



## Steps to become a Vendor/Contractor/Sub-Contractor in Seminole County Public Schools

Revised 05-20-2022

### Overview:

If your service or commodity has been requested for one or more schools/departments and you are not a current vendor with SCPS, you must obtain a Vendor ID Number and a Florida Statewide Contractor Badge may be required before you deliver any goods or services to SCPS. All Vendors/Contractors providing services on SCPS property shall comply with District background check/ fingerprinting policies before commencement of work.

Please note: Vendors who are interested in doing business with the Seminole County Public Schools but have not been contracted to provide commodities or services shall register with **VendorLink**. VendorLink is a free, and user-friendly Internet portal where businesses should register to receive quotes and solicitations. Please visit our website for additional information at: <https://www.scps.k12.fl.us/core/fileparse.php/1410/urlt/PDF-How-to-do-Business-with-SCPS.pdf>

### Step 1: Submit a Vendor Application to Obtain a Vendor ID Number

You must have a Vendor ID number before the school/department can issue a Purchase Order.

Submit a completed Vendor Application, W-9, (**both forms must be typed**) and Certificate of Insurance (find forms at this URL: <https://www.scps.k12.fl.us/district/departments/purchasing/vendor-info/>) to the requesting school/department. The requesting school/department will need to complete their portion of the application and forward it to the Purchasing Department. The Purchasing Department will review all documents for completeness and submit your application to the Accounts Payable (A/P) Department to set you up as a vendor in our financial system. After you are set up in the system, A/P will provide you with your Vendor ID number using the contact information provided on your application. After this process is complete, the school/department is able to issue a Purchase Order to you through our financial system.

### Step 2: Obtain A Florida Statewide Contractor Badge and Seminole County Credentials for EACH Employee Who Will Need Access to School Grounds

You will not be able to enter school worksites (with students present) without a Florida Statewide Contractor Badge with Seminole County Credentials.

After a vendor ID number has been issued, each company employee must fully complete the forms below (and attached) then return all forms in one single email to: [SCPSFingerprintdept@SCPS.K12.FL.US](mailto:SCPSFingerprintdept@SCPS.K12.FL.US). The email must include ALL the following documents:

- A fully completed Form 1403
- A copy of the individual's Form I-9 (US Employment Eligibility Form) (Required by Florida Law), 2 pages. If needed, download form here: <http://www.uscis.gov/i-9>

- SPORTS OFFICIALS/COMPANY OWNERS/ SELF EMPLOYED individuals must bring copy of documents used to fill out I-9
- A government photo ID (Driver's License is preferred), per page 3 of the I-9 Requirements

AFTER turning in your required paperwork to the SCPS Fingerprint Dept (scpsfingerprintdept@scps.k12.fl.us ) AND receiving confirmation that everything is correct, you will then be instructed to register for an appointment at <https://fieldprintflorida.com>

### **INSTRUCTIONS ON SETTING A FIELDPRINT FINGERPRINTING APPOINTMENT ONLINE:**

1. Go to <https://fieldprintflorida.com> to schedule your appointment.
2. Click on the purple button on the right that says, "Schedule an Appointment".
3. On the left-hand side under "New Users | Sign Up", enter your e-mail address. Click "Sign Up".
  - \*It is very important to enter a valid e-mail address. Directions and a confirmation will be sent to this e-mail address.
4. "Sign Up" page:
  - a. Enter a password following the password rules listed on the website.
  - b. Re-type your password.
  - c. Enter a security question.
  - d. Enter the answer to your security question
  - e. Re-enter your e-mail address.
  - f. Click "Sign Up and Continue"
5. "Reason for Fingerprinting" page:
 

Fieldprint code- Enter the following code exactly as shown: FPSCPSVENCON  
Click on "Continue"
6. "Personal Information" page:
 

Enter your personal information:

  - a. First Name and Last Name are required. \*This must MATCH your name exactly how it appears on your Social Security card and Driver's License.
  - b. Enter any other means or aliases you have used.
  - c. Enter your Social Security number
  - d. Confirm you have entered your Social Security number correctly, then check the box.
  - e. Enter your home address, city, state, and zip code. (Do not use a P.O. Box)
  - f. Enter your date of birth.
  - g. Enter your phone number.
  - h. Re-enter your e-mail address
  - i. Select your preferred Contact Method.
  - j. Select appointment reminder via text or e-mail
  - k. Click "Save and Continue"
7. "Demographics" page:
  - a. Select your Citizenship.
  - b. Select your place of birth.
  - c. Enter your city of birth.
  - d. Select your gender.
  - e. Select your height.
  - f. Enter your weight.
  - g. Select your eye color.
  - h. Select your hair color.

- i. Select your race.
  - j. Click "Save and Continue".
8. "Employer" page:
  - a. Enter Name, address and contact number  
\*For referees/associations, you are considered self-employed, so enter your own information
  - b. Click "Save and Continue"
9. "eConsent Waiver" page:
  - a. Read all of the information provided and select, "I Agree" or "I Do Not Agree" for the top of the section. You will have to select "I Agree" to continue with the electronic forms and notices
  - b. Read all of the additional information provided in the second section and select "I Agree" to move forward. Type your full name and enter today's date.
  - c. Click "Save and Continue"
10. "Schedule Your Visit" page:
  - a. Under "Find a Location", use your address that is prepopulated to find locations nearest to you or your preferred location, then click "Find".
  - b. Enter a date or select an available date on the calendar. Please choose the soonest you are available. Select the time for your appointment. Click "Schedule".

\*\*A window will appear confirming your appointment date and time you selected. Please confirm that is the correct information. You will not be able to change or cancel an appointment less than 24 hours before the appointment time without incurring a charge. If the appointment date/time are correct, click "Continue" to schedule your appointment. If it is not correct, click "Cancel" and select the correct date and time.
11. "Payment" page:
  - a. This page confirms your Appointment Date and Time as well as the location. You will have one last opportunity to reschedule the date or time of your appointment.
  - b. Fill out the payment information. The Fingerprinting fee is \$91.25 (includes cost of badge). If you do not arrive for your appointment, you may be charged a fee.
12. You will receive an e-mail confirming your appointment, location, date and time.
13. Print out email confirmation with appointment date and time, or bring your appointment # and receipt of payment.

**WHAT TO BRING TO FIELDPRINT THE DAY OF YOUR APPOINTMENT:**

1. You must bring 2 forms of Identification to your appointment. A primary ID (accepted IDs listed on FieldPrint website), and a secondary ID. These forms of ID MUST MATCH THE NAME on the appointment.
2. Please take the confirmation number of your appointment, including the payment receipt, and date/time of appointment, with you to appointment.
3. You MUST wear a mask or face covering in order to be fingerprinted.
4. If you have any issues with schedule your appointment and need assistance, a FieldPrint Customer Service Representative can be reached at 877-614-4364 or [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com) to help you.

**PICKING UP A CONTRACTOR BADGE:**

After the results are received by SCPS you will receive an email notification that your badge is ready for pick up. Badges must be picked up at: The Seminole County School Board, Educational Support Center Building, 400 East Lake Mary Blvd., Sanford, FL 32773, within 7 Days of SCPS's email notification. No other person is authorized to pick up a Contractor badge other than the person who the badge is assigned to.

For additional information regarding the fingerprinting process, please click on the following link: <https://www.scps.k12.fl.us/district/departments/human-resources/general-employment-info/fingerprinting.stml>



## VENDOR APPLICATION FORM

Please complete, sign, and submit this form along with your **W-9 form and Certificate of Insurance** to the school/department requesting the goods or services.

**Handwritten or Incomplete Applications or W-9s WILL NOT BE PROCESSED.**

Check one of the following actions:

NEW

UPDATE/REVISE

DEACTIVATE

REACTIVATE

### Possible Conflict of Interest Situations per Florida Statute 112.313 and School Board Policies

If You Answer "Yes" to Any Question Below, Please Contact the Director of Purchasing Before Completing the Rest of the Form.

1. Are you an employee of the School Board of Seminole County (includes substitutes and community coaches)?  Yes  No

2. Is any employee of the School Board of Seminole County, FL, an owner, proprietor, partner, director, or officer of this business?  Yes  No  
If yes, Employee's full name: \_\_\_\_\_

3. Is any spouse, parent, or child of any employee of the School Board of Seminole County, FL, an owner, proprietor, director, or officer of this business?  Yes  No  
If yes, Employee's full name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

### General Business Information

Legal Name of firm as registered with IRS (Must Match W-9): \_\_\_\_\_ FEIN or Social Security Number: \_\_\_\_\_

Fictitious/d.b.a., if applicable (to be used on Purchase Orders): \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address (to be used on Purchase Orders): \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Remittance Mailing Address (if different than above): \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

For Existing Vendors, does your new address replace all prior?  
Mailing Address  Yes  No Remittance Mailing Address  Yes  No

Note: A separate list may be attached if more space is needed

Vendor Contact Name and Title: \_\_\_\_\_ Phone # (Required): \_\_\_\_\_

Would you like to receive Purchase Orders Electronically?  
 Yes  No **Dedicated Email Address** (Required): \_\_\_\_\_

Purchase Order Email Address: \_\_\_\_\_

Would you like to sign up for the e-Payables Payment Program?  Yes  No

For more information, please visit:  
<https://www.scps.k12.fl.us/district/departments/finance-budget/accounts-payable/forms.shtml>

**Complete Description of Goods, Services or Software to be provided (Attach Additional Pages if Necessary):**

**If providing services, where will they be performed?**

On School Board Property  Off Site Location  Supplies Only

For Insurance Requirements, please visit: <https://www.scps.k12.fl.us/district/departments/purchasing/vendor-info/certificate-of-insurance-requirements.shtml>

**Note: Failure to provide proper insurance documentation may result in rejection or delay in processing of the application.**

**By signing below, I certify that the above is true and accurate to the best of my knowledge, and I will notify the Purchasing Department within 10 business days of any changes.**

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**The School Board of Seminole County, Florida · Purchasing & Distribution Services Department**

400 East Lake Mary Blvd., Sanford, FL 32773 · Phone: 407-320-0239 · Fax: 407-320-0474

<https://www.scps.k12.fl.us/district/departments/purchasing/vendor-info/>

<b>Name of Vendor:</b>			
<b>FOR USE OF REQUESTING SCHOOL/DEPARTMENT BOOKKEEPER (REQUIRED):</b>			
Bookkeeper Name:		Date:	
Requestor Name: (If Other Than Bookkeeper)		School/Department Name:	
Add to School Funds (SFO) <input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated Purchase Amount:	
Is there an Agreement associated to this VAP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Agreement # _____ <b>If the Agreement has not been approved by Purchasing, please include it with this VAP.</b>			
If Existing Vendor, PeopleSoft ID#:		<input type="checkbox"/> ODP (Facilities Department only)	
<b>SBSC RISK MANAGEMENT ONLY (Allow 2 Business Days for Processing):</b>			
Certificate of Insurance Received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			
Comments:			
RM Staff Approval:		Date:	
<b>SBSC PURCHASING ONLY (Allow 2 Business Days for Processing):</b>			
Date Received:	Debarment Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sunbiz Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	
Contract Number if Available:		Procurement Agent Approval:	Date:
<b>SBSC ACCOUNTS PAYABLE ONLY (Allow 2 Business Days for Processing):</b>			
Date Received:		TIN Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vendor#:		1099: <input type="checkbox"/> Yes <input type="checkbox"/> No	
e-Payables Flag Activated: <input type="checkbox"/> Yes <input type="checkbox"/> No		A/P Contact:	Date:



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**





# SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA

Department of Human Resources

400 East Lake Mary Boulevard

Sanford, FL 32773-7127

(407) 320-0000, FAX 320-0284, TDD 320-0290, INTERNET <http://www.scps.k12.fl.us>

## FINGERPRINTING - CONTRACTED SERVICES FORM

In accordance with the **Jessica Lunsford Act**, as amended on July 1, 2007, Section 1012.465, s.1012.467 and s.1012.468 Florida Statutes state, in part, that "... non-instructional contractors who are permitted access on schools grounds when students are present, who have direct contact with students, or who have access to or control of school funds must meet certain criminal background screening requirements." Detailed information can be found on the Seminole County Public Schools website <http://www.scps.k12.fl.us/>

Pursuant to Florida Statutes and/or FDLE (Florida Department of Law Enforcement) User agreements, fingerprints submitted to FDLE by school districts for current and prospective employees, contractors, volunteers, and person seeking to be licensed or certified will be retained in an Applicant Fingerprint Retention and Notification Program (AFRNP) database. When the subject of the fingerprints submitted for retention under this program is identified with fingerprints from an incoming Florida criminal arrest, as confirmed by fingerprint comparison, FDLE will advise the school district which submitted the fingerprints of the arrest.

**Signature:** \_\_\_\_\_

**\*\*\*FINGERPRINT FEES ARE NON-REFUNDABLE\*\*\***

### Company/Vendor Information

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### Identifying Information

**PLEASE PRINT** Are any fingers missing or bandaged?  No  Yes **Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Alias/Maiden Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male  Female  
Year Month Day

**Race:**  Asian/Pacific Islander  Black  Caucasian/Latino  Native American/Eskimo  Unknown

**Height:** \_\_\_\_ Ft \_\_\_\_ Inches **Weight:** \_\_\_\_\_ lbs.

**Eyes:**  Blue  Brown  Gray  Green  Hazel  Black  Maroon  Pink  Multicolor  Unknown

**Hair:**  Black  Blonde/Strawberry  Brown  Gray  Red  Bald  Sandy  White  Pink  Orange  Purple

**Place of Birth (State, if outside U.S., list Country)** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Drivers' License Number/Identification:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_