

RAIL Division System Access Authorization Form

RAIL Division Grants Management System requires a User ID and Password for access in the system. Complete Section 1 for a user ID and password, if you are going to perform work within the System (i.e. submit a Grants application, submit a claim, or request changes to an agreement). Scan, attach and email the form to the RAIL Security Coordinator at ext-mljohnston@ncdot.gov

Section 1 - User ID Information

First: _____ Last: _____

Agency: _____

Agency Address: _____

Title: _____

Telephone: (____) _____ Fax: _____

Email: _____

Secure 8 digit number: _____

Partner Connect Username (if you already have access): _____

If you forget your password, you will need this 8 digit # to retrieve your information. It is suggested to use the last 4 digits of your SSN & birthday (MMDD). After your application has received security clearance, you will be emailed your personal User ID and temporary password to access the system. You must create a new password prior to logging into the System for the first time.

Section 2 - Access Request Information

- Submit Application
- Create Claims
- Create Change Request (Amendment/Revision)
- Display/View Application, Agreement, Claims & Change Requests

I certify information above is accurate and I am the authorized person to perform the duties listed.

Print Name: _____

Signature: _____

Authorized Official Signature*: _____

Authorized Official must coincide with what LPMO has on file.

**As authorized official, I understand that allowing someone to request access permits them to submit documents for this agency.*

Section 3 - For Rail Division Use Only

SAP Vendor Number(s): _____

SUBSTITUTE FORM W-9

REV 09/20

**VENDOR REGISTRATION FORM
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION**

Pursuant to Internal Revenue Service (IRS) Regulations, vendors must furnish their Taxpayer Identification Number (TIN) to the State. If this number is not provided, you may be subject to a 20% withholding on each payment. To avoid this 20% withholding and to insure that accurate tax information is reported to the Internal Revenue Service and the State, please use this form to provide the requested information exactly as it appears on file with the IRS.

**NAME ON FORM SHOULD BE THE LEGAL ENTITY OR INDIVIDUAL NAME DOING BUSINESS WITH NCDOT:
INDIVIDUAL AND SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SOCIAL SECURITY CARD
CORPORATION OR PARTNERSHIP - ENTER YOUR LEGAL BUSINESS NAME**

NAME: _____
(NAME OF COMPANY OR INDIVIDUAL REGISTERED TO THE PROVIDED TAX ID)

PHYSICAL ADDRESS: STREET/PO BOX: _____

CITY, STATE, ZIP: _____

DBA / TRADE NAME (IF APPLICABLE): _____

BUSINESS DESIGNATION: INDIVIDUAL (use Social Security No.) SOLE PROPRIETOR (use SS No. or Fed ID No.)
 CORPORATION (use Federal ID No.) PARTNERSHIP (use Federal ID No.)
 ESTATE/TRUST (use Federal ID no.) STATE OR LOCAL GOVT. (use Federal ID No.)
 OTHER / SPECIFY _____

SOCIAL SECURITY NO. _____ - _____ - _____ (Social Security #)

OR

FED.EMPLOYER IDENTIFICATION NO. _____ - _____ (Employer Identification #)

COMPLETE THIS SECTION WITH CHECK MAILING ADDRESS AS IT APPEARS ON INVOICES:

REMIT TO ADDRESS: STREET / PO BOX: _____
CITY, STATE, ZIP: _____

Participation in this section is voluntary. You are not required to complete this section to become a registered vendor. The information below will in no way affect the vendor registration process and its sole purpose is to collect statistical data on those vendors doing business with NCDOT. If you choose to participate, circle the answer that best fits your firm's group definition.

What is your firm's ethnicity? (Prefer Not To Answer, African American, Native American, Caucasian American, Asian American, Hispanic American, Asian-Indian American, Other: _____)

What is your firm's gender? (Prefer Not to Answer, Male, Female) **Disabled-Owned Business?** (Prefer Not to Answer, Yes, No)

IRS Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification 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. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. For complete certification instructions please see IRS FORM W-9 at <http://www.irs.gov/pub/irs-pdf/fw9.pdf> .

NAME (Print or Type)

TITLE (Print or Type)

SIGNATURE (Typed, fonted and scripted Signatures are not acceptable. Wet Signatures and DocuSigned signatures are accepted)

DATE

PHONE NUMBER

EMAIL

To avoid payment delays, completed forms should be returned promptly to:

**NC Department of Transportation
Fiscal /Commercial Accounts
1514 Mail Service Center
Raleigh, North Carolina 27699-1514
ap@ncdot.gov FAX (919) 733-9247**

