Baton Rouge Subcontractor Hire Packet Checklist

(Pre-Hire Forms)

- General Information for Sub-Contractors
- Job Packet Contents
- Job Labor Sheet
- Completion Certificate
- Incompletion Certificate
- Contractor Reorder Form
- Contest and Bonuses – Production & Recruiting
- Email Policy

(Items to return to Accounting)

- Subcontractor Personnel Record
- Louisiana Version Installation Contract
- New Installer Training Syllabus
- Declaration of Contractor Status
- Production Guidelines
- Incompletion Guidelines
- Confidentiality Agreement
- Copy of lead certification (RRP certification)
- Copy of Work Comp and General Liability Policy naming Window World as additional insured and with limits as required by the Installer Contract
- Copy of Auto policy with 100-300-100 limits
- Copy of Driver's License
- Copy of Social Security card
- W-9
- Direct Deposit Form
- EPA RRP Firm Certification (or proof of application)
- Photo emailed for Badges

Make sure all forms are properly filled out and signed and dated, including field supervisor signatures and employee id.

_____ WW Badge Ordered _____ Lead Badge Ordered

General Information for Sub-Contractors

What are we looking for?
Looking ideally for high volume replacement window sub-contractors, less so for remodeling contractors, even less for carpenters and carpenter helpers. All carpenters and remodeling contractors can do the actual work, but understanding how to do the volume work, talk to and satisfy customers, understanding that some windows are easy, some are hard, and getting the job done is how you get paid—what I call the entrepreneurial attitude--all that comes from experience as a sub for a volume window company. Actually, we're not hiring you to install windows. We're hiring you to get a signed completion certificate and the balance due on the contract.

What do we require?
Sub-contractors furnish all labor, truck and expenses, and tools, and must carry a million dollar general liability and worker's comp that covers them as well as their helpers. On a case by case basis, some well qualified contractors will be allowed to work for a limited time until they get their insurance, but we deduct 30% of their payments to cover our insurance costs, so it is much cheaper to get your own.

Who are we?
We are a 25 year old Louisiana company specializing in windows. We sell a premium quality window at great prices and we were probably selling more replacement windows in New Orleans before Katrina than everybody else put together. We kept the same prices after the storm, so we are very popular. We ordered 10,000 windows in March.

What are most contractors' concerns?
We have plenty of work, and that it will last for a long time. This is the biggest remodeling project in the world, and we have most of the windows.
You don't have to chase around for the work. We find the customers, schedule the jobs.
Our guys really make the money advertised.
There are places to stay. Our offices and warehouse are located in Baton Rouge, about 50 miles from most of the work, and undamaged by Katrina.
This is a substantial, established company that pays fairly.

How much do you pay?
Our 2-3 man crews install 80 to 130 windows a week, averages about 45 to 50 dollars per window, so that's 3 to 6 thousand bucks a week for a 2 man crew.

How can they do that? What got you to call was this ad.
The most typical installation is a single pane aluminum window coming out of brick veneer. We measure our window tight to the brick; it slides in and stops at the jamb. Caulk inside, and generally just caulk or snap on trim on the outside. Almost no brake work.
Jobs are geographically close, so many guys take maybe an 18 and a 7, or a 12 and a 15 in one day.

What kind of operation is this?
Our staff schedules jobs; windows are pulled by warehouse crew, paperwork ready. Warehouse opens at 6:30; you load up and head to the job.
The company supplies all materials—caulk, coil stock, any extra trim needed to complete the job.
We pay weekly on Friday, for completed jobs turned in on Wednesday by noon.

Can I get plenty of windows?
You complete yesterday's jobs, we'll load you up with as many as you can handle.

8405 Airline Highway, Baton Rouge, LA 70815 866-946-3189

Contents of Job Packet
Issued with every job

- Yellow copy of contract, or copy of original
- Yellow copy of Quality Control Sheet, or copy of original
- Copy of Order Form
- Job Labor Sheet
- Two part Completion Certificate with job information filled out

- For Finance Jobs, American General Completion Certificate and notice, filled out.

Installers should each have 5 Contractor Reorder Forms and 5 Incompletion Certificates, kept in folder in their trucks, at all times.

Completion Jobs
Issued with every Completion Job

- Copy of Contractor Reorder Form
- Copy of original Incompletion Form
- Copy of original Contract
- Copy of original Quality Control
- Service Notes job page

Window World Labor Sheet

Customer: | **ID#:** | **Contractor:**

Address:

City / State: | **Region:** | **Salesman:**

Phone #1:

Phone #2:

Phone #3:

	Contract Units	Actual Units		Pay	Total
Install Window			x	29	
Impact Window (add)			x	10	
Sliding Patio Door			x	125	
Remove Aluminum Window			x	10	
Remove Steel Window			x	20	
Remove Aluminum In Stucco			x	30	
Remove Steel In Stucco			x	40	
Structural Mull			x	35	
Custom Jamb/Sill Cutback			x	20	
Install Exterior Capping			x	27	
Install Custom Int/Ext Trim			x	15	
Repair Sill OR Jamb (per ft)			x	3	
Install Mullion for multi-unit			x	5	
2nd Story Charge			x	5	
Bay Window Finish & Trim			x	150	
Entry Door			x	125	
Hinged Patio Door			x	250	
Sidelight / Transom			x	25	
Storm Door			x	25	
Header Flashing (req for siding)			x	5	
Install Shutters			x	15	
			x		
			x		
Travel (Paid on Completion)			x		

Office Use Only

Audited Pay:

Auth. By:

TOTAL PAY

Office Use Only

Salesman Labor Charge Back (Explain)

Amount

Did you get a signed completion certificate? yes no **If no, why not?** (Explain on back)

Did you collect the balance due on the job? yes no

I agree to perform all work in a professional manner. I understand that I am responsible for all taxes, Worker's Comp and General Liability related to this contract. Upon payment of this job according to my subcontractor agreement with Window World, I hereby waive any worker's lien rights I may have. I guarantee my work for one full year and agree to repair any defects during that period at no additional cost to Window World or Customer.

Contractor Signature: _____ **Date:** _____

Instructions to Installer

Amt to Collect: $

Explain Differences From Contract

Authorized Misc Labor

(Describe Fully)

Auth. By

Truck Inspection

- ☐ Yard Signs
- ☐ Drop Cloth
- ☐ Trim & Caulk
- ☐ Parts
- ☐ Vacuum
- ☐ Spray Foam

Auth. By

Reasons payment has been authorized

(Field Supervisor Use Only)

- ☐ Job completed and fully paid
- ☐ Other (explain in detail below)

Amount to Pay: $_____

FS Init: _____ **Emp #:** _____

Window World Siding Job Labor Sheet

Customer: | **ID#:** | **Contractor:**

Address:

City / State: | **Region:** | **Salesman:**

Phone #1:

Phone #2:

Phone #3:

	Contract Units	Actual Units		Pay	Per	Total
Install Siding			x	$75.00	Square	
Impact Porch Ceiling			x	$55.00	Square	
Install Soffit Fascia Under 24"			x	$3.00	L/F	
Install Soffit Fascia Over 24"			x	$4.00	L/F	
Install Gable Vents			x	$15.00	Unit	
Wrap Windows			x	$25.00	Unit	
Wrap Post			x	$30.00	Unit	
Wrap Entry Doors			x	$25.00	Unit	
Wrap Garage Doors			x	$50.00	Unit	
Wrap Frieze Board			x	$1.00	L/F	
Wrap Beam			x	$1.50	L/F	
Remove Old Siding			x	$1.00	S/F	
RR Rotton Wood			x	$1.00	S/F	
RR Rotton Fascia			x	$0.50	L/F	
3 Sided Beam			x	$2.50	Unit	
Cut Soffit Vent			x	$0.50	Unit	
			x			
			x			
			x			
			x			
			x			
			x			
			x			
			x			

Office Use Only

Audited Pay:

Auth. By:

TOTAL PAY

Office Use Only

Salesman Labor Charge Back (Explain)

Amount

Did you get a signed completion certificate? yes no **If no, why not?** (Explain on back)

Did you collect the balance due on the job? yes no

I agree to perform all work in a professional manner. I understand that I am responsible for all taxes, Worker's Comp and General Liability related to this contract. Upon payment of this job according to my subcontractor agreement with Window World, I hereby waive any worker's lien rights I may have. I guarantee my work for one full year and agree to repair any defects during that period at no additional cost to Window World or Customer.

Contractor Signature: _____ **Date:** _____

Instructions to Installer

Amt to Collect: $

Explain Differences From Contract

Authorized Misc Labor

(Describe Fully)

Auth. By

Truck Inspection

- ☐ Yard Signs
- ☐ Drop Cloth
- ☐ Trim & Caulk
- ☐ Parts
- ☐ Vacuum
- ☐ Spray Foam

Auth. By

Reasons payment has been authorized

(Field Supervisor Use Only)

- ☐ Job completed and fully paid
- ☐ Other (explain in detail below)

Amount to Pay: $_____

FS Init: _____ Emp #: _____

Completion Certificate

Customer: _____ **Installer:** _____ **Date:** _____

Customer ID #: _____ **Contractor ID #:** _____

CONGRATULATIONS ON YOUR NEW WINDOWS!

In order to maintain our low prices and high quality standards, it is imperative that you inspect your new windows completely before signing this form so that we make as few visits to your home as possible. If anything does not meet your satisfaction, please discuss this matter with our Chief Installer, who will be happy to make any corrections. When you are completely satisfied, please sign and date the bottom of this form.

Yes	No	
☐	☐	Did you and your installer inspect and operate each of your new windows?
☐	☐	Are all of your windows functioning to your satisfaction?
☐	☐	Are all of your screens installed free of defect?
☐	☐	Are all of your windows caulked and sealed to your satisfaction? (Inside and out?)
☐	☐	Is all trash and debris cleaned up to your satisfaction?
☐	☐	Were drop cloths used during your installation?
☐	☐	Was our installer courteous, cooperative, and satisfactory in his workmanship?

If you answered **NO** to any of the above questions, please explain: _____

_____

_____

May we use you as a reference? ☐ Yes ☐ No

I _____ (Homeowner) certify that all of my new windows are installed to my satisfaction, and that I am accepting the workmanship of this installation. I understand that Window World is now only responsible to repair items covered under my new window warranty.

Customer Signature: _____ Date:_____

Installer Signature: _____

NOTICE: PLEASE PAY INSTALLER UPON COMPLETION

Current Balance: _____ Amount Paid Today: _____ Remaining Balance: _____

Type of payment: ☐ Check #:_____ ☐ Credit Card: I authorize Window World to run the following credit card:

No:_____Exp:_____CVS:_____ Authorization No: _____

☐ Finance: I authorize Window World to run my Wells Fargo financing in the amount of $_____

If amount paid differs from current balance due please state why: _____

_____

Customer Signature: _____ Date: _____

INCOMPLETION CERTIFICATE

Customer: _____ **Installer:** _____ **Date:** _____

Customer ID #: _____ **Contractor ID #:** _____

We apologize for our inability to complete your job today. It will now be necessary to reorder window frames or sashes from the factory. In order to complete your job as quickly as possible, please inspect your windows and verify that all of the work except that which requires a reordered part is completed to your satisfaction. If only sashes or screen frames are required, the frames of those windows should be completely installed, trimmed and caulked.

COMPLETED WINDOWS

List completed windows and frames here: (1, 2, 4 etc.) _____

Yes	No	
☐	☐	Did you and your installer inspect and operate each of your new windows?
☐	☐	Are all of your windows functioning to your satisfaction?
☐	☐	Are all of your screens installed free of defect?
☐	☐	Are all of your windows caulked and sealed to your satisfaction? (Inside and out?)
☐	☐	Is all trash and debris cleaned up to your satisfaction?
☐	☐	Were drop cloths used during your installation?
☐	☐	Was our installer courteous, cooperative, and satisfactory in his workmanship?

Comments: _____

I _____ (Homeowner) certify that I have inspected all the completed windows and/or frames listed above and that they have been installed to my satisfaction.

Customer Signature: _____ Date:_____

WHAT HAPPENS NEXT?

Your reorder will be processed immediately. When we receive confirmation from manufacturing, we will call to schedule a completion date, or you may call (866)WIND-189 to schedule a date. Due to manufacturing schedules, it will take approximately three weeks to receive your reorder in our warehouse.

WE WOULD APPRECIATE PAYMENT ON THE PORTIONS OF WORK COMPLETED TODAY! THANK YOU!

Current Balance: _____ Amount Paid Today: _____ Remaining Balance: _____

Type of payment: ☐ Check #:_____ ☐ Credit Card: I authorize Window World to run the following credit card:

No:_____Exp:_____CVS:_____Authorization No: _____

☐ Finance: I authorize Window World to run my Wells Fargo financing in the amount of _____

Customer Signature: _____ Date: _____

Installer Signature: _____ Date: _____

I have reviewed this information in detail and determined it is entirely correct and complete. _____
(Reviewing Field Supervisor Signature)

Page: _____ of _____ Date: _____

Contractor Reorder Form

Customer Name: _____ **Contractor Name:** _____

Cust ID #: _____ **Sales Rep:** _____ **Contractor ID:** _____

Why is this reorder necessary? _____

Charge Back To: ☐ Factory ☐ Installer ☐ Sales Rep ☐ Customer ☐ Window World

Whole Windows that need to be Reordered

Window #	Window Size Written on Order Form	Actual Size of Window you are returning	Reorder Size (Size required to fit opening)	Return Date	Mgr Initials

WINDOW TAG MUST BE RETURNED WITH WINDOW !!!

Screen Frames Only

Window #	Serial #

Sashes Only

Window #	Serial #	Sash Position

Frames Only

Window #	Serial #

I certify that all other work performed on this job is complete and only the items noted on this form are required to complete this job. Furthermore, I acknowledge that I am responsible for the fit of the reordered windows.

Installer Signature: _____ Print Name: _____ Contractor #: _____

I have reviewed this information in detail and determined that it is entirely correct and complete.

Reviewing Field Supervisor Initials: _____ Print Name: _____ Employee #: _____

White - Office Yellow - Completion Contractor

Production Crews Bonuses

Hundred Window Club
Each crew that installs one hundred or more windows in a week receives a $25 gas card at the next pay period, and is included on the Hundred Window Club Roster.

Monthly Productivity Bonus
Each crew that installs 500 or more windows in a month receives $1.00 bonus for each window ordered, e.g. 520 windows equals a $520 bonus. ($1.00 per window up, not to exceed $750)

Recruiting Bonus
Window World is always looking for qualified, aggressive production crews that fit well into our family. Therefore, to encourage recruiting by installers, we offer a $500 bonus for each new crew, based on the following conditions:

- Crew must be approved by management
- No payments for crews recruited by Company efforts or ads
- New crew must install 500 windows to qualify
- Management excluded from this bonus

Definitions
Installed windows means windows that were actually paid on.

Month is determined by the pay dates that fall in that month. For example, September 1 was a Friday pay date, and all of those windows count in September, despite the fact that the work was done in August.

Qualified Crew must have appropriate General Liability and Worker's Comp insurance, and is the legal entity being paid for the windows installed.

Window World

Email Policy

Email is the primary and preferred means that the company uses for official work-related communications. Therefore, every hourly and salaried employee and commissioned sales rep is to be provided with a company email address to be used for work-related communications, and **every contractor is required to provide their own email address** to Window World for the purpose of sending contractors pertinent email communications.

Company email accounts are **not intended to be used for personal purposes**. Any communications via company email accounts are subject to management review. Contractor email accounts are not subject to this policy, as they belong to the contractor.

Company email accounts will be removed if / when the employee is no longer employed with Window World. The company reserves the right to archive the email account of a former employee as needed.

Though not currently required, it is **strongly encouraged that the password for a company email account be changed** from the password first provided to the employee for the email account.

It is also a best security practice to **not give out your email password** to others. One relatively low-risk exception is to provide it to an email administrator for convenience while troubleshooting your email account so he doesn't have to change it temporarily and then have you change it back again.

Work-related email communications are expected to be **professional and appropriate**. Before clicking "Send", read over what you've typed and make corrections as needed. Remember that emails are easy to forward to unintended recipients, so don't include anything that you wouldn't want published to the whole company. Send emails to every person who may be affected by, or who should know about, the information you're sending: do not include people as recipients otherwise. When replying to an email that was sent to multiple recipients, "Reply to All" unless there is reason to do otherwise.

Never, under any circumstances, send credit card payment information (cc# and expiration) via email. There are very strict rules about having this information in electronic form in our computer systems, email is a particularly easy system to breach, and it is difficult to remove this information once it's been sent out. Credit card numbers may be called in or written on paper and handed in.

Window World

Subcontractor Personnel Record

Contractor Number _____

Market _____

Business Name _____ Tax ID: _____

First & Last Name _____

Address Line1 _____

Address Line2 _____

City, State Zip _____

County _____

Phone Numbers (HM) _____ (CELL) _____

Email Address _____

Sex (Circle) (M) (F) Marital Status (S) (M) (W) (D)

Birth Date _____ SS # / Tax Id _____

Emergency Contact _____ Phone _____

INSTALLATION CONTRACT
LOUISIANA

THIS AGREEMENT, made this the _____day of _____, 20__, by and between Window World of Baton Rouge LLC, hereinafter referred to as Contractor and _____, hereinafter referred to as Sub-Contractor,

WITNESSETH:

That the Sub-Contractor and the Contractor, for the considerations hereinafter named, agree as follows:

1. That the Sub-Contractor shall perform all labor for home improvement Contracts assigned to him by the Contractor.

2. That the Sub-Contractor is to furnish all tools and labor and shall be in complete control of the method and time of the installation of vinyl replacement windows and other home improvements and which shall not be subject to the control or supervision by the Contractor, except as to the results of the work.

3. The Sub-Contractor shall be paid a fixed dollar amount for each window and other improvements according to attached schedule; said fixed dollar amounts to be agreed upon by the Sub-Contractor and the Contractor as to each job.

4. The Sub-Contractor and the Contractor agree that Contractor shall have the right to designate the materials to be used by the Sub-Contractor.

5. Receipt of payment from the owner shall be a condition precedent to the right of the Sub-Contractor to receive payment. The Contractor shall not become liable for labor or any amount over the amount agreed upon for each specific job.

6. Sub-Contractor shall comply with and assume full responsibility for payment of all Federal, State, and local taxes or contributions imposed or required under unemployment insurance, workers compensation insurance, social security and income tax laws.

7. a. To the fullest extent allowed by law, the Sub-Contractor shall indemnify, defend and hold harmless the Contractor from and against any and all suits, actions, claims, demands, liens, losses, damages, fines and expenses, including but not limited to attorneys fees, arising out of or resulting from the performance of the Sub-Contractor's work under this contract or any negligent acts or omissions of the Sub-Contractor, the Sub-Contractor's subcontractors, or anyone directly or indirectly employed by them or anyone whose acts they may be liable. This obligation applies whether Sub-Contractor is wholly or partially at fault in causing the damages and applies to indemnify, defend and hold harmless Contractor from and against any liability for Contractor's own fault. The Sub-Contractor shall obtain appropriate insurance to cover the obligation to defend, indemnify and hold harmless the Contractor and shall name the Contractor as an additional insured on the policy of insurance. Sub-Contractor agrees that the cost of the required insurance is covered in the contract price. The Sub-Contractor's obligation

to indemnify and defend is limited to the general liability insurance limits set forth in Section 9.

b. To the fullest extent allowed by law, the Sub-Contractor shall indemnify, defend and hold harmless the Contractor from and against any and all suits, claims, demands, liens, losses, damages, fines, expenses, and penalties, including but not limited to attorneys' fees, arising out of or resulting from any bodily injury to, or sickness, disease, death of any employee, agent, or representative of Sub-Contractor. This obligation applies whether Sub-Contractor is wholly or partially at fault in causing the damages and applies to indemnify, defend and hold harmless Contractor from and against any liability for Contractor's own fault. The Sub-Contractor shall obtain appropriate insurance to cover the obligation to defend, indemnify and hold harmless the Contractor and shall name the Contractor has an additional insured on the policy of insurance. Sub-Contractor agrees that the cost of the required insurance is covered in the contract price. The Sub-Contractor's obligation to indemnify and defend is limited to the general liability insurance limits set forth in Section 9. The indemnification obligations under this paragraph shall not be limited by any limitation on the amount or type of damages, compensation or benefits payable by or for Sub-Contractor under workers compensation acts, disability benefit acts or other employee benefit acts.

8. It is understood and agreed that the Contractor and Sub-Contractor are not partners and that the Sub-Contractor is not an employee, agent, or representative of the Contractor, and that the Sub-Contractor does not have the power or authority to buy materials or contract for labor or anything else in the name of the Contractor. The Sub-Contractor, the Sub-Contractor's employees or agents, and any sub-subcontractor, its employees or agents, are independent contractors and not employees of Contractor. The Contractor does not have the duty to supervise the Subcontractor.

   Notwithstanding the foregoing, the parties recognize, acknowledge, and agree that the services being performed by Sub-Contractor are part of the Contractors trade, business or occupation and that to the extent the Louisiana Workers Compensation Act is applicable, the employees of Sub-Contractor (and its subcontractors, if any), whether direct, statutory, borrowed, or otherwise, are therefore statutory employees of Contractor in accordance with the Louisiana Workers Compensation Act.

9. Sub-Contractor agrees to procure, and at all times maintain in force and effect, policies of insurance providing coverage for itself and its employees and naming Contractor as additional insureds, as set forth in the limits below. Prior to commencement of any services, Sub-Contractor shall deliver to Contractor certificates of insurance evidencing that all such insurance policies and coverages are in force and effect. Neither Contractors acceptance of an incomplete or improper certificate, nor commencement of services or payment for any services hereunder, shall constitute a waiver of any rights of Contractor. For each policy under which Sub-Contractor is an assured, whether or not required by this agreement, Sub-Contractor agrees to waive and agrees to have its insurers specifically waive any rights of subrogation they may have against Contractor. It is further agreed that each such policy shall be primary as respects any other coverage in favor of Contractor and that each such policy shall name Contractor as an Additional Insured with respect to the services provided by Sub-Contractor to Contractor and in connection with any liability directly or indirectly arising out

of or in connection with the services performed by Sub-Contractor. Sub-Contractor shall be solely responsible for deductibles required under such policies. With respect to Workers Compensation coverage, Sub-Contractor agrees to have its insurers specifically name Contractor as additional insured. It is further agreed that Sub-Contractor will ensure that each policy under which Sub-Contractor is assured contains a provision that requires the insurer to give 30 day notice to Sub-Contractor and Contractor of cancellation and/or any change in the coverage of the policy. Sub-Contractor agrees that the cost of the required insurance is covered in the contract price.

Sub-Contractor Insurance Requirements

- General Liability: General Aggregate - $2,000,000
  - Personal and Advertising Injury - $1,000,000
  - Products-Completed Operations - $2,000,000
  - Each Occurrence - $1,000,000
  - Medical Expenses - $5,000
  - Damage to Rented Premises - $100,000
- Automobile Liability:
  - Combined Single Limit - $300,000
  - Bodily Injury (per person) - $100,000
  - Bodily Injury (person occurrence) - $300,000
  - Property Damage - $100,000
- Workers Compensation
  - Each Accident - $100,000
  - Disease (each employee) - $100,000
  - Disease (policy limit) - $500,000

10. This contract can be terminated at the pleasure of either the Contractor or the Sub-Contractor.

11. That the work done by the Sub-Contractor shall be performed in a first class and workmanlike manner under the industry standards and free from defects.

12. That the Sub-Contractor is an independent contractor in the performance of each and every part of this contract and solely and personally liable for the labor and expenses in connection therewith, and for any and all damages which may be occasioned on account of the operation of this contract, whether the same be nor personal injuries or damages of any kind.

13. This Subcontract embodies the entire Agreement between the parties and supersedes any other prior agreements. Sub-Contractor represents that in entering this Subcontract, it does not rely on any previous oral or implied representation, inducement of understanding of any kind.

14. If any provision of this Subcontract is held invalid, such invalidity shall not render this entire Subcontract unenforceable and, in such event, the provision shall be changed and interpreted so as to best accomplish the objectives of the provision to the greatest extent permitted by law.

15. This Subcontract, and all disputes arising out of the Subcontract, shall be governed by Louisiana law.

SIGNATURES ON NEXT PAGE

IN TESTIMONY WHEREOF, the parties hereto have executed this Contract in duplicate originals, one of which is retained by each of the parties, on the day and year first written.

Window World of Baton Rouge, LLC

By: _____

Attest:

_____

Secretary

Sub-Contractor

By: _____

New Installer Training
Syllabus

It is presumed that the new installer is only new to Window World, and that he already has ample experience with large volume window replacement of all types of residential and light commercial windows, and further, that:

- he has all the tools and skills necessary to remove, install, and trim out vinyl replacement windows.
- he has the necessary customer service skills to satisfy all types of customers.
- he understands that some jobs are easy, some are hard, but that the primary factor in completing them is his own technical and customer service skills.

Therefore, the purpose of this training is to familiarize the installer with the processes and paperwork that Window World requires, as well as a few typical installations of the area, in order for him to be as successful as soon as possible within our system.

Step 1. Review all paperwork in Hiring Package, line by line, especially *Production Guidelines*. Get agreement and signatures.

Step 2. Review all processes

Requirements to receive jobs
- Free of callbacks
- Previous jobs resulted

Job Pickup
- Contents of Job package
- Responsibility to confirm all windows, trim, tools, and parts

Customer Contact
- Arrival times
- Initial walk through
- Professionalism—drop cloths, uniforms, truck signs, orderliness, etc.
- Putting the customer at ease
- Final walkthrough

Supervisor and Office Contact
- Regular contact with Field Supervisor throughout day
- Immediate contact with Office AND Field Supervisor with problems
- Resulting of each job prior to leaving home with Field Supervisor or Office.

Job completion
- Completion
- Incompletion
- Collection and finance

Job Returns
- Mismeasures protocol
- Trash and aluminum

Step 3: Spend at least one day with experienced installer doing standard aluminum window out of brick veneer. First assigned job to be accompanied by Field Supervisor.

I acknowledge receipt and complete review of this Syllabus. _____
Date

_____ _____ _____ _____
Contractor Signature **Contr. I.D.** **Field Supervisor** **Emp. #**

Window World of Baton Rouge LLC

DECLARATION OF CONTRACTOR STATUS

I _____, DO HEREBY AGREE AND
(NAME)
ACKNOWLEDGE THE FOLLOWING:

1. **THAT I AM AN INDEPENDENT CONTRACTOR/ SUBCONTRACTOR PERFORMING DUTIES FOR WINDOW WORLD OF BATON ROUGE,**

2. **THAT I AM NOT AN EMPLOYEE OF WINDOW WORLD OF BATON ROUGE FOR INCOME TAX PURPOSES,**

3. **PURSUANT TO IRS REGULATIONS WINDOW WORLD OF BATON ROUGE IS NOT REQUIRED TO WITHHOLD INCOME TAXES FROM MY PAY, NOR PAY FICA**

4. **THAT A FORM 1099 WILL BE PROVIDED TO ME ON OR ABOUT JANUARY 31ST OF EACH YEAR FOR THE PRECEEDING CALENDER YEAR, AND THAT A COPY OF SAID 1099 WILL BE FILED WITH THE IRS AND THE STATE OF LOUISIANA.**

DATE: _____

SIGNED: _____

Window World

Production Guidelines

Expectations

All jobs are to be performed in a first class, workmanlike manner, with great concern for customer satisfaction. Some jobs are easy, some are hard; all require quality work to make it right, including good trim and caulking. Be aware that you are representing the Company at all times. Do not talk down about the Company or other contractors or employees to customers. They don't want to hear it, and it makes you look bad, too. Tuck your shirt in.

Customer Care

Communicate often. If you are arriving after 11am, or late in any way, CALL THE CUSTOMER.
Carry and use drop cloths (outside and inside) and vacuum cleaner.
Make sure the customer knows how much you care about his home.

Pay

Compensation according to attached Job Pay Sheet and Travel guidelines. No additional pay unless specifically authorized in writing. Paid on Friday for completed and paid jobs turned in on previous Tuesday. All paperwork must be completed, signed, and turned into the Office Coordinator. You are responsible for your own expenses and employees, and all tools required for the job. Any additional materials required will be reimbursed, if approved beforehand with a Purchase Order from the office.

Service responsibilities

Installers are responsible for all service on assigned jobs for two years after completion. Installers are responsible for the completion of all jobs assigned, including jobs which require reordered windows or supplies.

Insurance

All contractors are required to have current Workmen's Compensation, General Liability and Auto insurance on file with accounting. It is required that Window World be named additional insured on all policies. If proof of insurance is not on file, or expired, you will not receive any compensation until this is rectified. No jobs are to be handed out until insurance is current and on file.

Job Completion Procedures

- You must get full payment and a Completion (or Incompletion) Certificate before you leave.
- Call Production Supervisor BEFORE leaving Customer's house (during and after hours) and give result of job so that it can be logged into the Production Book. Always give the following information:
  - Your name and customer's name
  - Amount collected, or notice that Finance call has been made
  - If incomplete, give reason
- Finance Jobs: Have customer call American General while you are at job. 225-292-4891
  - **Customer** should let AG know the job is complete and satisfactory.
  - If after hours, **customer** should leave same message on AG answering machine.
- Credit Card Payment: Call office so we can run credit card before you leave the home.
- Turn all paperwork back in to the Production Coordinator every day.

Signage

Yard sign on every job every day!

Pulling Jobs

It is your responsibility to confirm your windows, your paperwork, mull packs, and all trim and supplies before leaving warehouse.

Returning unused or mismeasured windows

No returns or mismeasures brought into warehouse, ever without Field Supervisor approval.
Packing slip must be returned with each window.
Warehouse manager must sign off on Incompletion for all returns in order for pay to be processed.

_____	_____	_____	_____
Signature	Contractor Name	Contractor #	Date

Window World

Incompletion Pay Guidelines

Window World pays contract installers only when the job is completed and paid for. The general exception to this rule is when the size or condition of one or more of the windows, or the style of the sash or the window, make it impossible to complete the job during the original installation. However, in order for a pay sheet on an incomplete job to be processed, ALL of the following conditions must be met:

1. The very best effort has been made to complete the job.
2. The office AND the field supervisor have been notified as soon as concern arises.
3. All windows that can be installed are completed and approved by the homeowner.
4. The ***Incompletion Certificate*** is filled out and signed by the homeowner.
5. At least a partial payment of the balance is made by the homeowner.
6. A complete explanation of the cause of the problem and exact sizes of reorders required must be made on the ***Contractor Reorder Form***.
7. A site visit by a field supervisor confirming the completion of the other windows must be made AFTER the other windows are completed. The field supervisor must turn in an Inspection Form verifying the partial completion.
8. Windows must be checked in (with their labels) by warehouse manager and signed off on ***Contractor Reorder Form***.
9. When the reordered windows come in, it is that contractor's responsibility to complete the job. Sashes and screen replacement will be delivered by the Service Department.

Failure to follow these guidelines may result in your pay being delayed!!

Please acknowledge your understanding of these rules by signing below.

_____
Date

_____ _____ _____ _____
Contractor Signature **Contr. I.D.** **Field Supervisor** **Emp. #**

CONFIDENTIALITY AGREEMENT

THIS CONFIDENTIALITY AGREEMENT (the "Agreement") is made this the _____ day of _____, 20___ by and between **WINDOW WORLD of Baton Rouge, LLC (**"Window World"), and _____, an independent contractor of Window World (collectively referred to as the "Parties).

RECITALS:

WHEREAS, Window World is a licensor engaged in the business of marketing and selling custom-made vinyl windows and vinyl siding for residential and commercial use, and in the course of said business has developed confidential and proprietary trade and design methods, techniques, and secrets, and has also developed marketing and pricing lists and techniques, and has invested time and financial resources into the name "WINDOW WORLD, INC.," and the trade name, "WINDOW WORLD"; Window World, Inc. could be damaged by disclosure of this confidential and proprietary information. As such, Window World, Inc. will directly benefit from this Confidentiality Agreement between its Licensee, Window World of Baton Rouge, and the undersigned.

WHEREAS, the undersigned ("Recipient"), as and independent contractor of Window World ("Disclosing Party") may receive confidential and proprietary information that is a necessary part of their ability to do business on behalf of the Disclosing Party.

NOW, THEREFORE, in consideration for such Confidential Proprietary Information being furnished by Window World, and upon consideration of the mutual covenants and conditions set forth herein:

1. Confidential and Proprietary Information. The Parties stipulate and agree that confidential and proprietary information shall be defined as follows: trade secrets and other information not known or available through sources outside of the Window World business, including but not limited to: forms and the format of forms, contracts, reports, manuals, correspondence, customer lists, computer programs, and existing and prospective customers including the status of negotiations and relationships with customers, vendors and members.

2. Non-Disclosure. Recipient agrees that he/she will not during, or at any time after the termination of his/her work with Window World, use for himself/herself or others, or disclose or divulge to others, including further employers, any confidential and proprietary information.

3. Injunctive Relief. Recipient understands and agrees that money damages will not be a sufficient remedy for any breach of this Agreement because of the special,

unique and protected character of confidential and proprietary information. Disclosing Party therefore be entitled to seek equitable relief, including injunction and specific performance, as a remedy for any such breach. Such remedies will not be deemed to be exclusive remedies for a breach by Recipient, but will be in addition to all other remedies available at law or equity to Disclosing Party. In the event of litigation relating to this Agreement, if a court of competent jurisdiction determines that Recipient has willfully breached this Agreement, then Recipient will be liable for, and will pay to Disclosing Party, the reasonable attorney's fees incurred by Disclosing Party in connection with such litigation, including any appeal therefrom.

5. Headings. The headings contained in this Agreement are for convenience only and shall have no affect on the interpretation or construction of this Agreement.

6. Severability. In the event any terms of this Agreement shall become or be declared invalid or unenforceable, the invalid or unenforceable provision(s) shall to that extent be deemed removed and the remaining provision(s) shall continue to be enforced according to their terms.

IN WITNESS WHEREOF, Window World and _____ has caused this Agreement to be executed as of the date first above written.

WINDOW WORLD **INDENPENDANT CONTRACTOR**

By:_____ _____

Title:_____

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here **Signature of U.S. person** ▶ **Date** ▶

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

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 24% 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 • Sole proprietorship, or • 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, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • 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[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] 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*. 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* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *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* 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[1]
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[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
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[4]
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
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

[1] 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.

[2] Circle the minor's name and furnish the minor's SSN.

[3] 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.

[4] 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*. 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* or report them at *www.ftc.gov/complaint.* You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *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.



Direct Deposit Authorization Agreement

I hereby authorize my employer, Window World of Baton Rouge (hereinafter "COMPANY") to deposit any amounts owed to my by initiation of credit entries to my account at the financial institution indicated below. Further, I authorize the financial institution to accept and to credit and credit indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name: _____ Social Security Number: _____

☐ Start direct Deposit ☐ Change Information

Financial Institution Name (Please Print): _____

Account Number at Financial Institution: _____

Financial Institution ABA Routing Number: _____

Financial Institution City and State: _____

Account Type: ☐ Checking Account ☐ Savings Account

I have contacted my bank and verified my ABA routing number and account number for direct deposit. I realized that these numbers can be different from the numbers on the bottom of my check and/or deposit slip. I have legibly indicated the correct numbers in the appropriate places above. I realize that this will help prevent any delays in setting up my direct deposit.

This authorization is to remain in full force and effect until COMPANY receives notice from me of its termination is such manner to afford COMPANY a reasonable opportunity to act on it. Window World of Baton Rouge reserves the right to discontinue the direct deposit at any time without notice.

Employee Signature: _____ Date: _____

Please attach a voided check here for checking account and a voided deposit or withdrawal slip for savings account.

WINDWOR-01 JLFRY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/30/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Judy Fry
Arthur J. Gallagher Risk Management Services, Inc. 235 Highlandia Drive, Suite 200 Baton Rouge, LA 70810	PHONE (A/C, No, Ext): (225) 292-3515 FAX (A/C, No): (225) 292-3893 E-MAIL ADDRESS: Judy_Fry@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Gemini Insurance Company	10833
INSURER B : Netherlands Insurance Company	24171
INSURER C : Berkshire Hathaway Homestate Insurance Compa	20044
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Subcontractor Name & Address
Baton Rouge, LA

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	X	X	VGGP001043	6/18/2013	6/18/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 100,000 5,000 1,000,000 2,000,000 2,000,000
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	X		BA1018557 LA	6/18/2013	6/18/2014	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT)	$ $ $ $	300,000 100,000 300,000 100,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	LAW001219	1/1/2013	1/1/2014	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	100,000 100,000 500,000

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Certificate Holder
8405 Airline Hwy
Baton Rouge, LA 70815

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: WINDWOR-01 JLFRY

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Arthur J. Gallagher Risk Management Services, Inc.		Subcontractor Name & Address Baton Rouge, LA
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
General liability:
Additional Insured: form CG2010 11-85 or combination of CG2010 1001; & CG2037 1001
Waiver of Subrogation; Blanket or Specific form
General liability policy shall be primary to any other coverage in favor of Contractor
30 day notice of cancellation except 10 days for nonpayment

Workers Compensation:
Waiver of Subrogation
Alternate Employer

Automobile:
Additional Insured

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CNY ENVIRONMENTAL INSTITUTE, INC.

706 North Salina Street | Suite 301 | Syracuse, New York 13208
Phone: (315) 703-0153 | Fax: (315) 703-9637 | TF: (866) 361-4777

Certificate of Attendance and Successful Completion

Renovator Initial - English

Per 40 CFR Part 745.225

Patrick E. Strodel
706 North Salina Street | Syracuse, New York 13208

Certificate Number: R-I-1234-09-00001

Course Date: 5/28/2009
Examination Date: 5/28/2009
Expiration Date: 5/28/2014



Training Manager / Principle Instructor

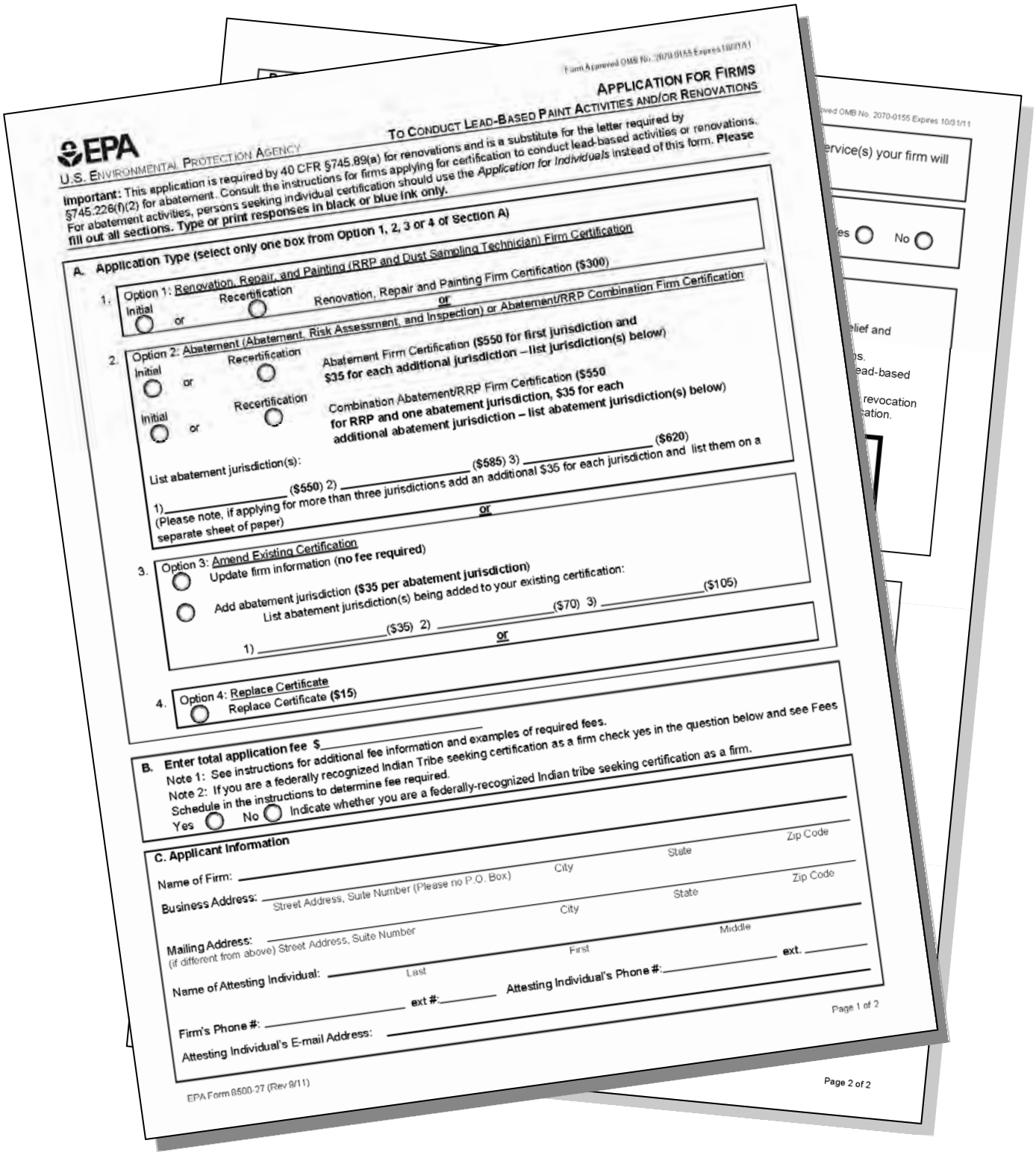
5/28/2009
Date

Sample

United States Environmental Protection Agency | Office of Chemical Safety and Pollution Prevention | EPA 747-B-99-001 September 2011 http://www.epa.gov/lead

Application and Instructions for Firms

Applying for Certification to Conduct Lead-Based Paint Activities and/or Renovations



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Form Approved OMB No. 2070-0155 Expires 10/31/11

U.S. ENVIRONMENTAL PROTECTION AGENCY

APPLICATION FOR FIRMS TO CONDUCT LEAD-BASED PAINT ACTIVITIES AND/OR RENOVATIONS

Important: This application is required by 40 CFR §745.89(a) for renovations and is a substitute for the letter required by §745.226(f)(2) for abatement. Consult the instructions for firms applying for certification to conduct lead-based activities or renovations. For abatement activities, persons seeking individual certification should use the *Application for Individuals* instead of this form. **Please fill out all sections. Type or print responses in black or blue ink only.**

A. Application Type (select only one box from Option 1, 2, 3 or 4 of Section A)

1. Option 1: Renovation, Repair, and Painting (RRP and Dust Sampling Technician) Firm Certification

Initial ◯ or Recertification ◯ Renovation, Repair and Painting Firm Certification **($300**)

or

2. Option 2: Abatement (Abatement, Risk Assessment, and Inspection) or Abatement/RRP Combination Firm Certification

Initial ◯ or Recertification ◯ Abatement Firm Certification **($550 for first jurisdiction and $35 for each additional jurisdiction – list jurisdiction(s) below**)

Initial ◯ or Recertification ◯ Combination Abatement/RRP Firm Certification **($550 for RRP and one abatement jurisdiction, $35 for each additional abatement jurisdiction – list abatement jurisdiction(s) below**)

List abatement jurisdiction(s):

1)_____ (**$550**) 2) _____ (**$585**) 3) _____ (**$620**)

(Please note, if applying for more than three jurisdictions add an additional $35 for each jurisdiction and list them on a separate sheet of paper)

or

3. Option 3: Amend Existing Certification

◯ Update firm information (**no fee required**)

◯ Add abatement jurisdiction **($35 per abatement jurisdiction**)

List abatement jurisdiction(s) being added to your existing certification:

1) _____($35) 2) _____($70) 3) _____($105)

or

4. Option 4: Replace Certificate

◯ Replace Certificate **($15**)

B. Enter total application fee $_____

Note 1: See instructions for additional fee information and examples of required fees.

Note 2: If you are a federally recognized Indian Tribe seeking certification as a firm check yes in the question below and see Fees Schedule in the instructions to determine fee required.

Yes ◯ No ◯ Indicate whether you are a federally-recognized Indian tribe seeking certification as a firm.

C. Applicant Information

Name of Firm: _____

Business Address: _____
Street Address, Suite Number (Please no P.O. Box) City State Zip Code

Mailing Address: _____
(if different from above) Street Address, Suite Number City State Zip Code

Name of Attesting Individual: _____
Last First Middle

Firm's Phone #: _____ ext #:_____ Attesting Individual's Phone #:_____ ext. _____

Attesting Individual's E-mail Address: _____

D. Website Listing

Once certified your firm will be listed on EPA's web based search tool. Please select the type of service(s) your firm will provide:

☐ Renovation ☐ Evaluation ☐ Lead Abatement

E. Lead-Based Paint Activity or Renovation Violation[s]

Does the firm have any past, present, or pending lead-based paint violations of EPA, State, U.S. territory, or Indian tribal land(s) regulations? **If yes**, please attach a written explanation. Yes ◯ No ◯

F. Certification Statement

I hereby attest and affirm the following:

- The information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge.
- This firm shall only employ appropriately qualified individuals to conduct lead-based paint activities and renovations.
- This firm and its employees shall follow the work practice standards set forth in 40 CFR § 745.227 for conducting lead-based paint activities or 40 CFR § 745.85 for conducting renovations at all times.
- I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification.

Attesting Individual's Signature	Title	Date Signed
		__/__/__

(Please sign legibly within the boundaries of the box above.)

Privacy Act Statement: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §§2682 and 2684. The information collected on this form will be used to establish the applicant's eligibility for certification to conduct lead-based paint activities and renovations in target housing and child-occupied facilities. Disclosure of this information is voluntary; however, the failure to provide this information may delay or prevent an applicant's certification. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf; to appropriate law enforcement agencies responsible for investigating, enforcing, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility; an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or the United States has an interest in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.

Before you mail your application and certification fee, make sure that you have:

- Filled out all applicable sections of the application
- Signed and dated the application
- Made a copy of your application for your files
- Enclosed the appropriate certification fees (check or money order)
    - Make check payable to U.S. EPA
    - Printed "*Lead Program User Fees"* on the check or money order
    - For more information, see the fees section of the instructions

Mail original completed application, supporting materials, and the certification fee to:

U.S. EPA
Lead User Fees
P.O. Box 979072
St. Louis, MO 63197-9000

INSTRUCTIONS FOR FIRMS APPLYING FOR CERTIFICATION TO CONDUCT LEAD-BASED PAINT ACTIVITIES AND RENOVATIONS

Firms must apply to the U.S. Environmental Protection Agency (EPA) to be certified or recertified to perform or offer to perform renovations or lead-based paint activities (abatement, inspection, or risk assessment) in states, U.S. territories, and all Indian tribal land(s) in any one EPA Region where EPA implements the lead-based paint certification program. If EPA does not administer the certification program in an area where a firm wishes to work, the firm must apply directly to that state, territory, or Indian tribe for certification. To find out which states are administered by EPA go to website listed below or call the National Lead Information Center at 1-800-424-LEAD (5323):

- For abatement, inspection or risk assessment visit EPA's web page at www.epa.gov/lead/pubs/traincert.htm
- For renovation visit EPA's web page at http://www.epa.gov/lead/pubs/lscp-renovation_firm.htm

Firms must become certified under the Renovation, Repair and Painting Rule to conduct renovations and post-renovation dust sampling. Firms must become certified for lead-based paint activities to conduct abatements, inspections and risk assessments. **EPA has up to 90 days** after receiving a complete request for certification to approve or disapprove the application.

These instructions supplement OMB approved form No. 2070-0155, *Application and Instructions for Firms*. Please note that you must use a separate form for each application type (i.e., initial certification, re-certification, amending certification, adding jurisdictions, or replacement of a certificate).

How to Apply for Initial Certification

Firms submit their application and payment by mail by doing the following:

- Complete, sign, and date EPA form 8500-27 (Rev 09/11). The form can be filled out by hand or by using a fillable form on your computer (www.epa.gov/lead/pubs/firmapp.pdf).
- Calculate the appropriate fee using the fees schedule provided in these instructions.
- Print *"Lead Program User Fees"* on the check or money order for the fee and mail it with your application to the following address:

  U.S. EPA
  Lead User Fees
  P.O. Box 979072
  St. Louis, MO 63197-9000

How to Apply for Re-certification

Firms must be re-certified every five (5) years for renovations and three (3) years for lead-based paint activities (abatement, inspection, risk assessment). You must be recertified by EPA before your current certification expires. EPA therefore recommends that you submit your application for recertification no later than 90 days before your current certification expires. For re-certification, complete all sections of the application and follow the mailing instructions described in the "Initial Certification" section of these instructions.

Combined Applications

Firms can apply for certification under the Renovation, Repair, and Painting Rule and Lead-based Paint Activities Regulations (abatement, inspection, risk assessment) on a single application for a single fee of $550. For Tribal government entities, the fee is $20. Firms that apply on separate applications will have to pay the appropriate fee for each. The lower fee would only apply when a single firm applies for both certifications on the same firm application in a State or Tribe where EPA implements both programs.

Note: Firms may only apply to the U.S. Environmental Protection Agency (EPA) to be certified or recertified to perform or offer to perform renovations or lead-based paint activities (abatement, inspection, or risk assessment) in states, U.S. territories, and all Indian tribal land(s) in any one EPA Region where EPA implements the lead-based paint certification program. If EPA does not administer the certification program in an area where a firm wishes to work, the firm must apply directly to that state, territory, or Indian tribe for certification. To find out which states are administered by EPA go to website listed below or call the National Lead Information Center at 1-800-424-LEAD (5323):

- For abatement, inspection or risk assessment visit EPA's web page at www.epa.gov/lead/pubs/traincert.htm
- For renovation visit EPA's web page at http://www.epa.gov/lead/pubs/lscp-renovation_firm.htm

Amended Application

Any change to the information reported to EPA in a firm's most recent certification application must be reported in an amended certification application. There is no cost associated with the submission of an amended certification.

Amended applications must be sent to the following address:

U.S. EPA
P.O. Box 14417
Washington, DC 20044-4417

Replacement of a Certificate

To replace a certificate, complete only sections A (Application Type), B (Application Fee), C (Applicant Information) and F (Certification Statement) of the application and follow the mailing instructions described in the "Initial Certification" section of these instructions.

Incomplete Application

If any components of your application are missing, your application will become inactive for a period not to exceed 30 days until the application is made complete. If you do not complete your application, EPA will return the application package. You may apply again with a complete package. Please call 1-800-424-LEAD to find out if your application is complete.

Firms Completing Applications for Individuals Under Lead-based Paint Activities (Abatement, Inspection, Risk Assessment)

If the firm is assisting in completing applications for individuals who are applying for certification under lead-based paint activities, please be aware of the following:

- Individuals must have an address and phone number different from the firm's.
- Individuals must sign and date the application.
- Individual's name, and discipline should appear on the front of the application fee payment (check or money order), even if it is hand-written, if the firm pays for the individual.
- EPA forwards all correspondence to individuals who have signed the application attesting to their willingness to comply with the work practice standards found at 40 CFR §745.227 and/or at 40 CFR §745.85.
- EPA forwards copies of the individual's approval letter and certificate to the firm upon written request of the applicant; however, the approval letter, identification badge, and certificate remain the property of the individual.

Fees

The fee for applying for certification, re-certification, and other requests is listed in the following schedule. It is important that you:

- Calculate fee based on the number of EPA-run jurisdiction(s) in which you plan to operate.
  a) If applying for **lead RRP** certification, there is **NO** jurisdictional fee – the certification or re-certification fee is a national certification for all jurisdictions where EPA administers the program.
  b) If applying for **lead-based paint activities** certification (abatement, inspection, risk assessment), submit a $35 dollar fee each additional EPA-run state or territory, or all Indian tribal land[s] located in each EPA Region, (e.g., if applying for certification in multiple Indian Tribal lands located in Region 5 and Region 7 you must pay a $35 fee per Region, or a total of $70).

- Write your total fee amount in section B of the application, even if you attach additional sheets of paper listing additional EPA-run jurisdictions.
- Make the check or money order payable to **U.S. Environmental Protection Agency.** Other methods of payment include wire transfer, electronic funds transfer, and, for government payers only, on-line payment agency collection (OPAC).

Fees Schedule

Description	**Fee**	
Replacement Certificate	$15	
Renovation Firm Certification	**Certification**	**Recertification**
Firm	$300	$300
Tribal Firm	$20	$20
Combined Renovation and Lead-based Paint Activities Firm Application	$550	$550
Combined Renovation and Lead-based Paint Activities Tribal Firm Application	$20	$20
Lead-based Paint Activities Certification (Abatement, Inspection, Risk Assessment)	**Certification**	**Recertification**
Firm	$550	$550
Tribal Firm	$20	$20
Combined Renovation and Lead-based Paint Activities Firm Application	$550	$550
Combined Renovation and Lead-based Paint Activities Tribal Firm Application	$20	$20
Multi-jurisdictional Certification Fee*	$35 for each additional EPA-run jurisdiction**	

**Multi-jurisdictional certification applies to lead-based paint activities (abatement, inspection, risk assessment) for an applicant applying in more than one EPA-run jurisdiction. This fee does not apply to renovation firm certification.*

***An EPA-run jurisdiction includes an EPA-run state, a U.S. territory, or all Indian tribal land(s) in any one EPA Region. (For current listing of EPA-run jurisdictions, see http://www.epa.gov/lead/pubs/traincert.htm or call 1-800-424-LEAD.)*

Fee Example

If your firm is applying for initial certification for lead-based paint activities (abatement, inspection, risk assessment) in two states and all Indian tribal land(s) in any one EPA Region, your firm is required to pay $620:

Initial lead-base paint activities (abatement, inspection, risk assessment) firm certification fee		$550
One additional state fee*		$ 35
All Indian tribes in one EPA Region fee*		$ 35
	Total Amount Due:	**$620**

If your firm is applying for initial certification to conduct renovations and intends to work in multiple states, your firm is required to pay $300:

Initial renovation firm certification fee		$300
Additional jurisdiction fee does not apply to renovation certification		$ 0
	Total Amount Due:	**$300**

If your firm is submitting a combined application for initial certification in lead-based paint activities (abatement, inspection, risk assessment) **and** renovation, your firm is required to pay $550:

Initial combined certification fee for lead-based paint activities (abatement, inspection, risk assessment) and renovation		$550
	Total Amount Due:	**$550**

**Each certification request for lead-based paint activities (abatement, inspection, risk assessment) includes the fee for one EPA-run jurisdiction. The multi-jurisdiction fee does not apply to renovation certification.*

EPA's Certification Fees Refund Policy

Firms having submitted an application and associated fees for certification or re-certification who wish to withdraw their application prior to Agency approval will receive a fee refund based upon the schedule listed below. **Firms who request a refund more than 10 days after the Agency receives the application will not receive a 100 percent refund.**

Number of Days Following Agency Receipt of Application	Percent Reimbursable (based upon total fees submitted)
up to 10 days	100%
11 to 60 days	75%
61 to 120 days	50%
121 or more days	25%

Note: Refunds will only be made after EPA verifies fee receipt and deposit by the U.S. Treasury.

Firms must notify the Agency in writing in order to qualify for a refund. The date of withdrawal is the date on which the Agency received the withdrawal notification.

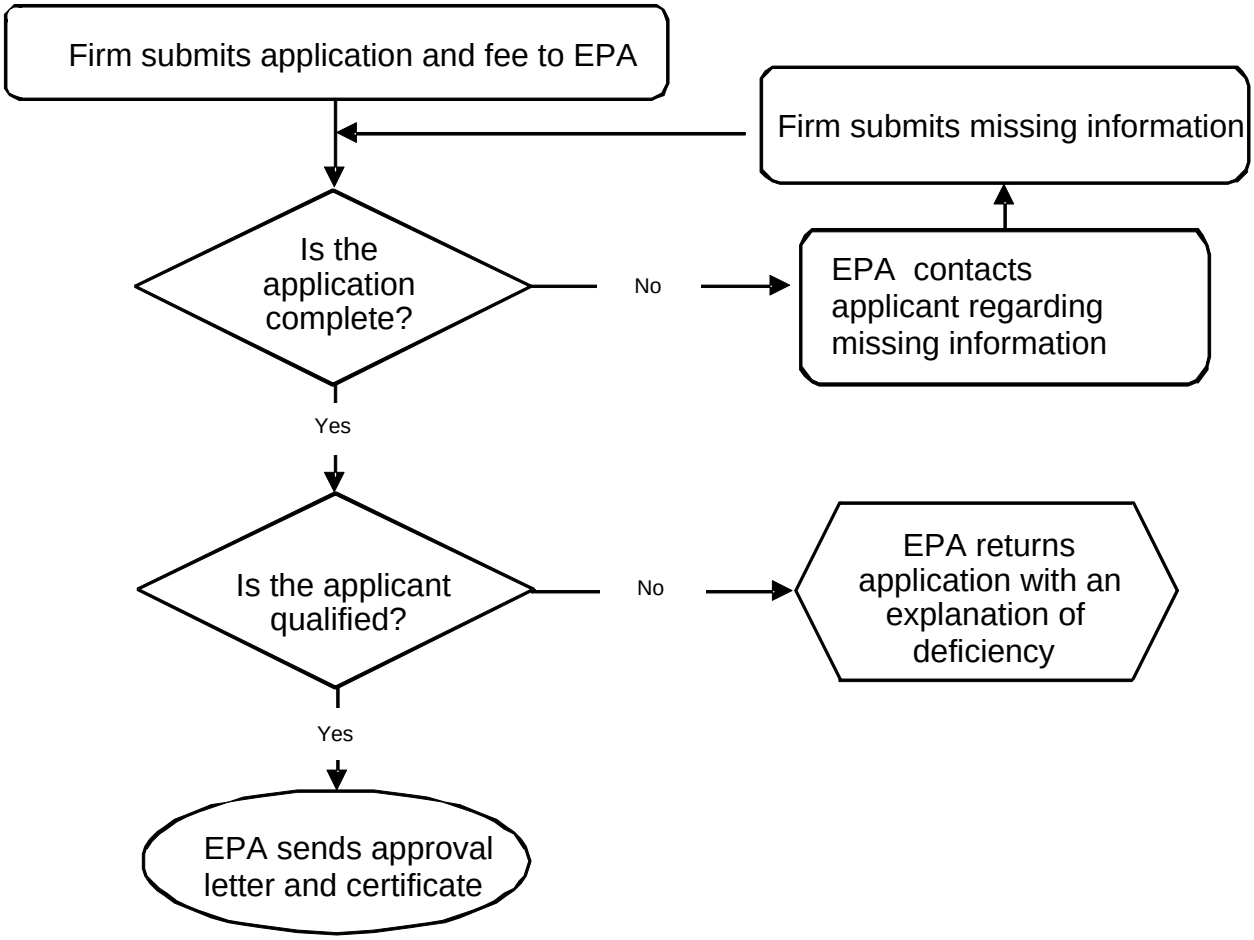
EPA will not refund fees after granting a firm certification or re-certification. If your application is disapproved, EPA will not refund fees.

Refunds are not available for replacing a certificate.

Refund and withdrawal requests must be sent to the following address:

U.S. EPA
P.O. Box 14417
Washington, DC 20044-4417

Application Process for Firm Certification
EPA processes applications on a first-come, first-served basis. The following flowchart depicts the application process for firm certification. EPA has up to 90 days after receiving a complete request for certification to approve or disapprove the application.



Paperwork Reduction Act Notice: The annual public burden for this collection of information is estimated to be 7.5 hours for firms, including the time needed for reading the instructions and completing the necessary information contained in this form. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, Collection Strategies Division, Office of Environmental Information (OEI), U.S. Environmental Protection Agency (Mail Code 2822), 1200 Pennsylvania Avenue, N.W., Washington, D.C. 20460. Include OMB number 2070-0155 in any correspondence. Do not send the completed form or requested information to this address. The actual information or form should be submitted in accordance with the instructions accompanying the form, or as specified in the corresponding regulations.