



DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY
 BUREAU OF PARKS & LANDS
 OFF-ROAD RECREATIONAL VEHICLE OFFICE
 ATV PROGRAM
 22 STATE HOUSE STATION
 AUGUSTA, MAINE 04333-0022
 PH 207-287-4958 FAX 207-287-8111

Received
Posted

ATV CLUB INFORMATION

The club is responsible to provide current forms, submitted minimally once/year. If your club is no longer an active club, please write inactive with the club name and return this form.

All clubs are encouraged to obtain a permanent PO Box or mailing address.

CLUB INFORMATION (Please Type or Print Clearly)

Club name:	
Town:	County:
Mailing address: All clubs are encouraged to obtain a permanent PO Box or mailing address.	
UPS (Shipping) Physical address:	
Resident's name: c/o UPS requires the resident's name on the shipping label.	
Month officers are elected:	

OFFICER INFORMATION (Please Type or Print Clearly)

President:	Cell #:
Home Phone:	Work #
Email:	
Signature	
Trail Master:	Cell #:
Home Phone:	Work #:
Email:	

Please COMPLETE THE BACK of this form if you're a new club or if address has changed



State of Maine Substitute W-9 & Vendor Authorization Form

PURPOSE: To establish or update an account with the State of Maine's accounting system.
Complete this form if: 1) You will receive payment from the State of Maine, and/or 2) You are a vendor who provides services or goods to the State of Maine.

This form replaces the IRS W-9 form per the IRS W-9 language; "If 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."

RETURN TO:
by mail
to the agency who requested the form
or sent it to you, or
the agency you're doing business with.
(ie., DHHS/Labor/
DEP/Education/etc)

All items with an asterisk (*) must be completed.

TYPE OF REQUEST*: (Must select one.)

<input type="checkbox"/> New Request	<input type="checkbox"/> New Location/Additional Entry	<input type="checkbox"/> Change (Choose)	<input type="radio"/> Legal Name	<input type="radio"/> DBA Name
		<input type="radio"/> Payment Address	<input type="radio"/> Ordering Address	<input type="radio"/> Contact Info

TAXPAYER ID NUMBER* (TIN) (Provide ONE only)

Social Security Number (SSN) - - **OR** Federal Employer ID Number (FEIN) -

Organization Type* choose ONE Individual **OR** Company

Classification* choose ONE

<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Foreign (W8 required)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Nonresident Alien		<input type="checkbox"/> Trust	<input type="checkbox"/> State Gov't	<input type="checkbox"/> Other Gov't
			<input type="checkbox"/> Other Gov't	<input type="checkbox"/> Other

LEGAL NAME (Must provide: Legal name filed with IRS tied to the ID number, SSN=first & last name/FEIN=business name)

Legal Name* Alias/DBA

Other Info Vendor Customer Number (if known) VC#/VS# Account/Client/Provider Number (if known)

Payment Address* My Billing Address Admin. Address is the same.

Address C/O

City/State/Zip Phone

Contact*

Name Phone Ext

Email Send me Email notifications of DD/EFT (requires Direct Deposit/EFT form to be completed)

Procurement/Physical Address* My Billing Address Admin. Address is the same.

Address C/O

City/State/Zip Phone

Contact*

Name Phone Ext

Email

Authorized Signature, Title & Current Date*

Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, 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 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 by the IRS). Ref: www.irs.gov

OFFICE USE ONLY	Information on State Agency Submitting Vendor Form	OFFICE USE ONLY
State Agency & SHS#	Agency Contact Person Name & Title	Contact's Phone#
<input type="text"/> Parks & Lands 22 SHS	<input type="text"/> Sara Barron-Nichols/ sara.barron@maine.gov	<input type="text"/> 207-287-4958