. <u>Employee Information</u> : Provide the following information on your employees/manpower.  |  |                             |
| - Total number of Full-time Employees:   | - Average peak manpower during last 5 years:     |                             |
| 12. <u>Company Structure</u> : Provide the information below about any affiliate or subsidiary of your company. If necessary, provide an attachment listing additional information on your company structure.  |  |                             |
| - Company Name and Phone   | Complete Address                                 | Relationship                |
|  |  |                             |
| - Company Name and Phone   | Complete Address                                 | Relationship                |
|  |  |                             |
| - Company Name and Phone   | Complete Address                                 | Relationship                |
|  |  |                             |
| - Company Name and Phone   | Complete Address                                 | Relationship                |
|  |  |                             |

| <b>GENERAL INFORMATION (Continued)</b>  |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| 13. <b>Secretary of State Status:</b> Answer the questions below concerning whether your company is in Good Standing with the identified Secretary of State offices. (i.e The good standing status signifies an entity is current with the filing requirements of the Secretary of State's office, as well as being current with the entity's corporate franchise taxes. Generally sole proprietorships are not required to register with the state. In most cases a sole proprietorship is required to register with the State only if it chooses to incorporate, establish a limited liability company or limited partnership). |                              |                             |   |
| - What is your State of Incorporation?  |                              |                             |   |
| - Is your company in Good Standing with the Alabama Secretary of State's office?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| - Is your company in Good Standing with the Georgia Secretary of State's office?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| - Is your company in Good Standing with the Mississippi Secretary of State's office?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| - For States listed as N/A, please explain:   |                              |                             |   |
| - Is your company in Good Standing with the Secretary of State in your company's state of incorporation if operating within Southern Company territory as a foreign entity?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| <b>CONTRACT CONTACT INFORMATION</b>   |                              |                             |   |
| 1. <b>Contact for Contract Notices:</b> Identify the individual that would be responsible for receiving and processing contract notices on behalf of your company.  |                              |                             |   |
| - Contact Name  | Contact Title                | Contact Phone               | Contact Fax                             |
| Address   |                              | Contact Email               |   |
| City  | State                        | Zip Code                    | Country                                 |
| 2. <b>Person to Sign Contract:</b> Identify below the individual that would execute a contract on behalf of your company.   |                              |                             |   |
| - Name  |                              | Title                       |   |
| 3. <b>Services Contact Information:</b> Identify the primary, secondary and tertiary (as applicable) contacts for authorizing services under a contract on behalf of your company.  |                              |                             |   |
| - Primary Contact Name  | Title                        | Office Phone                | Office Fax                              |
| Cell Phone  | Other Contact Number         | Contact Email               |   |
| - Secondary Contact Name (if applicable)  | Title                        | Office Phone                | Office Fax                              |
| Cell Phone  | Other Contact Number         | Contact Email               |   |
| - Tertiary Contact Name (if applicable)   | Title                        | Office Phone                | Office Fax                              |
| Cell Phone  | Other Contact Number         | Contact Email               |   |

Updated May 3, 2017

## ATTACHMENT B - SUPPLIER SITE INFORMATION FORM

### FORM INSTRUCTIONS

**SUPPLIER NAME:**
**SITE FORM (      of      )**

**Instructions:** **Supplier shall provide Site information for one or more Supplier Sites as appropriate.** A Site is defined as an office address that a supplier identifies for receiving purchase orders and/or receiving payments. Some suppliers may have multiple "Sites", and, if this is the case, a separate form should be filled out for each separate Site. The Supplier should use this form to specify the physical location, and contact information for each Site. Supplier should indicate the number of Sites and associated Site forms in the above section above on the right side of the form. Each of the sections listed below must be completed for each Site. (**Note:** \* - designates a required field):

- A. Site Type
- B. Applicable Company/Companies (i.e. Southern Company affiliate to which Supplier's Site is applicable).
- C. Site Address Information
- D. Site Contact Information

### SITE TYPE

A. Select Site Type\* (Check one)

- Procurement Only** – This Site is a location to which only Purchase Orders (PO) should be issued.  
 **Procurement and Remittance** – This Site is a location to which BOTH PO's and remittance should be issued.  
 **Remittance Only** – This Site is a location to which only remittance should be issued.

**Note:** For Remittance Sites, please indicate the preferred payment method:     Electronic     Check

*If the "electronic" payment method is chosen, a representative of Southern Company will follow up, at the appropriate time, to obtain the payment method details (i.e., ACH, FED1, bank routing numbers, etc.)*

### APPLICABLE COMPANY/COMPANIES

B. Select Applicable Company or Companies\* (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alabama Power Company     | <input type="checkbox"/> Georgia Power Company    | <input type="checkbox"/> Southern Company Services |
| <input type="checkbox"/> Mississippi Power Company | <input type="checkbox"/> Southern Nuclear Company | <input type="checkbox"/> Southern Power Company    |

**Note:** When selecting a company, or multiple companies, above the Supplier should ensure that the physical location for the procurement and/or remittance type site being specified is applicable for each company checked. **If there are different locations for PO's and/or remittance to be issued to based on which company is selected, then separate forms must be completed and submitted by the supplier for each location (Site).**

### APPLICABLE COMPANY/COMPANIES

 C. Provide Site Address Information \*  
Address

Additional Address

City

State

Zip Code

Country

### COMPANY CONTACT

 D. Site Contact Information  
Contact Name

Title

Contact Phone

Contact Phone

Contact E-mail Address

### SUBMITTED BY

The undersigned individual affirms that the above information, and all attached forms, is accurate, true, and complete.

Name

Title

Signature

Date

# Supplier Self-Certification Form

|                   |
|-------------------|
| Internal Use Only |
|-------------------|

|  |                      |
|--|----------------------|
| Company Name (include DBA where appropriate) | Supplier # (SoCo ID) |
|--|----------------------|

|                |                    |                  |
|----------------|--------------------|------------------|
| Federal Tax ID | Primary NAICS Code | No. of Employees |
|----------------|--------------------|------------------|

|                |       |
|----------------|-------|
| CEO/Owner Name | Title |
|----------------|-------|

|                             |      |       |     |
|-----------------------------|------|-------|-----|
| Headquarters Street Address | City | State | Zip |
|-----------------------------|------|-------|-----|

|                 |      |       |     |
|-----------------|------|-------|-----|
| Mailing Address | City | State | Zip |
|-----------------|------|-------|-----|

|                  |                  |                  |
|------------------|------------------|------------------|
| Telephone Number | Facsimile Number | Alternate Number |
|------------------|------------------|------------------|

|                |         |
|----------------|---------|
| E-mail Address | Website |
|----------------|---------|

**Return completed form to:**
**ATTN:**
**Email:**
**FAX:**
**Mail:**

Alabama Power Company, Georgia Power Company, and Mississippi Power Company ("Southern Company") are contractors with the Federal Government and therefore must comply with various Federal laws and regulations. These laws and regulations require that Southern Company obtain written representation from its subcontractors and suppliers regarding their size status. Please complete the following sections which Southern Company must maintain as part of its supplier diversity records. **If there are any changes to your size or status under any of the following sections you are required to inform Southern Company in writing no later than fifteen (15) days of the change.**

**Please check ALL boxes below applicable to your business and remember more than one box may apply to your business.**

For further clarification on small business eligibility, see the Small Business Size Regulations in the Code of Federal Regulations Title 13, Part 121.

- Large Business (Other than a Small Business)** - A business concern that exceeds the small business size code standards established by the SBA in 13 CFR Part 121.  Woman-Owned  Veteran-Owned  Service-Disabled Veteran  Minority-Owned (MBE - Complete MBE section below)
- A Small Business Concern** - A for profit business in the U.S. which meets the Small Business Administration (SBA) standards, generally under 500 employees for manufacturing and under \$7.5 Million in average receipts for most non-manufacturing. Size standards for each industry can be found on the NAICS Tables at <http://www.sba.gov/content/small-business-size-standards#>
- Minority-Owned (MBE)** - A for profit business that is at least 51% owned by one or more of the following ethnic minorities who control the daily management of the business:
  - African American  Native American  Subcontinent Asian Americans  Asian-Pacific American  Hispanic American
  - Other (please specify) \_\_\_\_\_
- A Small Disadvantaged Business Concern (SDB)** - A small business that is at least 51% owned by one or more socially and economically disadvantaged individual(s) whose net worth does not exceed \$750,000 exclusive of applicable exclusions such as primary personal residence as set forth in the Code of Federal Regulations (CFR), 13 CFR 124.103-104(c)(2).
- A Woman-Owned Small Business Concern (WOSB)** - A small for profit business that is at least 51% owned by one or more women who control the daily management of the business.
- A Veteran-Owned Small Business Concern (VOSB)** - A small for profit business concern at least 51% of which is owned by one or more veterans as defined in 38 U.S.C. 101(2) who control the daily management of the business (**please attach copy of Form DD214 or equivalent**).
- A Service Disabled Veteran-Owned Small Business Concern (SDVOB)** - A small for profit business concern at least 51% of which is owned by one or more service-disabled veterans (defined in 38 U.S.C. 101(16)) who control the daily management of the business or in the case of a veteran with a permanent and severe disability the spouse or permanent caregiver of such service-disabled veteran (**please attach copy of Form DD214 or equivalent**).
- A HUBZone Small Business Concern (SBA Certified)** - A small business currently certified by SBA as a HUBZone small business (**attach copy of certification**).

**Council Certifications:** *(attach copy of certification(s))*

- Certified by a National Minority Supplier Development Council (NMSDC) Affiliate as a MBE
- Certified by a Women's Business Enterprise National Council (WBENC) Affiliate as a WBE
- Certified by an organization other than NMSDC or WBENC

**Under 15 U.S.C. 645(d), any person who misrepresents its size status may (1) be subject to a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.**

The undersigned individual affirms that he/she is the authorized representative of the above named business; is authorized to execute this certification on its behalf; and the above information is complete, accurate, and true. In addition, the undersigned understands that the information provided in this certification is subject to verification and further that the full and proper completion of this questionnaire is a condition of participation as a small and diverse supplier for Southern Company and its subsidiaries upon which Southern Company will rely in consideration of your business as a possible supplier of goods or services. The undersigned certifies to the best of its knowledge and belief, that it and/or any of its principals: (A) are not at present debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any federal agency; nor (B) have within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract or subcontract; or violation of federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

|                         |       |                      |      |
|-------------------------|-------|----------------------|------|
| Name (Typed or Printed) | Title | Authorized Signature | Date |
|-------------------------|-------|----------------------|------|



## Supplier Products and Services

Company Name \_\_\_\_\_

**Southern Company maintains a Supplier Diversity database where project leaders can research your company's offerings. Please list below the top 3 products or services that set your company apart from others in your field along with the NAICs (North American Industry Classification System) code. Supplying the NAICs code for your products or services helps to properly classify them for future reference. Feel free to add any further detail concerning unique skills or niche industry expertise.**

Primary products and/or services

NAICS Code      Type of Products/Services

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Other products and/or services

NAICS Code      Type of Products/Services

\_\_\_\_\_

\_\_\_\_\_

| Services Classifications  |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> ADVERTISING SERVICES                           | <input type="checkbox"/> DIVING                          | <input type="checkbox"/> INSTRUMENTATION & CTRL SYSTEMS     | <input type="checkbox"/> RECYCLING                        |
| <input type="checkbox"/> AERIAL SERVICES                                | <input type="checkbox"/> DREDGING                        | <input type="checkbox"/> INSULATION REMOVAL & INSTALLATION  | <input type="checkbox"/> REFRACTORY                       |
| <input type="checkbox"/> AIR TESTING                                    | <input type="checkbox"/> DRUG TESTING                    | <input type="checkbox"/> INTELLECTUAL PROPERTY              | <input type="checkbox"/> REMEDIATION SERVICES             |
| <input type="checkbox"/> ALARM SERVICES                                 | <input type="checkbox"/> DUST SUPPRESSION                | <input type="checkbox"/> INTERIOR DESIGN                    | <input type="checkbox"/> RENEWABLE ENERGY SVCS/CONSULTING |
| <input type="checkbox"/> APPRAISER SERVICES                             | <input type="checkbox"/> ELECTRICAL CONTRACTOR           | <input type="checkbox"/> JANITORIAL SERVICES                | <input type="checkbox"/> RENTALS – CRANES, HEAVY EQUIP    |
| <input type="checkbox"/> AQUATIC WEED CONTROL                           | <input type="checkbox"/> ELEVATORS MAINTENANCE           | <input type="checkbox"/> LAB                                | <input type="checkbox"/> RIGGING                          |
| <input type="checkbox"/> ARBORISTS                                      | <input type="checkbox"/> EMISSIONS                       | <input type="checkbox"/> LAB COAT & FIRE RETARDANT CLEANING | <input type="checkbox"/> RIGHT-OF-WAY CLEARING            |
| <input type="checkbox"/> ARCHITECT                                      | <input type="checkbox"/> ENERGY EFFICIENCY SERVICES      | <input type="checkbox"/> LAND AGENT                         | <input type="checkbox"/> ROOFING – FACILITIES             |
| <input type="checkbox"/> ARMORED CAR SERVICES                           | <input type="checkbox"/> ENGINEERING SERVICES            | <input type="checkbox"/> LAND EXCAVATION                    | <input type="checkbox"/> SAND OR GRIT BLASTING            |
| <input type="checkbox"/> ASBESTOS & LEAD PAINT REMOVAL                  | <input type="checkbox"/> ENVIRONMENTAL SERVICES          | <input type="checkbox"/> LAND SURVEYOR                      | <input type="checkbox"/> SCAFFOLDING                      |
| <input type="checkbox"/> ASH POND WORK                                  | <input type="checkbox"/> EQUIPMENT RENTAL                | <input type="checkbox"/> LANDSCAPING & LAWN SERVICES        | <input type="checkbox"/> SCALES SERVICES                  |
| <input type="checkbox"/> ASPHALT PAVING SERVICES                        | <input type="checkbox"/> EQUIPMENT REPAIR                | <input type="checkbox"/> LEAK DETECTION                     | <input type="checkbox"/> SIGNAGE SERVICES                 |
| <input type="checkbox"/> AUCTIONEER                                     | <input type="checkbox"/> EROSION CONTROL/EXCAVATION      | <input type="checkbox"/> LEASING                            | <input type="checkbox"/> SCORE CARDING – IT METRICS       |
| <input type="checkbox"/> AUDIO VISUAL                                   | <input type="checkbox"/> EXERCISE EQUIPMENT REPAIR       | <input type="checkbox"/> LEGAL                              | <input type="checkbox"/> SCRAP METAL REMOVAL              |
| <input type="checkbox"/> AWNINGS  | <input type="checkbox"/> EXPANSION JOINT/REPAIR          | <input type="checkbox"/> LIGHTING SERVICES                  | <input type="checkbox"/> SECURITY SERVICES                |
| <input type="checkbox"/> BARGE CONTRACTOR                               | <input type="checkbox"/> EXPLOSIVE DESLAGGING            | <input type="checkbox"/> LINE CONSTRUCTION                  | <input type="checkbox"/> SHIPPING/TRANSPORTATION          |
| <input type="checkbox"/> BATTERY SERVICES                               | <input type="checkbox"/> FABRICATORS                     | <input type="checkbox"/> LOBBYIST                           | <input type="checkbox"/> SHREDDING                        |
| <input type="checkbox"/> BEARINGS & DRIVES SERVICES                     | <input type="checkbox"/> FAN SERVICES                    | <input type="checkbox"/> LOCKSMITH                          | <input type="checkbox"/> SOFTWARE                         |
| <input type="checkbox"/> BOILER SERVICES                                | <input type="checkbox"/> FENCING SERVICES                | <input type="checkbox"/> MACHINING                          | <input type="checkbox"/> STAFFING                         |
| <input type="checkbox"/> BREAKER SERVICES                               | <input type="checkbox"/> FIBER OPTICS                    | <input type="checkbox"/> MANLIFT SERVICES                   | <input type="checkbox"/> STORAGE                          |
| <input type="checkbox"/> BUILDING MAINTENANCE                           | <input type="checkbox"/> FIELD SERVICES                  | <input type="checkbox"/> MAPPING                            | <input type="checkbox"/> STORM RESTORATION                |
| <input type="checkbox"/> BULK GASES                                     | <input type="checkbox"/> FILTERS                         | <input type="checkbox"/> MARINE CONSTRUCTION                | <input type="checkbox"/> STORM SERVICES                   |
| <input type="checkbox"/> CABLE SERVICES                                 | <input type="checkbox"/> FIRE PROTECTION                 | <input type="checkbox"/> MARKETING                          | <input type="checkbox"/> STRESS RELIEVING                 |
| <input type="checkbox"/> CAR RENTAL                                     | <input type="checkbox"/> FLEET SERVICES FUEL             | <input type="checkbox"/> MARKING, SIGNS, LABELING           | <input type="checkbox"/> SUBSTATION CONSTRUCTION/MAINT    |
| <input type="checkbox"/> CARPENTRY                                      | <input type="checkbox"/> FLEET SERVICES GENERAL          | <input type="checkbox"/> MASONRY                            | <input type="checkbox"/> SURVEYS                          |
| <input type="checkbox"/> CARPET & FLOORING SERVICES                     | <input type="checkbox"/> FLEET SERVICES MAINTENANCE      | <input type="checkbox"/> MATERIALS HANDLING                 | <input type="checkbox"/> SWITCH AND MOD REPAIR            |
| <input type="checkbox"/> CATERING                                       | <input type="checkbox"/> FLORIST                         | <input type="checkbox"/> MECHANICAL CONTRACTOR              | <input type="checkbox"/> TANK SERVICES                    |
| <input type="checkbox"/> CATHODIC PROTECTION SERVICES                   | <input type="checkbox"/> FLY ASH DISPOSAL                | <input type="checkbox"/> MEDICAL SERVICES                   | <input type="checkbox"/> TECHNICIAN/CONSULTANT            |
| <input type="checkbox"/> CERAMICS WORK                                  | <input type="checkbox"/> FORK LIFT SERVICES              | <input type="checkbox"/> METAL BLDGS – CONSTRUCTION         | <input type="checkbox"/> TENTS                            |
| <input type="checkbox"/> CHAIN SAW SERVICES                             | <input type="checkbox"/> FUEL – STORM                    | <input type="checkbox"/> METAL FABRICATION                  | <input type="checkbox"/> TESTING & MONITORING             |
| <input type="checkbox"/> CHEMICALS                                      | <input type="checkbox"/> FURNITURE                       | <input type="checkbox"/> METER SERVICES                     | <input type="checkbox"/> TILE WORK                        |
| <input type="checkbox"/> CHIMNEY REPAIR                                 | <input type="checkbox"/> GEARBOX REPAIR                  | <input type="checkbox"/> MILLWRIGHT                         | <input type="checkbox"/> TIMBER APPRAISER                 |
| <input type="checkbox"/> COAL SAMPLING                                  | <input type="checkbox"/> GENERATOR MAINTENANCE           | <input type="checkbox"/> MOTOR INSTALLATION/REPAIR          | <input type="checkbox"/> TIRE REPAIR                      |
| <input type="checkbox"/> COLLECTION HOODS                               | <input type="checkbox"/> GEOTECHNICAL                    | <input type="checkbox"/> MOVING & STORAGE                   | <input type="checkbox"/> TOWING                           |
| <input type="checkbox"/> COMMUNICATION EQUIP. SVCS                      | <input type="checkbox"/> GLASS INSTALLATION/REPAIR       | <input type="checkbox"/> NON-DESTRUCTIVE TESTING            | <input type="checkbox"/> TRAFFIC CONTROL                  |
| <input type="checkbox"/> COMMUNICATION TELECOM TOWER SVCS               | <input type="checkbox"/> GOVERNMENTAL RELATIONS          | <input type="checkbox"/> OFFICE MACHINE SERVICES            | <input type="checkbox"/> TRAILER RENTAL/LEASE             |
| <input type="checkbox"/> COMPUTERS/ELECTRONICS                          | <input type="checkbox"/> HARD SURFACING                  | <input type="checkbox"/> OIL CONTAINMENT                    | <input type="checkbox"/> TRAINING SERVICES                |
| <input type="checkbox"/> CONCRETE SERVICES                              | <input type="checkbox"/> HAULING                         | <input type="checkbox"/> OVERHEAD DOORS                     | <input type="checkbox"/> TRANSFORMER REPAIR/REMANUFACTURE |
| <input type="checkbox"/> CONDENSERS SERVICES                            | <input type="checkbox"/> HEARING                         | <input type="checkbox"/> PADS                               | <input type="checkbox"/> TRANSMISSION OVERHEAD LINES      |
| <input type="checkbox"/> CONSTRUCTION                                   | <input type="checkbox"/> HEAT EXCHANGERS SERVICES        | <input type="checkbox"/> PAINTING                           | <input type="checkbox"/> TRASH REMOVAL                    |
| <input type="checkbox"/> CONSTRUCTION – GEN. CONTRACT                   | <input type="checkbox"/> HEAT TRACING                    | <input type="checkbox"/> PAINTING – INDUSTRIAL              | <input type="checkbox"/> TREE TRIMMING                    |
| <input type="checkbox"/> CONSULTANTS                                    | <input type="checkbox"/> HEAVY EQUIP – W/WOUT OPERATORS  | <input type="checkbox"/> PEST CONTROL                       | <input type="checkbox"/> TUGBOAT                          |
| <input type="checkbox"/> CONVEYOR SERVICES                              | <input type="checkbox"/> HEAVY EQUIPMENT REPAIR & RENTAL | <input type="checkbox"/> PHOTOGRAPHY                        | <input type="checkbox"/> TURBINE SERVICES                 |
| <input type="checkbox"/> COOLING TOWER SERVICES                         | <input type="checkbox"/> HERBICIDE APPLICATION           | <input type="checkbox"/> PILE DRIVING                       | <input type="checkbox"/> ULTRASONIC TESTING               |
| <input type="checkbox"/> COURIERS                                       | <input type="checkbox"/> HIGHLINE INSPECTION             | <input type="checkbox"/> PLUMBING                           | <input type="checkbox"/> UNDERGROUND EQUIPMENT SVCS       |
| <input type="checkbox"/> CRANES, HOISTS & CABLE SVCS                    | <input type="checkbox"/> HVAC SERVICES                   | <input type="checkbox"/> POLE INSPECTION                    | <input type="checkbox"/> VACUUMING                        |
| <input type="checkbox"/> CYLINDER GASES                                 | <input type="checkbox"/> HYDROBIN REPAIRS                | <input type="checkbox"/> PORTABLE BUILDINGS                 | <input type="checkbox"/> VEGETATION MANAGEMENT            |
| <input type="checkbox"/> DEBRIS REMOVAL                                 | <input type="checkbox"/> HYDROBLASTING                   | <input type="checkbox"/> PORTABLE TOILETS                   | <input type="checkbox"/> WASTE OIL SERVICE                |
| <input type="checkbox"/> DEMOLITION                                     | <input type="checkbox"/> HYDROEXCAVATION                 | <input type="checkbox"/> PRECIPITATORS SERVICES             | <input type="checkbox"/> WASTE REMOVAL                    |
| <input type="checkbox"/> DEWATERING/WATER WELLS                         | <input type="checkbox"/> HYDROGRAPHIC SURVEY             | <input type="checkbox"/> PRE-EMPLOYMENT DRUG SCREENING      | <input type="checkbox"/> WASTE WATER SERVICE              |
| <input type="checkbox"/> DIRECTIONAL BORING                             | <input type="checkbox"/> INDUSTRIAL FILTRATION           | <input type="checkbox"/> PRESSURE WASHING SERVICES          | <input type="checkbox"/> WATER SCREENS                    |
| <input type="checkbox"/> DISTRIBUTION AUTOMATION                        | <input type="checkbox"/> INDUSTRIAL HYGIENE              | <input type="checkbox"/> PROTECTIVE RELAY TESTING           | <input type="checkbox"/> WEB CONFERENCING                 |
| <input type="checkbox"/> DISTRIBUTION MAINTENANCE                       | <input type="checkbox"/> INDUSTRIAL MAINTENANCE          | <input type="checkbox"/> PULVERIZERS SERVICES               | <input type="checkbox"/> WELDING SERVICES                 |
| <input type="checkbox"/> DISTRIBUTION OVERHEAD                          | <input type="checkbox"/> INDUSTRIAL PAINTING/COATING     | <input type="checkbox"/> PUMP SERVICES                      | <input type="checkbox"/> WINDOW CLEANING/REPAIR           |
| <input type="checkbox"/> DISTRIBUTION UNDERGROUND                       | <input type="checkbox"/> INFORMATION TECHNOLOGY SERVICES | <input type="checkbox"/> RAILCAR SERVICES                   | <input type="checkbox"/> SERVICES OTHER _____             |
| <input type="checkbox"/> DIST. UNDRGRND FACILITIES LOCATING/MARKING SVS | <input type="checkbox"/> INFRARED INSPECTION             | <input type="checkbox"/> RAILROAD CONSTRUCTION              | <input type="checkbox"/> SERVICES OTHER _____             |



✓ Please mark all products provided by your company

| Products - Materials Classifications                                     |   |
|--|---|
| <input type="checkbox"/> ANCHORS & RODS                                  | <input type="checkbox"/> POLELINE HARDWARE              |
| <input type="checkbox"/> ANIMAL MITIGATION PROTECTION                    | <input type="checkbox"/> PROMOTIONAL ITEMS              |
| <input type="checkbox"/> ARRESTORS                                       | <input type="checkbox"/> REGULATORS                     |
| <input type="checkbox"/> AUTOMOTIVE – MATERIALS                          | <input type="checkbox"/> RELAYS AND PANELS              |
| <input type="checkbox"/> AUTOMOTIVE – VEHICLE                            | <input type="checkbox"/> RENTAL EQUIPMENT               |
| <input type="checkbox"/> BADGING SUPPLIERS                               | <input type="checkbox"/> SAFETY PRODUCTS                |
| <input type="checkbox"/> BATTERIES AND BATTERY PRODUCTS                  | <input type="checkbox"/> SECURITY CAMERAS AND EQUIPMENT |
| <input type="checkbox"/> BREAKER PRODUCTS                                | <input type="checkbox"/> SCALES PRODUCTS                |
| <input type="checkbox"/> BUILDING AND FACILITIES EQUIPMENT               | <input type="checkbox"/> STEEL STRUCTURES               |
| <input type="checkbox"/> BUILDING MATERIAL                               | <input type="checkbox"/> SWITCHGEAR                     |
| <input type="checkbox"/> BULK GASES                                      | <input type="checkbox"/> TELECOMMUNICATIONS EQUIPMENT   |
| <input type="checkbox"/> CABINETS AND ENCLOSURES                         | <input type="checkbox"/> TOOLS – POWER AND HAND         |
| <input type="checkbox"/> CAPACITORS                                      | <input type="checkbox"/> TOWERS – TRANSMISSION          |
| <input type="checkbox"/> CARPET & FLOORING PRODUCTS                      | <input type="checkbox"/> TRANSFORMERS – DISTRIBUTION    |
| <input type="checkbox"/> CHARTS, INSTRUMENTS, RECORDERS                  | <input type="checkbox"/> TRANSFORMERS – SUBSTATION      |
| <input type="checkbox"/> CHEMICALS                                       | <input type="checkbox"/> UNDERGROUND ACCESSORIES        |
| <input type="checkbox"/> CLOTHING – FR & UNIFORMS                        | <input type="checkbox"/> WELDING HARDGOODS              |
| <input type="checkbox"/> COMMUNICATION TELECOM TOWER PROD                | <input type="checkbox"/> WIRE – CABLE                   |
| <input type="checkbox"/> CONSTR. MATERIALS – CONCRETE, GRAVEL, DIRT, ETC | <input type="checkbox"/> WIRE – CONDUCTOR               |
| <input type="checkbox"/> CRANES, HOISTS & CABLES PRODUCTS                | <input type="checkbox"/> WIRE – FIBER OPTIC             |
| <input type="checkbox"/> CROSS ARMS                                      | <input type="checkbox"/> WIRE – GUY                     |
| <input type="checkbox"/> CYLINDER GASES                                  | <input type="checkbox"/> PRODUCTS OTHER: _____          |
| <input type="checkbox"/> DISTRIBUTION AUTOMATION                         | <input type="checkbox"/> PRODUCTS OTHER: _____          |
| <input type="checkbox"/> ELECTRICAL AND GENERAL SUPPLIES                 | <input type="checkbox"/> PRODUCTS OTHER: _____          |
| <input type="checkbox"/> ENVIRONMENTAL PRODUCTS                          |   |
| <input type="checkbox"/> EXERCISE EQUIPMENT                              |   |
| <input type="checkbox"/> FASTENER PRODUCTS                               |   |
| <input type="checkbox"/> FENCING AND FENCING MATERIALS                   |   |
| <input type="checkbox"/> FIBERGLASS LINE HARDWARE PRODUCTS               |   |
| <input type="checkbox"/> FILTRATION                                      |   |
| <input type="checkbox"/> FIRST AID AND SAFETY                            |   |
| <input type="checkbox"/> FURNITURE                                       |   |
| <input type="checkbox"/> GAS POWERED EQUIP. – CHAIN SAW, GENERATORS, ETC |   |
| <input type="checkbox"/> HVAC PRODUCTS                                   |   |
| <input type="checkbox"/> INDUSTRIAL SUPPLY                               |   |
| <input type="checkbox"/> INFORMATION TECHNOLOGY – HARDWARE               |   |
| <input type="checkbox"/> INFORMATION TECHNOLOGY – SOFTWARE               |   |
| <input type="checkbox"/> INSULATION                                      |   |
| <input type="checkbox"/> INSULATORS                                      |   |
| <input type="checkbox"/> JANITORIAL PRODUCTS                             |   |
| <input type="checkbox"/> KITCHEN EQUIPMENT                               |   |
| <input type="checkbox"/> LAB EQUIPMENT AND SUPPLIES                      |   |
| <input type="checkbox"/> LIGHTS AND LIGHTING EQUIPMENT                   |   |
| <input type="checkbox"/> LINE PROTECTION/SECTIONALIZING                  |   |
| <input type="checkbox"/> LUBRICANTS                                      |   |
| <input type="checkbox"/> MARKING, LABELING, SIGNS                        |   |
| <input type="checkbox"/> METAL FABRICATION                               |   |
| <input type="checkbox"/> METER RELATED ITEMS                             |   |
| <input type="checkbox"/> METER TRANSFORMERS                              |   |
| <input type="checkbox"/> METERS  |   |
| <input type="checkbox"/> OIL CONTAINMENT                                 |   |
| <input type="checkbox"/> OFFICE MACHINE PRODUCTS                         |   |
| <input type="checkbox"/> OFFICE SUPPLIES                                 |   |
| <input type="checkbox"/> PACKING / GASKETS                               |   |
| <input type="checkbox"/> PADS – CONCRETE, COMPOSITE                      |   |
| <input type="checkbox"/> PIPE VALVES AND FITTINGS                        |   |
| <input type="checkbox"/> POLES – CONCRETE                                |   |
| <input type="checkbox"/> POLES – DECORATIVE                              |   |
| <input type="checkbox"/> POLES – FIBERGLASS                              |   |
| <input type="checkbox"/> POLES – STEEL                                   |   |
| <input type="checkbox"/> POLES – WOOD                                    |   |

✓ Please mark all products provided by your company

## Power Generation Material Classifications (System / Sub-Systems)

| A – ASH HANDLING                                       | F – TURBINE  | K – STATION SERVICE   | R – FIRE PROTECTION   |
|--|--|---|---|
| <input type="checkbox"/> A – ASH SLUICE                | <input type="checkbox"/> A – HIGH PRESSURE                     | <input type="checkbox"/> A – START STATION SERVICE          | <input type="checkbox"/> A – WATER                                  |
| <input type="checkbox"/> B – BOTTOM ASH                | <input type="checkbox"/> B – INTERMEDIATE PRESSURE             | <input type="checkbox"/> B – STAND-BY STATION SERVICE       | <input type="checkbox"/> B – HALON                                  |
| <input type="checkbox"/> C – FLY ASH                   | <input type="checkbox"/> C – LOW PRESSURE                      | <input type="checkbox"/> C – RUNNING STATION SERVICE        | <input type="checkbox"/> C – CARBON DIOXIDE                         |
| <input type="checkbox"/> D – NPDES TREATMENT           | <input type="checkbox"/> D – TURBINE HYDRAULIC CONTROLS        | <input type="checkbox"/> D – BUSES                          | <input type="checkbox"/> D – DRY CHEMICALS                          |
| <input type="checkbox"/> E – ASH DISPOSAL              | <input type="checkbox"/> E – TURBINE STEAM SEAL                | <input type="checkbox"/> E – DC                             | <input type="checkbox"/> Z – INSTRUMENT & CONTROL                   |
| <input type="checkbox"/> F – PRECIPITATOR              | <input type="checkbox"/> F – TURBINE LUBE                      | <input type="checkbox"/> F – EMERGENCY POWER                | <b>S – AIR</b>  |
| <input type="checkbox"/> G – BAG HOUSE                 | <input type="checkbox"/> G – FRONT STANDARD                    | <input type="checkbox"/> G – REMOTE POWER SUPPLY            | <input type="checkbox"/> A – CONTROL AIR                            |
| <input type="checkbox"/> Z – INSTRUMENT & CONTROL      | <input type="checkbox"/> H – TURBINE TURNING GEAR              | <input type="checkbox"/> Z – INSTRUMENT & CONTROL           | <input type="checkbox"/> B – SERVICE AIR                            |
| <b>B – AIR &amp; GAS</b>                               | <input type="checkbox"/> J – TURBINE STEAM VALVES              | <b>L – CONDENSATE</b>                                       | <input type="checkbox"/> Z – INSTRUMENT & CONTROL                   |
| <input type="checkbox"/> A – FORCED DRAFT              | <input type="checkbox"/> K – EXTRACTIONS                       | <input type="checkbox"/> A – CONDENSER / HOTWELL            | <b>T – RESERVOIRS &amp; DAMS</b>                                    |
| <input type="checkbox"/> B – INDUCED DRAFT             | <input type="checkbox"/> L – HYDRO TURBINE                     | <input type="checkbox"/> B – CONDENSATE PUMPS               | <input type="checkbox"/> A – RESERVOIRS & DAMS (HYDRO)              |
| <input type="checkbox"/> C – AIR PREHEATER             | <input type="checkbox"/> M – DEPRESSING AIR SYSTEM             | <input type="checkbox"/> C – LOW PRESSURE CONDENSATE HEATER | <b>V – COMBUSTION TURBINE</b>                                       |
| <input type="checkbox"/> D – GAS RECIRCULATION         | <input type="checkbox"/> N – HYDRO BEARINGS                    | <input type="checkbox"/> D – POLISHER UNIT                  | <input type="checkbox"/> A – AIR & GAS SYSTEM                       |
| <input type="checkbox"/> E – SUPPORT FANS              | <input type="checkbox"/> P – WATER FLOW CONTROL                | <input type="checkbox"/> E – CONDENSATE STORAGE             | <input type="checkbox"/> B – LUBE OIL SYSTEM                        |
| <input type="checkbox"/> F – STACKS                    | <input type="checkbox"/> Q – AERATION & VACUUM BREAKERS        | <input type="checkbox"/> F – DEAERATOR                      | <input type="checkbox"/> C – HYDRAULIC & TRIP OIL SYSTEM            |
| <input type="checkbox"/> G – PRIMARY AIR               | <input type="checkbox"/> Z – INSTRUMENT & CONTROL              | <input type="checkbox"/> G – GLAND STEAM EXHAUSTER          | <input type="checkbox"/> D – STARTING SYSTEM                        |
| <input type="checkbox"/> H – CEMS                      | <b>G – SWITCHYARD &amp; SUBSTATION</b>                         | <input type="checkbox"/> H – CHEMICAL INJECTION             | <input type="checkbox"/> E – COOLING SYSTEM                         |
| <input type="checkbox"/> Z – INSTRUMENT & CONTROL      | <input type="checkbox"/> A – SWITCHYARD SPARE MAIN TRANSFORMER | <input type="checkbox"/> J – EXTERNAL PIPING AND VALVES     | <input type="checkbox"/> F – FUEL SYSTEM                            |
| <b>C – FUEL BURNING</b>                                | <input type="checkbox"/> B – SWITCHYARD MAIN LINE              | <input type="checkbox"/> Z – INSTRUMENT & CONTROL           | <input type="checkbox"/> G – GAS TURBINE                            |
| <input type="checkbox"/> A – FUEL OIL BURNING          | <input type="checkbox"/> C – SUBSTATION B&G                    | <b>M – FEEDWATER</b>  | <input type="checkbox"/> H – HVAC SYSTEM                            |
| <input type="checkbox"/> B – COAL BURNING              | <input type="checkbox"/> D – SWITCHYARD AUTO-BANK              | <input type="checkbox"/> A – BOILER FEED PUMP               | <input type="checkbox"/> J – WATER WASH SYSTEM                      |
| <input type="checkbox"/> C – GAS BURNING               | <input type="checkbox"/> E – SWITCHYARD STATION SERVICE        | <input type="checkbox"/> B – HIGH PRESSURE FEEDWATER HEATER | <input type="checkbox"/> K – WATER INJECTION/STEAM INJECTION SYSTEM |
| <input type="checkbox"/> D – PULVERIZER                | <input type="checkbox"/> F – BREAKER                           | <input type="checkbox"/> C – FEEDWATER CHEMICAL INJECTION   | <input type="checkbox"/> Z – INSTRUMENT & CONTROL                   |
| <input type="checkbox"/> E – FEEDER / SCALES           | <input type="checkbox"/> Z – INSTRUMENT & CONTROL              | <input type="checkbox"/> D – EXTERNAL PIPING AND VALVES     | <b>W – HRSG</b>   |
| <input type="checkbox"/> F – ALTERNATE FUEL            | <b>H – GENERAL SERVICE WATER</b>                               | <input type="checkbox"/> Z – INSTRUMENT & CONTROL           | <input type="checkbox"/> A – NITROGEN                               |
| <input type="checkbox"/> Z – INSTRUMENT & CONTROL      | <input type="checkbox"/> A – SUMP                              | <b>N – WATER TREATMENT PLANT</b>                            | <input type="checkbox"/> B – BOILER VALVES & PIPING                 |
| <b>D – FUEL SUPPLY</b>                                 | <input type="checkbox"/> B – WATER INTAKE                      | <input type="checkbox"/> A – WATER TREATMENT PRE-TREATMENT  | <input type="checkbox"/> C – BOILER TUBING                          |
| <input type="checkbox"/> A – DUST SUPPRESSION          | <input type="checkbox"/> C – CHLORINATION                      | <input type="checkbox"/> B – FILTER PLANT                   | <input type="checkbox"/> D – BOILER STRUCTURE & LAGGING             |
| <input type="checkbox"/> B – FUEL OIL SUPPLY           | <input type="checkbox"/> D – CONDENSER CIRCULATING WATER       | <input type="checkbox"/> C – POTABLE WATER                  | <input type="checkbox"/> E – BOILER WATER CIRCULATION PUMP          |
| <input type="checkbox"/> C – COAL SUPPLY               | <input type="checkbox"/> E – SERVICE WATER                     | <input type="checkbox"/> D – WATER TREATMENT EQUIPMENT      | <input type="checkbox"/> F – CHEMICAL CLEANING                      |
| <input type="checkbox"/> D – GAS SUPPLY                | <input type="checkbox"/> F – HOLDING POND STORAGE              | <input type="checkbox"/> E – DEMINERALIZER                  | <input type="checkbox"/> G – HEADERS/LINKS DRUMS/VESSELS            |
| <input type="checkbox"/> E – BLENDING                  | <input type="checkbox"/> G – WELLS                             | <input type="checkbox"/> F – WASTE WATER                    | <input type="checkbox"/> H – DUCT BURNER                            |
| <input type="checkbox"/> F – CONVEYING                 | <input type="checkbox"/> H – CONDENSER CLEANING                | <input type="checkbox"/> Z – INSTRUMENT & CONTROL           | <input type="checkbox"/> J – BLOWDOWN                               |
| <input type="checkbox"/> G – CRUSHING                  | <input type="checkbox"/> J – EXTERNAL PIPING AND VALVES        | <b>P – SERVICE FACILITIES</b>                               | <input type="checkbox"/> Z – INSTRUMENT & CONTROL                   |
| <input type="checkbox"/> H – SAMPLING / WEIGHING       | <input type="checkbox"/> K – COOLING TOWER                     | <input type="checkbox"/> A – BUILDINGS AND GROUNDS          | <b>X – SCRUBBER SYSTEM</b>  |
| <input type="checkbox"/> J – RAILROADS / WATERWAYS     | <input type="checkbox"/> Z – INSTRUMENT & CONTROL              | <input type="checkbox"/> B – ROADS AND GROUNDS              | <input type="checkbox"/> A – FLUE GAS HANDLING                      |
| <input type="checkbox"/> K – BUNKERS / SILOS           | <b>J – BOILER &amp; ATTACHMENTS</b>                            | <input type="checkbox"/> C – SUPPORT                        | <input type="checkbox"/> B – LIMESTONE HANDLING                     |
| <input type="checkbox"/> L – ROLLING STOCK             | <input type="checkbox"/> A – SOOTBLOWER                        | <input type="checkbox"/> D – PLANT ROLLING STOCK            | <input type="checkbox"/> C – SCRUBBER VESSEL                        |
| <input type="checkbox"/> Z – INSTRUMENT & CONTROL      | <input type="checkbox"/> B – NITROGEN                          | <input type="checkbox"/> E – TOOLS                          | <input type="checkbox"/> D – GYPSUM HANDLING                        |
| <b>E – GENERATOR</b>                                   | <input type="checkbox"/> C – BOILER VALVES AND PIPING          | <input type="checkbox"/> F – CONSUMABLES                    | <input type="checkbox"/> E – RETURN WATER                           |
| <input type="checkbox"/> A – GENERATOR                 | <input type="checkbox"/> D – BOILER TUBING                     | <input type="checkbox"/> G – MISC. HYDRO                    | <input type="checkbox"/> F – MAKE-UP WATER                          |
| <input type="checkbox"/> B – EXCITER                   | <input type="checkbox"/> E – BOILER STRUCTURE AND LAGGING      | <input type="checkbox"/> H – VILLAGE                        | <input type="checkbox"/> H – BYPASS DAMPERS                         |
| <input type="checkbox"/> C – HYDROGEN SEAL OIL         | <input type="checkbox"/> F – BOILER CIRCULATING WATER PUMP     | <b>Q – START-UP / PROCESS STEAM</b>                         | <input type="checkbox"/> Z – INSTRUMENT & CONTROL                   |
| <input type="checkbox"/> D – MAIN GENERATOR BUS        | <input type="checkbox"/> G – CHEMICAL CLEAN                    | <input type="checkbox"/> A – PROCESS STEAM                  | <b>Y – SCR (SELECTIVE CATALYTIC REDUCTION)</b>                      |
| <input type="checkbox"/> E – STATOR COIL COOLING WATER | <input type="checkbox"/> H – HEADERS / LINKS/ DRUM/VESSELS     | <input type="checkbox"/> B – AUXILIARY STEAM                | <input type="checkbox"/> A – AMMONIA UNLOADING AND STORAGE AREA     |
| <input type="checkbox"/> F – GAS                       | <input type="checkbox"/> J – PROCESS STEAM                     | <input type="checkbox"/> C – PACKAGE BOILER                 | <input type="checkbox"/> B – AMMONIA FORWARDING SYSTEM              |
| <input type="checkbox"/> Z – INSTRUMENT & CONTROL      | <input type="checkbox"/> Z – INSTRUMENT & CONTROL              | <input type="checkbox"/> Z – INSTRUMENT & CONTROL           | <input type="checkbox"/> C – AMMONIA VAPORIZATION SKID              |
|  |  |   | <input type="checkbox"/> D – AMMONIA INJECTION GRID                 |
| <input type="checkbox"/> OTHER:                        |  |   | <input type="checkbox"/> E – REACTOR BOXES                          |
| <input type="checkbox"/> OTHER:                        |  |   | <input type="checkbox"/> F – AUXILIARY SYSTEMS                      |
| <input type="checkbox"/> OTHER:                        |  |   | <input type="checkbox"/> Z – INSTRUMENT & CONTROL                   |
|  |  |   | <b>Z – COMPUTER EQUIPMENT</b>                                       |
|  |  |   | <input type="checkbox"/> A – PLANT DATA ACQUISITION                 |
|  |  |   | <input type="checkbox"/> B – PLANT PROCESS CONTROL                  |
|  |  |   | <input type="checkbox"/> C – MATERIALS MANAGEMENT                   |
|  |  |   | <input type="checkbox"/> D – WORK MANAGEMENT (CMMS)                 |
|  |  |   | <input type="checkbox"/> E – LAN / WAN                              |

# Request for Taxpayer Identification Number and Certification

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

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

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

## Part I Taxpayer Identification Number (TIN)

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

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

|                                       |  |  |  |   |  |  |   |  |  |  |  |
|---------------------------------------|--|--|--|---|--|--|---|--|--|--|--|
| <b>Social security number</b>         |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  | - |  |  | - |  |  |  |  |
| <b>or</b>                             |  |  |  |   |  |  |   |  |  |  |  |
| <b>Employer identification number</b> |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  | - |  |  |   |  |  |  |  |

## Part II Certification

Under penalties of perjury, I certify that:

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

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

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

## General Instructions

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

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

### Purpose of Form

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

- Form 1099-DIV (dividends, including those from stocks or mutual funds)

- 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.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) . . .   | THEN check the box for . . .  |
|--|---|
| • Corporation  | Corporation   |
| • Individual<br>• Sole proprietorship, or<br>• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.   | Individual/sole proprietor or single-member LLC   |
| • LLC treated as a partnership for U.S. federal tax purposes,<br>• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or<br>• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| • Partnership  | Partnership   |
| • Trust/estate   | Trust/estate  |

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . .  | THEN the payment is exempt for . . .  |
|--|---|
| Interest and dividend payments   | All exempt payees except for 7  |
| Broker transactions  | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4   |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>   |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4   |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.**

You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

| For this type of account:  | Give name and SSN of:   |
|--|---|
| 1. Individual  | The individual  |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI                          | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Two or more U.S. persons (joint account maintained by an FFI)   | Each holder of the account  |
| 4. Custodial account of a minor (Uniform Gift to Minors Act)   | The minor <sup>2</sup>  |
| 5. a. The usual revocable savings trust (grantor is also trustee)  | The grantor-trustee <sup>1</sup>  |
| b. So-called trust account that is not a legal or valid trust under state law                                  | The actual owner <sup>1</sup>   |
| 6. Sole proprietorship or disregarded entity owned by an individual  | The owner <sup>3</sup>  |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) | The grantor*  |
| For this type of account:  | Give name and EIN of:   |
| 8. Disregarded entity not owned by an individual   | The owner   |
| 9. A valid trust, estate, or pension trust   | Legal entity <sup>4</sup>   |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553                                     | The corporation   |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization                    | The organization  |
| 12. Partnership or multi-member LLC  | The partnership   |
| 13. A broker or registered nominee   | The broker or nominee   |

| For this type of account:   | Give name and EIN of: |
|---|-----------------------|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity     |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))  | The trust             |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



**MISSISSIPPI POWER COMPANY**  
**CONTRACTOR VERIFICATION OF I-9 / E-VERIFY STATUS**

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**(A) I-9 Employment Verification**

MPC requires that all contractors providing services to MPC verify the identity and employment eligibility of all employees. MPC prohibits use of individuals who are not authorized for employment in the United States in the performance of any MPC contract.

Do you certify that you will verify the identity and employment eligibility of all persons hired who will perform work under any contract with MPC?

Yes

**(B) Miss. Code Ann. § 71-11-3 – E-Verify**

Miss. Code Ann. § 71-11-3 requires that all employers working in the state of Mississippi register with, and utilize, the federal E-Verify program. Please certify compliance by completing below:

**E-Verify Number:** \_\_\_\_\_ **Date Registered:** \_\_\_\_\_

I certify that the information provided in Sections (A) and (B) above is accurate.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Contractor Compliance Background Certification Form

Southern Company is committed to conducting its business in accordance with high ethical standards and in compliance with all laws and regulations. We also expect our contractors to conduct themselves with honesty, integrity and fairness and with a commitment to legal compliance. Our compliance program requires that this Contractor Compliance Background Certification Form be completed and signed by an authorized representative of your company. For purposes of this form, “Southern Company” refers to Southern Company and any or all of its subsidiaries. The term “affiliated entity” refers only to those affiliated entities that may be a possible supplier of services or goods with Southern Company. Thank you for your cooperation and support.

1. At any time during the past five years has your company or an affiliated entity been the subject of an enforcement action or investigation (criminal, civil or administrative) that has resulted, or could result in a fine or penalty in excess of \$25,000 by a government agency focusing on the company’s compliance with laws or regulations including, but not limited to, employment, environmental, safety and health, antitrust, fraud and/or securities?  
 Yes  No. *If yes, please describe on a separate page and attach.*
2. At any time during the past five years has your company or an affiliated entity or any of their principals, been debarred, suspended, or proposed for debarment from doing business with the Federal Government, or otherwise been listed on the General Services Administration’s Excluded Parties List System (EPLS) which is now maintained in the System for Award Management (SAM.gov)?  
 Yes  No. *If yes, please describe on a separate page and attach.*
3. At any time during the past five years has your company or any affiliated entity, or their officers, principals or key employees been charged, indicted, arrested, convicted or entered a plea for the alleged commission of a crime, related to your company’s business, other than a traffic infraction?  
 Yes  No. *If yes, please describe on a separate page and attach.*
4. Do any of your products or materials contain “Conflict Minerals” which originated from the Democratic Republic of Congo and neighboring countries (“Covered Countries”)?  
 Yes  No. *If yes, please describe on a separate page and attach.*
5. At any time in the past five years has your Company or an affiliated entity or any of their principals been the subject of an enforcement action or investigation (criminal, civil or administrative) involving a failure to comply with all applicable immigration laws and regulations? Are you required by law to confirm the legal status of your employees using the U.S. Citizenship and Immigration Services’ (USCIS) E-Verify program and have failed to participate?  
 Yes  No. *If yes, please describe on a separate page and attach.*
6. Does your company use any equipment, system, or service that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system, as such terms are defined at 48 C.F.R. § 4.2101? For purposes of this question, “covered telecommunications equipment” includes (1) Telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities); (2) video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities); (3) telecommunications or video surveillance services provided by such entities or using such equipment.; and (4) telecommunications or video surveillance equipment or services provided by an entity that the Secretary of Defense reasonably believes to be owned, controlled or connected to the government of a covered foreign country.  
 Yes  No. *If yes, please describe on a separate page and attach.*
7. Does your company acquire, import, transfer, or install Bulk Power System Regulated Equipment, as such term is defined in the United States Department of Energy, Prohibition Order Securing Critical Defense Facilities effective January 16, 2021, that has been manufactured or supplied by persons owned by, controlled by, or subject to the jurisdiction or direction of the People’s Republic of China? For purposes of this question, “Regulated Equipment” includes (1) power transformers with low-side voltage rating of 69 thousand volts (kV) or higher and associated control and protection systems like load tap changer, cooling system, and Sudden Pressure relay; (2) generator step up (GSU) transformers with high-side voltage rating of 69 kV or higher and associated control and protection systems like load tap changer, cooling system, and Sudden Pressure relay; (3) circuit breakers operating at 69 kV or higher; (4) reactive power equipment (Reactors and Capacitors) 69 kV or higher; and (5) associated software and firmware installed in any equipment or used in the operation of items listed in 1 through 4.  
 Yes  No. *If yes, please describe on a separate page and attach.*

8. If your company has a formal legal or ethics compliance program to assure that your employees adhere to applicable legal and regulatory requirements in the performance of their work, please describe on a separate page and attach.

If there is an occurrence of any of the types of circumstances described in items 1 through 5 subsequent to the date below, Contractor agrees to notify Southern Company's Compliance Office (*complianceprogram@southernco.com*) within ten (10) days of the occurrence. Contractor hereby certifies and acknowledges that the above responses are true, accurate, and complete and are material representations of fact upon which Southern Company will rely in consideration of Contractor as a possible supplier of services or goods. Southern Company may at any time before or after the award of a contract obtain investigative or credit reports that contain information about Contractor. These reports may contain: information found in public records, Contractor's commercial credit history, information about Contractor's general reputation in the industry (including with its current and past customers), and other types of information. Contractor consents to Southern Company (or a designated third party representative) obtaining such reports and hereby waives any claims against Southern Company (or its third party representative) if Southern Company refuses or ceases to do business with Contractor based on any information contained in these reports.

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Contractor's Name

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Contractor's Authorized Representative (Print Name)

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P. O. Box or Street Address

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Title

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City, State and Zip Code

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Signature

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Date

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Telephone No.

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Contractor's Federal Tax ID #

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## Contractor Statistical Data

**Contractor's Name:** \_\_\_\_\_

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

**City, State & Zip Code:** \_\_\_\_\_

**Contact Name & Phone#:** \_\_\_\_\_

1. List your firm's Interstate Experience Modification Rate (EMR) for the three most recent years and attach written verification from your Insurance Company.

| <u>Year:</u> | <u>EMR:</u> |
|--------------|-------------|
| _____        | _____       |
| _____        | _____       |
| _____        | _____       |

2. Please provide your Company's OSHA citation history for citations for the past five (5) years. Include the following information for each citation:

- a) Location
- b) Date
- c) Type Inspection
- d) Standard Cited
- e) Violation Type
- f) Current Status

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

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

## Sales and Use Tax:

*As applicable, for any work performed for any Southern Company affiliate, tax treatment for specific transactions, contracts or purchase orders will be discussed with the Contractor as necessary during the pre-bid or contracting stage and prior to pricing for the services by Contractor to determine taxability applicable to the specific situation.*

### 1. In Alabama:

In Alabama, Alabama Power Company (APC) intends to make all major material purchases. All consumable items purchased by a Contractor are taxable to the contractor and the full cost of these materials will be included in the contract. Any component system materials that APC requests the contractor to purchase should be purchased tax exempt and the appropriate tax will be accrued and paid by APC.

### 2. In Georgia:

Georgia tax law treats a contractor as the end user of tangible personal property when that property is used to construct, repair or improve real property. The contractor is therefore responsible for the payment of tax on all materials that become part of the completed contract, even machinery and equipment used in manufacturing or pollution control activities. Any vendor performing real property construction is supposed to be registered as a contractor with the Georgia Department of Revenue. To assist you in the determination of sales and use tax responsibility we have prepared the following:

Answer the following for work performed for Georgia Power Company (GPC):

Are you registered for sales tax purposes in the State of Georgia?

Yes  No  Contractor Registration Number **214**-\_\_\_\_\_

Dealer Registration Number - \_\_\_\_\_

**NOTE:** If **yes**, and the first three digits of the registration number are **214**, you are responsible for paying sales tax on all equipment, materials and supplies used in performing services under any contract with GPC. If you answered **no**, but the services you perform involve construction, improvement, modification or repair of real property, you are considered to be a contractor under Georgia law and are responsible to pay sales tax on all equipment, materials and supplies you use in performing services under any contract with Georgia Power Company ("GPC").

If **not** registered as a contractor, do you pay sales or use tax when purchasing equipment, materials and supplies to be used in fulfilling contracts?

Yes  No

### 3. In Mississippi:

For work performed for Mississippi Power Company (MPC), the following will apply:

MPC will discuss tax issues in a pre-bid meeting and then again upon award. Per the information below from the Mississippi Department of Revenue, the contractor is required to apply for a Material Purchase Certificate for each project that includes the construction, improvement or repair of real property. Contracts for the maintenance of machinery and equipment *do not qualify* as real property contracts and tax must be accrued and paid by MPC under its' direct pay authority.

The following provides a brief summary of Sales and Use Tax information for construction contractors in Mississippi. The Sales Tax Law levies a 3 1/2% contractor's tax on all non-residential construction activities when the total contract price or compensation received exceeds \$10,000.00.

Prior to beginning work, the prime contractor(s) is required to apply for a [Material Purchase Certificate](#) (MPC) for the contract. For non-residential contracts exceeding \$75,000.00, the contractor's tax and any use tax due must be paid before work begins. An exception to paying the taxes due requires that a surety bond is filed with the DOR to guarantee payment of the taxes. All contractors without a physical location in Mississippi are required to prepay the taxes due or bond all contracts over \$10,000. Contractors with a physical location in Mississippi are required to bond or prepay the taxes due on all contracts over \$75,000.

The 3 1/2% contractor's tax is imposed against the prime contractor and is due on all non-residential, commercial contracts regardless of whether or not the owner is a governmental, exempt, or non-profit entity. As example construction contracts for the U.S. Government, the State of Mississippi, a non-profit hospital, or a church are subject to the tax.

**“HIRE MISSISSIPPI” – RESIDENT CONTRACTOR UTILIZATION RULE**

**SUPPLIER SELF-CERTIFICATION FORM**

Mississippi Power Company is a public utility as that term is defined in Miss. Code Ann. §77-3-3(d)(i) and therefore is subject to the exclusive original jurisdiction of the Mississippi Public Service Commission. In August 2017, the Public Service Commission finalized and adopted its “Hire Mississippi” rule as part of an effort to foster, encourage, enable and facilitate economic development in the State of Mississippi, specifically, the hiring of Mississippi resident contractors to perform certain utility contracts. In order to meet its tracking and reporting requirements under the new rule, Mississippi Power must obtain written representation from its contractors, subcontractors and suppliers regarding certain corporate and employee information. Please complete the following sections, which Mississippi Power must maintain as part of its records.

1. Please provide the name of your business:

\_\_\_\_\_.

2. Are you or your business domiciled and/or have your principal place of business in the State of Mississippi, or do you otherwise certify that you are a “Resident Contractor” as defined in the “Hire Mississippi” rule?

\_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**

3. Pursuant to § 108 of the “Hire Mississippi” Rule, please indicate what percentage of your employees are Mississippi residents:

\_\_\_\_\_

The undersigned individual affirms that he/she is the authorized representative of the above named business; is authorized to execute this certification on its behalf; and the above information is accurate, true and complete. In addition, the undersigned understands that the information provided in this certification is subject to verification.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Electronic Payment Request Form

\_\_\_\_\_ (Print the suppliers name that should be used for payment) does hereby authorize Southern Company and/or its affiliates to initiate electronic funds transfer credits owed, authorizes the financial institution below to credit such entities directly to the account below, and does hereby agree to be bound by the National Automated Clearing House (NACHA) Operating Rules relating to corporate payment entries.

**Supplier's Remit To Address:** \_\_\_\_\_  
 (As it appears on your invoice)

### Bank Information

**If available, please provide a voided copy of a check along with this application to verify your Bank Account and ABA Numbers for use by Southern Company and/or its affiliates.**

**Please check appropriate box and complete banking information below:**

- This will be my first payment from Southern Company and/or its affiliates.
- I'm currently receiving check payments for Southern Company to the below referenced mailing address.
- I'm currently receiving direct deposit payments for Southern Company and need to change my banking information.

**Current Bank Account Information on File**

If changing direct deposit account information from one account to another, complete the **Current Bank Account** and **New Bank Account Information** boxes.

Account Holder's Name:  
 \_\_\_\_\_

Bank Name:  
 \_\_\_\_\_

Bank Routing No.:  
 \_\_\_\_\_

Bank Account No.:  
 \_\_\_\_\_

Bank Address:  
 \_\_\_\_\_

**New Bank Account Information**

If not currently receiving direct deposit payments, complete the **New Bank Account Information** portion on this form.

Account Holder's Name:  
 \_\_\_\_\_

Bank Name:  
 \_\_\_\_\_

Bank Routing No.:  
 \_\_\_\_\_

Bank Account No.:  
 \_\_\_\_\_

Bank Address:  
 \_\_\_\_\_

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This authorization shall remain in full force and effect until Southern Company and/or its affiliates has received an updated Electronic Payment Request Form or revocation from the supplier at G2SOCOACHREMIT@SOUTHERNCO.com or via fax at 205-257-0179. At least three (3) days' notice is required to change or revoke this authorization.

### Account Holders Approval and Contact Information

|   |                                  |
|---|----------------------------------|
| <b>Account Holder's Signature:</b>                                      | <b>Date:</b>                     |
| <b>**must have authority to update account remittance information**</b> |                                  |
| <b>Print Name:</b>  | <b>Title:</b><br>(if applicable) |
| <b>Remittance Email Address:</b>  | <b>Phone No.:</b>                |

**Please return the completed form to:**  
**ATTN: Supplier Information & Process Solutions**  
**Fax: (205) 257-0179 or Email: G2SOCOACHREMIT@SOUTHERNCO.com**  
**Inquiries can be directed to the SIPS Helpdesk @ (205) 257-2570**