NORTHWEST EDUCATIONAL SERVICE DISTRICT 189 INDEPENDENT CONTRACTOR QUALIFICATION FORM

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

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:		NWESD Contact				
Address:	I.					
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: UBH or EIN# 2) If not a resident of Washington state, provide: TIN# TIN# or Social Security# C) 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. Based upon the above information, obtained from this potential contractor, I hereby determine that this potential contractor be treated as a:		Name of Record:		Tele	ohone: <u>()</u>	
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yes No	II.	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				
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C) Potential contractor maintains an accounting of all business related expenses. Yes No		2) If not a resident of Washington state	, provide:			
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: Date:		TIN#	or	Social Secu	rity#	
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Superintendent/Designee Approval: Date:	lf c	letermined to be a "Contractor" (V above).	:			
Superintendent/Designee Approval: Date:	Personnel Director Approval:				Date:	
	Inde	ependent Contractor Qualification				