



**CLICK HERE**  
to submit your form

***Application for Certification as Independent Contractor***

**All approvals are required prior to commencement of service**

*(Form is effective for 12 months from date of applicant's signature. See page 3 for instructions on completing this form)*

**SECTION I** *(completed and signed by applicant)*

**PERSONAL INFORMATION**

Legal Name: \_\_\_\_\_ Last 4 numbers of SSN/ITIN/EIN: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Make check payable to: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Residency status for tax purposes (check one):    U.S. Citizen                  Resident Alien                  Nonresident Alien  
 Please provide an email address of the UNCW employee who sent you this form: \_\_\_\_\_

**VENDOR INFORMATION**

Will this service be provided on an ongoing basis or one time?	Ongoing Basis	One Time
Have you worked at UNCW as an independent contractor before? <i>If yes, please tell us how:</i>	Yes	No

Describe service that is to be provided:

*\*If vendor has unsupervised contact with students and/or minors, a [background check](#) is required to be completed. Work cannot be approved to begin until the background check is completed*

- |                                                                                                                                                                       |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are you related by blood or marriage to a UNCW employee or officer?<br><i>If yes, tell us the relationship, name &amp; department:</i>                             | Yes | No |
| 2. Do you have a business association with a UNCW employee or officer?<br><i>If yes, tell us the relationship, name &amp; department:</i>                             | Yes | No |
| 3. Are you receiving retirement benefits through the North Carolina Teachers' and State Employees' Retirement System? <i>If yes, tell us your date of retirement:</i> | Yes | No |
| 4. Have you contributed to the NC state retirement system?                                                                                                            | Yes | No |
| 5. Within this calendar year, have you been a UNCW student?                                                                                                           | Yes | No |
| 6. Within this calendar year, have you been a UNCW student employee?                                                                                                  | Yes | No |
| 7. Will you receive a W-2 from an NC state agency or a UNC university in the current calendar year? <i>If yes, what state agency or university?</i>                   | Yes | No |

Vendor Information (continued)		
8. Do you offer your services to others as part of a trade or business?	Yes	No
9. I will receive little or no training, supervision, or instruction from UNCW, other than receiving the scope of services.	Yes	No
10. I set my own priorities, timeline, amount of effort, hours of work and work independently to accomplish the services within the required time frame.	Yes	No
11. I have made an investment in my own trade or business, which may include obtaining a business EIN from the IRS.	Yes	No
12. I pay for my own business/travel expenses.	Yes	No
13. I provide most of my own tools/supplies/materials.	Yes	No
14. I have my own insurance for work-related injuries.	Yes	No

*By signing below, I certify that all the information provided in this application is correct and, if applicable, that I am a vendor in good standing with both state and federal agencies. I understand that the payments I receive are subject to IRS regulations and may be taxable income, subject to backup withholding and 1099 or 1042-S federal reporting. Payments in excess of \$1,500 may be subject to 4% NC withholding tax. Depending on services provided to UNCW, I may be subject to a criminal background check. I also agree that I shall hold and save the University, its officers, agents, and employees, harmless from liability of any kind and from any and all claims and losses accruing or resulting to any person, firm, or corporation that may be injured or damaged in the performance of this service. I represent and warrant that I shall make no claim of any kind or nature against the University's agents who are involved in the delivery or processing of my services to the University. This is an application and should not be construed as acceptance of an offer for services.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II** (completed by UNCW department initiating services)

PAYMENT OPTIONS (include all that apply)		
A.	Service Fee	\$ _____
B.	UNCW Paid Lodging	\$ _____
C.	Prepay Airfare	\$ _____
D.	Misc. Items	\$ _____
Prepared by:		Department:

Will the vendor have unsupervised contact with students and/or minors? Yes No

*If yes, applicant must submit a [criminal background check release form](#) to Human Resources. Human Resources must have given approval to begin work prior to services starting.*

Will services be performed in North Carolina? Yes No Date(s) of service/performance to

**COMMENTS (optional)**

**Procedures for engaging services of an Independent Contractor**

1. Applicant completes and signs Section I of the PUR 1.40 Application.
2. Applicant mails or faxes (910.962.7006) the IRS Form W-9 to UNCW Disbursements Office, 601 S. College Road, Wilmington, NC 28403-5903.
3. Requesting UNCW department completes the PUR1.40 form Section II.
4. If applicant will have unsupervised contact with students/minors, a Criminal Background Check Release Form must be completed by the applicant and submitted to Human Resources. The cost of the background check will be charged to the initiating UNCW department. Human Resources will notify the department when background check is complete. *The application cannot be approved until the background check is completed.*
5. The Service Fee (Section II, Item “A”) is processed through uShop with the PUR 1.40 application attached to the cart. Any travel arrangements that UNCW will be responsible for (“B. UNCW Paid Lodging”, “C. Prepay Airfare”, and “D. Misc. Items”) are to be processed on a Chrome River expense report with a copy of the PUR 1.40 application attached to the cart. See [“Travel for Independent Contractors.”](#)
6. Attach the completed PUR 1.40 form to the uShop Independent Contractor form and route through the uShop electronic approval process to create a purchase order. Services may begin only when the form has been approved and purchase order has been created.
7. Upon completion of services, the uShop receipt is processed and invoice is submitted to Accounts Payable. Payment is made on the next available disbursement cycle.

***Important Information***

- If applicant is a nonresident alien, contact the Tax Office at 910.962.2757. Additional information and forms for the independent contractor are required with a completed and approved application.
- PUR 1.40 Application is effective for 12 months from the approval date if the scope of the service and the need for a criminal background check have not changed.
- UNCW will pay travel reimbursements to the independent contractor only and not a third party, such as a faculty or staff member on behalf of the independent contractor.
- For services totaling \$10,000 or more, contact Purchasing to draft a Personal Services contract. Attach resume, biography, web link or CV.
- Procurement of Contracted Personal Services and Consultant Services Policy

**Need assistance? We’re here to help!**

<b>Purchasing</b>	<b>Human Resources</b>	<b>Tax</b>	<b>Travel/Disbursements</b>	<b>Sponsored Programs</b>
910.962.3190	910.962.3160	910.962.2757	910.962.3076	910.962.3810