ENUMCLAW FIRE DEPARTMENT

1330 Wells Street Enumclaw, WA 98022
Telephone (360) 825-5544 Fax: (253) 856-6341
www.EnumclawFire.org – EFD@EnumclawFire.org

MRSC Rosters Registration

Enumclaw Fire Department utilizes MRSC Rosters for its Small Works Roster, Consultant Roster, and Vendor Roster programs in accordance with RCW 52.14.110 and Chapter 39.04 RCW. To be eligible to work on projects using the roster process and/or to be one of our suppliers, you are required to register (for free) at www.mrscrosters.org. Click on the blue Business Membership button on the right, create an account and select Enumclaw Fire Department in your account. If you are already a member of MRSC Rosters, simply just select Enumclaw Fire Department in your account. For registration questions, please contact MRSC Rosters at mrscrosters@mrsc.org or 206-436-3798.

Taxpayer ID Number

Please complete, sign, and return the enclosed **Vendor Set-Up Form.** Make sure to complete each section of the entire form, incomplete forms will not be accepted.

The Enumclaw Fire Department is required by federal law to obtain a valid taxpayer identification number (TIN) and other information necessary to comply with Internal Revenue Service (IRS) reporting requirements. Vendors may be required to provide a completed IRS Form W-9 before payments can be processed.

The Enumclaw Fire Department may issue IRS information returns, including Forms 1099, as required by federal law. Failure to provide requested tax information may result in delayed payments or federal backup withholding at the applicable IRS rate.

Prevailing Wages

Public works contractors shall pay prevailing wages and shall comply with chapter RCW 39.12 and chapter RCW 49.28. A Notice of Intent to Pay Prevailing Wages and prevailing wage rates for the project must be posted on the project site. The contractor and its subcontractors shall submit all required Intent to Pay Prevailing Wages and Affidavit of Wages Paid forms to the Washington State Department of Labor & Industries. Final payment shall be withheld until Enumclaw Fire Department receives confirmation from the Department of Labor & Industries that all applicable prevailing wage requirements have been satisfied. The contractor attests that it has not been cited for two prevailing wage violations within the preceding five (5) years and is not prohibited from bidding on or performing public works contracts in Washington State. The contractor shall not utilize any subcontractor that is similarly prohibited.

Contractors claiming an exemption from prevailing wage requirements must complete and submit the attached **Prevailing Wage Exemption Certification** identifying the applicable exemption under Washington law. Failure to provide the certification may result in the contractor being required to comply with all prevailing wage filing and payment requirements.

Additional information regarding Prevailing Wages (including Prevailing Wage Rates) can be found at: https://lni.wa.gov/licensing-permits/public-works-projects/contractors-employers/

VENDOR SET-UP FORM

ENUMCLAW FIRE DEPARTMENT

1330 Wells Street Enumclaw, WA 98022
Telephone (360) 825-5544 Fax: (253) 856-6341
www.EnumclawFire.org – EFD@EnumclawFire.org

PREVAILING WAGE EXEMPTION CERTIFICATION

Complete this form only if claiming an exemption from Washington State prevailing wage requirements for an applicable public works project.

The Contractor represents, under penalty of perjury under the laws of the State of Washington, that all individuals performing work under this contract are exempt from prevailing wage requirements pursuant to WAC 296-127-026.

The Contractor further certifies that the only individuals providing services under this contract are:

- The sole owner or spouse of the owner of the Contractor's business;
- A partner owning at least thirty percent (30%) of the Contractor's business; or
- The president, vice president, or treasurer of the Contractor's corporation, provided such officer owns at least thirty percent (30%) of the corporation.

Contractor Signature: _____

Printed Name: _____

Title: _____

Date: _____

ENUMCLAW FIRE DEPARTMENT

1330 Wells Street Enumclaw, WA 98022
Telephone (360) 825-5544 Fax: (253) 856-6341
www.EnumclawFire.org – EFD@EnumclawFire.org

Customer Information

Legal Name: Enumclaw Fire Department
Taxpayer Identification Number (TIN): 91-1131414

Billing/Mailing Address: Enumclaw Fire Department
1330 Wells Street
Enumclaw, WA 98022
Phone: (360) 825-5544
Email: efd@enumclawfire.org

Vendor Payments

Enumclaw Fire Department issues vendor payments once per month. Payment terms are **Net 30** from receipt of a properly submitted invoice.

A properly submitted invoice includes:

- Vendor name
- Invoice number
- Invoice date
- Description of goods or services provided
- Invoice amount
- Applicable purchase order number, if issued

Invoices should be submitted to:

Email: efd@enumclawfire.org

Mail: Enumclaw Fire Department
Accounts Payable
1330 Wells Street
Enumclaw, WA 98022

VENDOR SET-UP FORM

ENUMCLAW FIRE DEPARTMENT

VENDOR SET-UP FORM

Please fill out completely. An incomplete form will create a delay in our payment(s) to you and your payments(s) could be subject to the IRS required back up withholding.

LEGAL BUSINESS NAME (Associated with Federal Tax ID Number)

DBA / PAYEE NAME (if different than Business Name)

BUSINESS ADDRESS

PAYMENT REMIT-TO ADDRESS (if different than Business Address)

CITY STATE ZIP CODE

CITY STATE ZIP CODE

PHONE NUMBER / FAX NUMBER

EMAIL ADDRESS

Taxpayer Identification Number (TIN): _____

☐ Signed IRS Form W-9 is attached.

Check One: This business is: **(Please complete entire section)**

☐ Minority-Owned ☐ Women-Owned ☐ Veteran-Owned ☐ Not Applicable

Vendor Type: Check the appropriate box:

☐ Individual / Sole Proprietor
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust / Estate
☐ LLC – Taxed as C Corporation
☐ LLC – Taxed as S Corporation
☐ LLC – Taxed as Partnership
☐ Other (please specify) _____

Check One: This business is **EXEMPT** from Form 1099 reporting?

☐ Yes ☐ No

If Yes, complete the exemption category section below.

Do you pay sales tax to the State of Washington? ..... ☐ Yes ☐ No

Do you require the use of Purchase Orders? ..... ☐ Yes ☐ No

Check here If **EXEMPT** from Form 1099 reporting, check the applicable exemption category below:

☐ **1.** Corporation (certain payments, including attorney payments and certain medical or healthcare payments, may still be reportable)
☐ **2.** Tax-exempt organization under Internal Revenue Code Section 501(a)
☐ **3.** The United States government or any of its agencies or instrumentalities
☐ **4**. A state, the District of Columbia, the District of Columbia, or any political subdivision thereof
☐ **5.** A foreign government or any of its political subdivisions
☐ **6**. Other (please specify) _____

Under penalties of perjury, I certify that:

1. The information provided on this Vendor Setup Form is true, correct, and complete to the best of my knowledge.
2. The taxpayer identification number (TIN) provided on this form is correct, or I am waiting for a number to be issued.
3. A current, signed IRS Form W-9 is attached.
4. I am authorized to complete and sign this form on behalf of the vendor identified above.

Certification: Authorized Signature:_____ Date:_____

Printed Name:_____

Title: _____