

Request for Taxpayer Identification Number and Certification

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

Substitute

Print or Type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. Or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregard entity, see Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">+</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">+</td> <td style="width: 25%;"></td> </tr> </table>		+		+	
	+		+		
or					
Employer Identification number					
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	+				

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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. person (including a U.S. resident alien).

Certification instructions. You must cross out item **2** above if you have been notified by the IRS that you 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 debit, contributions to an individual retirement arrangement (IRA), and generally, payment other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Part III Enter your Dunn and Brad Street Number

Dunn and Brad street number					
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	+		+		

Sign Here Signature of U.S. person ▶

Date ▶



**Department of Justice
Federal Prison Industries, Inc.
Recycling Business Group**

**UNICOR Recycling Facility
Customer Registration Form**

Corporation Name	
Billing Address:	
Telephone:	
Fax:	
Email Address:	
Point of Contact Sales:	
Point of Contact Billing:	
Federal Tax ID#:	
Dun&Bradstreet #:	
Type of Business (i.e., small, minority, women owned, government, federal, state, county, local)	

Note: Federal Tax identification number can be used to collect and report on any delinquent amount arising out of relationship with the government.

Customer Signature

UNICOR staff must escort all customers. All customers will adhere to UNICOR's right to surveillance. Items purchased at UNICOR's Recycling Facilities will be recycled/recovered/reused in accordance with all federal, state, and local laws, ordinances and regulations. Any items purchased at UNICOR and later deemed unusable may be returned to UNICOR for recycling at the customer's expense.

(To be completed by UNICOR Business Office & Forwarded to CSC)

SAP Customer #: _____ Approved by: _____ Date: _____

BUSINESS CREDIT APPLICATION

Business Name _____ Date _____

Address _____ City _____

State _____ Zip Code _____

Billing Address if different than above:

Address _____ City _____

State _____ Zip Code _____

Owner/Manager _____ Tel. No. _____

FAX No. _____ E-Mail _____

How long in business _____

Previous Business Name if Applicable _____

Trade References:

Name _____ Address _____ Phone: _____

Name _____ Address _____ Phone: _____

Name _____ Address _____ Phone: _____

Name _____ Address _____ Phone: _____

Pending lawsuits against Company:

The undersigned authorizes inquiry as to credit information, including a credit report prepared by an outside credit-reporting agency.

IF purchasing authority is granted:

The Recycling Business Group terms and conditions of sale are COD: purchases over \$1,000 are to be by Certified Check, Money Order or Credit Card; purchases under \$1,000 are to be by pre-printed Company Checks. This privilege, if granted, may be withdrawn at any time.

Signature _____ Title _____ Date _____

Notice: All transactions conducted by this business will be reported to an outside credit-reporting agency.



**Department of Justice
Federal Prison Industries, Inc.
Recycling Business Group**

Certification of Recovery/Recycling

I, _____, as a duly authorized agent of _____, affirm that all non-working Monitors/CRTs purchased by _____ are repaired or recycled in accordance with all applicable local, state, and federal laws and regulations. All glass and circuit boards from unrepaired monitors/CRTs are completely recycled with none of these materials being landfilled or dumped. I agree to inspections of my facilities at any time by Federal Prison Industries, Inc. (UNICOR) representatives and have obtained the same right of inspection by UNICOR from any company accepting material from _____, which was originally purchased from UNICOR. _____ agrees to indemnify and hold harmless UNICOR, it's officers, agents, and representatives from any and all claims arising from disposition of this material by _____ it's agents, or customers. _____ will be responsible for all liabilities associated with the proper care, handling and disposition of all materials.

This agreement applies to all current and future purchases unless specifically waived by both parties in writing.

Signed: _____

Printed Name: _____

Date: _____



**Department of Justice
Federal Prison Industries, Inc.
Recycling Business Group**

Customer Certification and Letter of Assurance

We understand that Federal Prison Industries (UNICOR) may provide us with products, including hardware, software, and/or technology, that may be subject to United States and other government export control regulations and restrictions. We also understand that, under these restrictions, UNICOR's delivery of these products to us may take place only after UNICOR has received written assurances from us.

Accordingly, we hereby agree:

- ÷ That we will not transfer, export, or re-export, directly or indirectly, any products acquired from UNICOR to **Cuba, Iran, Iraq, North Korea, Libya, Sudan, and/or Syria**, or any nationals thereof, or to any other country subject to restriction under applicable laws and regulations, and that we are not located in, under control of, or a national or resident of any such country.
- ÷ That we will not use the products in any activity related to the development, production, use, or maintenance of "Weapons of Mass Destruction", including without limitation, uses related to nuclear, missile, and/or chemical/biological development and that we will not transfer, export, or re-export, directly or indirectly to any party engaged in any such activity; if we are engaged in such activities, we acknowledge that we could be subject to BXA licensing requirements.
- ÷ That we will not transfer, export, or re-export, directly or indirectly to any party listed as prohibited from receiving products by the U.S. Government or prohibited by applicable law and that we are not on, or under control of anybody on any such list.
- ÷ That we will comply with all applicable regulations and restrictions whenever we transfer, export, or re-export products obtained from UNICOR.
- ÷ That we have not changed the verbiage from the template received from UNICOR and if changes are necessary we will contact UNICOR.

Signature/Title

Date

Company Name



**Department of Justice
Federal Prison Industries, Inc.
Recycling Business Group**

Material Disposition Checklist – Form # RBG0010c

UNICOR warrants the disposition of recyclable materials processed in its operations for compliance to all applicable federal, state and local regulations. Additionally, landfilling or overseas disposition is only acceptable under severely limited conditions. To insure the highest standards of recycling are achieved, UNICOR requires buyers to certify the ultimate disposition of all materials.

By completing this checklist, you are agreeing that your company/organization is in compliance with federal, state and local regulations. UNICOR has guaranteed to their material providers that “due diligence” process has been completed to ensure them that all vendors and reprocessors utilized by UNICOR follow all requirements that meet all federal, state and local environmental laws and regulations.

A copy of your check list and certifications will be provided to UNICOR’s customers on a requested basis.

As a prerequisite to future purchases and a pre-audit step to current agreements, your cooperation is solicited to complete the attached forms.

Mailing Address: Federal Prison Industries, Inc.
320 First Street, NW
Washington, DC 20534
Attn: Tanya Sewell, Management Analyst
Recycling Business Group
Bldg 400, 4th Floor

Overnight Address: Federal Prison Industries, Inc.
400 First Street, NW, 4th Floor
Washington, DC 20534
Attn: Tanya Sewell, Management Analyst
Recycling Business Group
202-305-3758

Fax Number: 202-305-3557

Purchaser's Certification of Material Disposition Checklist

General Information:

Facility Name: _____

Location (processing facility)

Street Address: _____

City: _____

County: _____

State, Zip Code: _____

Principal Site Contact:

Name/Title: _____

Telephone: _____

Fax: _____

E-mail: _____

Person Completing this Form:

Name/Title: _____

Telephone: _____

Fax: _____

E-mail: _____

Date: _____

Ownership

Facility Occupant: _____

Name and address of legal owner of the property, if leased:

Has ownership changed in the last 3 years? If so, list names (of businesses), contacts, phone & fax numbers of former owners.

Name: _____

Address: _____

Contact: _____

Phone/Fax: _____

Years in Business: _____

Size of facility _____ sq. ft. Production/Storage

Number of Employees: ____ Production ____ Administrative

EPA number is: _____

What are the waste stream characterization codes specified in the EPA applications? (e.g., D001)? _____

Which items are determined as Exempt Small Quantity Generator? _____

Which items are determined as Small Quantity Generator? _____

Which items are determined as Large Quantity Generator? _____

In the past five years has your company had any citations from the EPA or a State regulatory agency? Yes ____ No ____

If yes, specify dates, places, agency, and resolution.

Other regulatory licenses/permits:

Specify and forward a copy of any **certifications** related to your operation:

International Association of Electronics Recyclers (IAER) _____ (yes/no)

Are you a member of IAER? _____ (yes/no)

ISO 9001:2000, Quality Management Systems _____ (yes/no)

ISO 14001:2004, Environmental Management Systems _____ (yes/no)

Do you have an environmental management system (EMS)? _____ (yes/no)

Are regular environmental, health and safety audits completed? _____

Are copies on file for review? _____

Specify any pending or completed litigation against your company within the past five years: _____

Summary of operations and services offered: _____

Do you carry Environmental liability protection? ____ yes ____ no

Is so, please provide a schedule or copy of the insurance policy and indicate amount of insurance coverage.

Do you carry General Liability insurance? ____ yes ____ no

How much coverage? _____

Do you carry any other type of insurance? ____ yes ____ no

What type? _____

Reprocessors:

Permits (indicate permit number assigned):

Air permit _____

Storm water permit _____

Solid waste permit _____

Business permit _____

Zoning permit _____

Transportation/licensure

Reprocessors:

Identify federal, state and local environmental agency contacts:

RCRA/Hazardous Waste: _____
Air: _____
Water: _____
Solid Waste: _____
Health & Safety: _____

As a purchaser of material from Federal Prison Industries, Inc. (UNICOR), I understand my responsibility to meet environmental regulations and to uphold the “no landfill” UNICOR policy.

What do you do with the electronic equipment or components you receive from UNICOR?

Refurbish equipment for use by another user? ___ yes ___ no
Demanufacture equipment and sell components and parts? ___ yes ___ no
Send materials to a metals reclamation plant or smelter ___ yes ___ no
Process the plastic, metal and glass and ship these to ___ yes ___ no
 other companies for use in production of recycled products?
Subcontract the work to another facility? ___ yes ___ no
Do you process items domestically? ___ yes ___ no

Export Information:

If exported, can you provide evidence of appropriate ___ yes ___ no
 shipping documents, or customs manifests?
If exported, can you provide evidence of due diligence ___ yes ___ no
 Similar to that for domestic markets? Can you provide evidence that all materials
 are legally imported and are in compliance with all national and international
 laws?

What materials does your company receive from UNICOR?

Provide for each vendor, certificate of reuse/disposition from end buyer.

Monitors/Terminal/CRTs---- Yes _____ No _____

These are Re-sold (includes, but not limited to sale after repair/refurbish, or combination with other material.) Yes _____ No _____

If yes, answer the following:

Sold as retail or wholesale? _____

Are any buyers non-US Companies? _____

Are any exported, by your company or by any customer? _____

If exported provide export destination (Country) and customer

If processed domestically provide end buyer information

CPUs-----Yes ____ No _____

These are Re-sold (includes, but not limited to sale after repair/refurbish, or combination with other material.) Yes _____ No _____

If yes, answer the following:

Sold as retail or wholesale? _____

Are any buyers non-US Companies? _____

Are any exported, by your company or by any customer? _____

If exported provide export destination (Country) and customer

If processed domestically provide end buyer information

Printers/Copiers/Fax Machines----Yes ____ No _____

These are Re-sold (includes, but not limited to sale after repair/refurbish, or combination with other material.) Yes _____ No _____

If yes, answer the following:

Sold as retail or wholesale? _____

Are any buyers non-US Companies? _____

Are any exported, by your company or by any customer? _____

If exported provide export destination (Country) and customer

If processed domestically provide end buyer information

Mainframes/Servers----Yes ____ No _____

These are Re-sold (includes, but not limited to sale after repair/refurbish, or combination with other material.) Yes _____ No _____

If yes, answer the following:

Sold as retail or wholesale? _____

Are any buyers non-US Companies? _____

Are any exported, by your company or by any customer? _____

If exported provide export destination (Country) and customer

If processed domestically provide end buyer information

Components/IC Boards/Phone equipment/Radios----Yes _____No _____

These are Re-sold (includes, but not limited to sale after repair/refurbish, or combination with other material.)

Yes _____ No _____

If yes, answer the following:

Sold as retail or wholesale? _____

Are any buyers non-US Companies? _____

Are any exported, by your company or by any customer? _____

If exported provide export destination (Country) and customer

If processed domestically provide end buyer information

Scrap Metals/Plastics----Yes _____No _____

These are Re-sold (includes, but not limited to sale after repair/refurbish, or combination with other material.)

Yes _____ No _____

If yes, answer the following:

Sold as retail or wholesale? _____

Are any buyers non-US Companies? _____

Are any exported, by your company or by any customer? _____

If exported provide export destination (Country) and customer

If processed domestically provide end buyer information

Other Material

(Specify) _____

Is this re-sold (includes, but not limited to sale after repair/refurbish, or combination with other material.)?

Yes _____ No _____

If yes, answer the following:

Sold as retail or wholesale? _____

Are any buyers non-US Companies? _____

Are any exported, by your company or by any customer? _____

If exported provide export destination (Country) and customer

If processed domestically provide end buyer information

Does your operation create any Hazardous Material waste? Yes ___ No ___ If yes, specify what type of waste (Batteries, mercury, etc.), and the final disposition (name and address of disposer or recycler) _____

What other wastes are created, and what is their final disposition? _____

Are any wastes landfilled? Yes ___ No ___

If yes, specify by material description, quantity per month, and the address and name of the landfill. _____



**Department of Justice
Federal Prison Industries, Inc.
Recycling Business Group**

Certificate of Relationship/Association Disclosure

I hereby certify that I am not related to any inmate confined within the Federal Bureau of Prisons (BOP) nor do I have any business venture or social association with any inmate in BOP custody. I also attest that I do not have any business or social association with a member of an inmate's family, nor do I represent any business or company, which is owned or operated by a member of an inmate's family. My signature below attests to these facts.

CERTIFICATION: Pursuant to 28 United States Code 1746, I certify under penalty of perjury that the above statement is true and correct.

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. Executed on this ____ day of _____, 200__.

Signature: _____

Printed Name: _____

Company Name: _____

Address: _____



**Department of Justice
Federal Prison Industries, Inc.
Recycling Business Group**

Certification of No-Landfill

I, _____, as a duly authorized agent of
_____, affirm that all material
purchased from a UNICOR Recycling Factory is either re-sold, reprocessed, or repaired
for reuse. None of the material purchased from a UNICOR Recycling Factory will be
placed in a landfill or exported for dumping.

This agreement applies to all current and future purchases unless specifically waived by
both parties in writing prior to purchase.

Signed: _____

Printed Name: _____

Date: _____