CDL Permit Prep Class Application
Nome, Alaska
April 8-13, 2019

Applications are due March 29, 2019

APPLICANT'S CHECKLIST:
☐ Letter of Interest: Why are you interested in this training? How will this training assist you in obtaining employment or enhance skills at your current job?
☐ Complete Kawerak Training Application
☐ Tribal Enrollment Verification (Obtain from your local IRA Office)
☐ Selective Service Registration (For men age 18 and older)

ELIGIBILITY CRITERIA
Applicants must meet the following criteria:
1. Must be Alaska Native or American Indian, and a tribal member of a federally recognized tribe.
2. Must be a resident of the Bering Strait region.
3. Must be unemployed, under-employed, and possess limited or no job skills. Individuals who require additional training to retain employment or enhance job skills are eligible to apply.
4. Complete the training application and the Kawerak supplemental application.
5. Applicants must show financial need after having applied for additional funding resources.
6. Must be able to pass a drug test.
7. Must be physically capable.

APPLICANTATION SUBMISSION:
Scan and email: intake@kawerak.org
Fax: (907)443-4485

If you need help with your application or if you have any questions, please contact our Regional Training Specialist at 443-4388 or toll free at 1-(800) 450-4341.
Quyana!
# Initial Intake & Short Education or Employment Development Plan

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
<th>Current Age ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>(First)</td>
<td>(Middle)</td>
</tr>
<tr>
<td>Also Known As – or Maiden name)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number: - - - - - -</th>
<th>Date of Birth: / / /</th>
<th>Gender: □ Male □ Female</th>
</tr>
</thead>
</table>

<p>| Present Mailing Address: ____________________________ |</p>
<table>
<thead>
<tr>
<th>(Street Address or P.O. Box)</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip Code)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Work / Cell:</th>
<th>Email Address:</th>
</tr>
</thead>
</table>

**Tribally enrolled at:** Brevig Mission - Council - Diomede - Elim - Gambell - Golovin - King Island - Koyuk - Mary's Igloo - Nome Eskimo Community – St. Michael - Savoonga - Shaktoolik - Shishmaref - Solomon - Stebbins - Teller - Unalakleet - Wales - White Mountain - Other?  

**Veteran?** □ Yes □ No - Date of Discharge: / / /

**Registered with Selective Service?** □ Yes □ No

**Educational Status:** □ High School Diploma - Year Graduated: □ GED - Year obtained □ OR Highest Grade Completed: □

**College/Vocational Graduate - Type of Degree:** □ Certificate □ AA/AAS □ BA/BS □ MA/MS □ Other: ________________ Year ______

Most Kawerak EESS programs and/or jobs are subject to drug testing. **Are you willing to take a drug test?** □ Yes □ No

**Applicant Ethnicity:** □ Alaskan Native □ American Indian □ Other (specify): ________________

**Applicant Primary Goal:** (check one)  
- Obtain or Improve a Job  
- Retain Current Job  
- Self-employment  
- Earn a High School Diploma or GED  
- Enter Postsecondary Education or Job Training  
- Educational Gain  
- Obtain Driver's License  
- Commercial Driver’s License  
- Subsistence Activities (carving, beading, sewing, etc.)  
- Other (Specify): ________________

**Education/Employment Service Needs List:**  
- Relocation Assistance for Employment  
- Housing Assistance  
- Transportation To/From Training or Job  
- Enter Postsecondary Education or Job Training  
- Child Care  
- Training Fees or Tuition  
- Work Attire or On The Job Clothing  
- Other (Specify): ________________

**Applicant Status and Program Enrollment**

**Applicant Primary Status**

- □ Disabled  
- □ Employed  
- □ Worked 90 days or more - this calendar year  
- □ Unemployed  
- □ Collecting Unemployment  
- □ Not in the Labor Force  
- □ On Public Assistance (ATAP, TANF, food stamps, tribal welfare assistance)  

**Barriers to Education/Employment**

- □ Employed – Low Income  
- □ Living in a Rural Area  
- □ Homemaker  
- □ Convicted of a Crime  
- □ Single Parent  
- □ Homeless  
- □ Has a Learning Disability  
- □ Substance or Alcohol Use  
- □ English is a Second Language  

**Institutional Programs**

- □ In Correctional Facilities (AMCC, Seaside, etc.)  
- □ In Other Institutional Settings (A.P.I., Substance Treatment, etc.)  

I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Print Name: _____________________________ Signature: ___________________________ Date: ___________________________

Guardian’s Signature: ___________________________ Date: ___________________________

**FOR OFFICE USE ONLY:** Date Received: __________ Date Entered: __________ Initials: __________ Revised 05/8/2018
### Supplemental Information Forms

<table>
<thead>
<tr>
<th>First Name:</th>
<th>MI:</th>
<th>Last Name:</th>
</tr>
</thead>
</table>

**LIST ALL PEOPLE LIVING IN THE HOUSEHOLD:** (spouse, boyfriend, girlfriend, partner, roommates, children, parents, grandparents, aunts, uncles, cousins, etc.)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Date of Birth</th>
<th>Social Security #:</th>
<th>Employed (circle one)</th>
<th>Monthly Income, Including Unemployment Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
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<td></td>
<td>Y/N</td>
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<td>Y/N</td>
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<td>Y/N</td>
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<td>Y/N</td>
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<td>Y/N</td>
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<td></td>
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<td></td>
<td></td>
<td>Y/N</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL INCOME**

**HOUSEHOLD TYPE:**
- [ ] Own
- [ ] Mortgaged
- [ ] Rental
- [ ] Relatives
- [ ] Other

**ECONOMIC STATUS:** Please check if you or family members listed above receive any of the following

- [ ] State of Alaska ATAP/TANF
- [ ] Tribal Welfare Assistance
- [ ] Food Stamps/SNAP
- [ ] Supplemental Security Income (SSI)
- [ ] Social Security Disability Insurance (SSDI)
- [ ] Heating Assistance (LIHEAP)
- [ ] Military Income (Veterans Benefits)
- [ ] Child Support
- [ ] Seniors Assistance
- [ ] Subsidized Employment
**LIST TOTAL MONTHLY EXPENSES:** (Proof of Expenses may be Requested of Applicant)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Mortgage</td>
<td></td>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Electricity/Utilities</td>
<td></td>
<td>Cable</td>
<td></td>
</tr>
<tr>
<td>Water/Sewer</td>
<td></td>
<td>Internet</td>
<td></td>
</tr>
<tr>
<td>Heating Fuel</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Propane</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>Total</strong></td>
<td></td>
</tr>
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</table>

**EMPLOYMENT HISTORY** or **SELF-EMPLOYMENT**

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Start Date:</th>
<th>End Date:</th>
<th>Employer:</th>
<th>Phone #:</th>
<th>Wage:</th>
</tr>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Reason for Leaving:</td>
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<tr>
<td>Duties:</td>
<td></td>
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<tr>
<td>Reason for Leaving:</td>
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<tr>
<td>Duties:</td>
<td></td>
<td></td>
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</tbody>
</table>

**STATEMENT OF NEED**

I hereby certify that all the information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are grounds for denial of services and may lead to prosecution, fines, and imprisonment.

I understand my name will never be used in any report and that all data will be kept strictly confidential within Kawerak.

I have read and understand my rights and responsibilities.

Print Name:  Sign:  Date:
# Request for Taxpayer Identification Number and Certification

**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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Part II**  
**Certification**

Under penalties of perjury, I certify that:

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

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

**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). A number shown on this form is your correct TIN if it is a correct, complete, and signed TIN. You may also be required to sign the certification.

- **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)
- **Form 1099-K** (merchant card and third party network transactions)

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?** on page 2.

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?** on page 2 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 partner 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 partner 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 Publication 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.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% 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 Part II instructions on page 3 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).
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 on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

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 on page 3 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 $50 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, list first, and then circle, the name of the person or entity whose name you entered in Part I of 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 in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

#### Limited Liability Company (LLC)
If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the “Limited Liability Company (LLC)” box and enter “P” in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the “Limited Liability Company” box and in the space provided enter “C” for C corporation or “S” for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the “Limited Liability Company” box; instead check the first box in line 3 “Individual/sole proprietor or single-member LLC.”

### Line 4, Exemptions
If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in 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.

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.

<table>
<thead>
<tr>
<th>IF the payment is for...</th>
<th>THEN the payment is exempt for...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt payees except for 7</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>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.</td>
</tr>
<tr>
<td>Barter exchange transactions and payments under like-kind exchange arrangements</td>
<td>Exempt payees 1 through 4</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,000</td>
<td>Generally, exempt payees 1 through 5</td>
</tr>
<tr>
<td>Payments made in settlement of payment card or third party network transactions</td>
<td>Exempt payees 1 through 4</td>
</tr>
</tbody>
</table>

1. See Form 1099-MISC, Miscellaneous income, and its instructions.

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 a 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 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.

### Line 6
Enter your city, state, and ZIP code.

### Part I. Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box.

#### 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 SSN, 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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited Liability Company (LLC) on this page), 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 the chart on page 4 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. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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-9.
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 items 1, 4, or 5 below indicate 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), IRA, Coverdell ESA, Archer MSA or HSA contributions or property, cancellation of debt, or qualified tuition program payments (under section 529), 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

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and SSN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>The individual</td>
</tr>
<tr>
<td>2. Two or more individuals (joint account)</td>
<td>The actual owner of the account or, if combined funds, the first individual on the account</td>
</tr>
<tr>
<td>3. Custodian account of a minor (Uniform Gift to Minors Act)</td>
<td>The minor</td>
</tr>
<tr>
<td>4. a. The usual revocable savings trust (grantor is also trustee)</td>
<td>The grantor-trustee</td>
</tr>
<tr>
<td>b. So-called trust account that is not a legal or valid trust under state law</td>
<td>The actual owner</td>
</tr>
<tr>
<td>5. Sole proprietorship or disregarded entity owned by an individual</td>
<td>The owner</td>
</tr>
<tr>
<td>6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i))</td>
<td>The grantor</td>
</tr>
</tbody>
</table>

For this type of account: | Give name and EIN of: |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Disregarded entity not owned by an individual</td>
<td>The owner</td>
</tr>
<tr>
<td>8. A valid trust, estate, or pension trust</td>
<td>Legal entity</td>
</tr>
<tr>
<td>9. Corporation or LLC electing corporate status on Form 8832 or Form 2553</td>
<td>The corporation</td>
</tr>
<tr>
<td>10. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
<td>The organization</td>
</tr>
<tr>
<td>11. Partnership or multi-member LLC</td>
<td>The partnership</td>
</tr>
<tr>
<td>12. A broker or registered nominee</td>
<td>The broker or nominee</td>
</tr>
<tr>
<td>13. 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</td>
<td>The public entity</td>
</tr>
<tr>
<td>14. 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))</td>
<td>The trust</td>
</tr>
</tbody>
</table>

1 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.

2 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 on page 2.

Note. Grantor also must provide a Form W-9 to trustee of trust.

Secure Your Tax Records from Identity Theft
Identity theft occurs when someone uses your personal information such as your name, SSN, and 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 1-800-909-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system 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 TY/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: span@uce.gov or visit them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov 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.

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.
Expand Your Horizon

CDL Permit Prep Class

April 8 - 13
10:AM - 5:00 PM

with Glen Tate

Cost $325 (Tribal members may contact Kawerak for Tuition and travel assistance)

Deadline: March 29

This week-long workshop provides instruction to prepare students to successfully pass the State of Alaska’s written exams to obtain a commercial driver’s instruction permit. The purpose of this workshop is for students to become eligible to obtain employment on rural Alaska projects requiring a commercial driver’s license, and for students to learn the fundamentals of operating and driving commercial vehicles by preparing to take the written CDL general knowledge and air brakes tests.

After passing the written tests for their permit students may go on to take behind the wheel training for a full CDL. Students from villages will also be prepared to take the test for an off-highway CDL upon completion of the class.

To sign up for this training, you must be at least 19 years old and have held a current Alaska driver’s license for at least one year.

Tuition and travel assistance is available through Kawerak:
For more information and to confirm eligibility contact Kendra: 443-4388

Questions about this training? Please contact Mark Kramer: 443-8406 or Glen Tate: 304-3033, or email gtate5@alaska.edu.

April 8 - 13
REGISTRATION FORM

NAME: ___________________________________________  UA ID (or SSN): ____________________

Please print (Last) (First) (M I)

Previous names used at the University of Alaska: _______________________________________

SEMESTER OF ENROLLMENT: Year 20 __  19  [ ] Fall  [ ] Spring  [ ] Summer  Date of Birth (MM/DD/YYYY): ____________________

CURRENT MAILING ADDRESS: _______________________________________________________

_________________________________________  Phone: _________________________________

_________________________________________  Cell Phone: _________________________

_________________________________________  Email Address: __________________________

(City) (State) (Zip)

DEMOGRAPHIC INFORMATION:

Your response helps us better serve students and impacts NWC’s eligibility for some funding sources. See Page 2 for information and codes.

Sex: [ ] Male  [ ] Female  [ ] Prefer not to answer  Ethnicity: [ ] Hispanic or Latino  [ ] Not Hispanic or Latino
Race: ____________________________  Vet/Military Status: ______________________

US Citizen? [ ] Yes  [ ] No  If no, Nation of birth: ___________________________  Nation of citizenship: ______________________

Visa Type: ____________________________  Permanent Resident? [ ] Yes  [ ] No

For instructions on withholding directory information, please see INFORMATION RELEASE on reverse side.

PRIOR EDUCATION INFORMATION

Did you graduate from high school?  [ ] Yes  Graduation date? (MM/Year): __________________________ Name of high school: __________________________

High School location: (city/state): ______________________________________________________

[ ] No  If NO, did you complete the GED?  [ ] Yes  [ ] No  Date GED completed? (MM/Year): __________________________ Location of GED (state): __________________________

COURSE INFORMATION (Complete all information requested below. Refer to the class schedule on UAOnline for course information)

<table>
<thead>
<tr>
<th>CRN</th>
<th>Dept.</th>
<th>Course Number</th>
<th>Section</th>
<th>Course Title</th>
<th># of Credits</th>
<th>“Yes” if Audit</th>
<th>Instructor Signature (required after last day of late registration)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Wildland Fire fighter</td>
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</tr>
</tbody>
</table>

I understand I am responsible for all applicable UAF academic regulations, tuition and fees whether or not I successfully complete the course or courses in which I am enrolling. The university may drop me for non-payment.

I promise to pay attorney’s fees and other reasonable collection costs necessary for the collection of any amounts owed UA. If I do not pay, the university may take my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073.

Student’s Signature ___________________________________________ Date: __________________

Advisor’s Signature (for degree-seeking students only): __________________________________ Date: __________________

Office use only

Processed By: ______________________ Date: __________________

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1 RACE*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Alaska Aleut</td>
</tr>
<tr>
<td>AE</td>
<td>Alaska Eskimo, Other/Unspecified</td>
</tr>
<tr>
<td>AH</td>
<td>Alaska Indian, Haida</td>
</tr>
<tr>
<td>AI</td>
<td>Alaska Indian, Other/Unspecified</td>
</tr>
<tr>
<td>AK</td>
<td>Alaska Indian, Tlingit</td>
</tr>
<tr>
<td>AM</td>
<td>Alaska Indian, Tsimshian</td>
</tr>
<tr>
<td>AN</td>
<td>Alaska Native, Other/Unspecified</td>
</tr>
<tr>
<td>AQ</td>
<td>Alaska Eskimo, Inupiaq</td>
</tr>
<tr>
<td>AS</td>
<td>Alaska Native, Southeast</td>
</tr>
<tr>
<td>AT</td>
<td>Alaska Indian, Athabascan</td>
</tr>
<tr>
<td>AY</td>
<td>Alaska Eskimo, Yup'ik</td>
</tr>
<tr>
<td>BL</td>
<td>Black, Non-Hispanic</td>
</tr>
<tr>
<td>IN</td>
<td>American Indian (Not Alaska Native)</td>
</tr>
<tr>
<td>NH</td>
<td>Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td>SI</td>
<td>Asian</td>
</tr>
<tr>
<td>UN</td>
<td>Unspecified</td>
</tr>
<tr>
<td>WH</td>
<td>White</td>
</tr>
</tbody>
</table>

* Requested for compliance with Title IV of the Civil Rights Act of 1964.

2 VETERAN/MILITARY STATUS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blank</td>
<td>Non-veteran</td>
</tr>
<tr>
<td>FMAI</td>
<td>UAF Air Force Student</td>
</tr>
<tr>
<td>FMAR</td>
<td>UAF Army Student</td>
</tr>
<tr>
<td>FMCO</td>
<td>UAF Coast Guard Student</td>
</tr>
<tr>
<td>FMDP</td>
<td>UAF Military Dependent</td>
</tr>
<tr>
<td>FMIL</td>
<td>UAF Military Student</td>
</tr>
<tr>
<td>FMMA</td>
<td>UAF Marine Corps Student</td>
</tr>
<tr>
<td>FMNA</td>
<td>UAF Navy Student</td>
</tr>
<tr>
<td>FVDP</td>
<td>UAF Veteran Dependent</td>
</tr>
<tr>
<td>FVET</td>
<td>UAF Veteran Student</td>
</tr>
</tbody>
</table>

3 INFORMATION RELEASE

FERPA

The Office of Admissions and the Registrar is responsible for keeping student education records. The full copy of the university’s policies regarding access to student records under the Family Educational Rights and Privacy Act of 1974 (FERPA) are available at www.alaska.edu/studentservices/ferpa/.

Directory Information

The university may release certain directory information to the public on a routine basis unless a student requests, in writing, that the university not release it. Forms to request that directory information not be released are available in the Office of Admissions and the Registrar.

No directory information will be released until the last day of late registration. Any request to withhold directory information will continue until a student provides permission, in writing, for the university to release such. After that, information will be released when appropriate. The names of students who have requested their directory information be withheld will not appear in the published university chancellor’s and dean’s lists.

The following is considered directory information:

1. Name
2. Email address
3. Home city and state
4. Weight and height of students on athletic teams
5. Dates of attendance at UAF
6. Program/major field(s) of study
7. Degrees and certificates received, including dates
8. Participation in officially recognized university activities
9. Academic and co-curricular honors, awards and scholarships received, including dates

4 LATE PAYMENT/REINSTATEMENT FEES

Cover payment for your class by the payment deadline to avoid late fees, drops for non-payment, and reinstatement fees.

For more information about fees, contact the Office of the Bursar at 907-474-7384.