



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
Bureau of
Parks & Lands
ATV Program
22 State House Station
Augusta, ME
04333-0022
Fax 207-287-8111

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

TYPE OF REQUEST*: (Must select one.)

- New Request
- New Location/Additional Entry (multi address)
- Change (Choose)
 - Legal Name
 - Payment Address

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

[Hatched area for Taxpayer ID Number]

Federal Employer ID Number (FEIN) -

####

Company

Corporation

LEGAL NAME (Must provide: Legal name filed with IRS tied to the ID number, [hatched] FEIN=business name)

Legal Name*

Other Info

Vendor Customer Number (if known) VC#/VS#

Payment Address*

Address C/O

City/State/Zip Phone

Contact*

Name Phone Ext

Email

Physical Address* Delivery address FEDEX/UPS if different than above.

Address C/O

City/State/Zip Phone

**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 #

Parks & Land / 22 SHS

Lauri Noel / lauri.noel@maine.gov

207-287-4957