

**NORTHWEST EDUCATIONAL SERVICE DISTRICT 189
INDEPENDENT CONTRACTOR QUALIFICATION FORM**

(To be completed by the potential independent contractor and reviewed every three (3) years.)

NWESD Contact _____

I. Identification of potential independent contractor (may be individual's or company name, but must be same as on Social Security or federal TIN document):

Name of Record: _____ Telephone: (____) _____

Address: _____
Street/P.O. Box City State Zip Code

II. Assessment of Qualifications/Situation. Answer the following questions by placing **your initials** in the "yes" or "no" spaces provided. (All questions must be answered "yes," and possible additional information provided, in order for the application to be considered for contractor status; all are then subject to the IRS criteria test.)

A) Potential contractor holds himself/herself out to the public as providing services to anyone desiring to purchase them.

Yes _____ **No** _____

B) Appropriate contractor license number:

1) If a resident of the State of Washington, provide a UBI# or attach a copy of your online application for one:

UBI# _____ **or** **EIN#** _____

2) If not a resident of Washington state, provide:

TIN# _____ **or** **Social Security#** _____

C) Potential contractor maintains an accounting of all business related expenses.

Yes _____ **No** _____

III. Have you retired from any Washington public retirement system? **Yes** _____ **No** _____

IV. Potential contractor certification/signature. I hereby certify under penalty of perjury that the above is true and accurate, and I understand that this information will be used to evaluate whether or not I will be able to perform work for the Northwest Educational Service District 189 as an independent contractor or as a temporary employee. I understand if there are any changes to the above, I will notify Northwest Educational Service District 189 in writing, within ten (10) days of said changes.

Signature: _____ Date: _____

Social Security # _____

V. Determination by Northwest Educational Service District 189. Based upon the above information, obtained from this potential contractor, I hereby determine that this potential contractor be treated as a:

_____ **Contractor**
_____ **Temporary Employee**

Program Manager: _____ Date: _____

If determined to be a "Contractor" (V above):

Personnel Director Approval: _____ Date: _____

Superintendent/Designee Approval: _____ Date: _____