



## LAND USE PERMIT

### LUP-UTT

#### Biennial Utility Tree Trimming Operations

### Permittee Agreement for Land Use Permit Issuance

I the undersigned applicant representative hereby acknowledge that I am fully cognizant of all of the following requirements associated with the issuance of a biennial VDOT Land Use Permit authorizing tree pruning or removal on state maintained highway right-of way associated with the maintenance of overhead utility facilities:

#### VDOT Land Use Permit Required by Law

The General Rules and Regulations of the Commonwealth Transportation Board provide that no work of any nature shall be performed on any real property under the ownership, control, or jurisdiction of VDOT until written permission has been obtained from VDOT. Written permission is granted for the above-referenced activity through the issuance of a land use permit.

By issuing a permit, VDOT is giving permission only for whatever rights it has in the right-of-way; the permittee is responsible for obtaining permission from others who may also have an interest in the property.

The permittee will be civilly liable to the Commonwealth for expenses and damages incurred by VDOT as a result of violation of any of the rules and regulations of this chapter. Violators shall be guilty of a misdemeanor and, upon conviction, shall be punished as provided for in [§33.2-210](#) of the Code of Virginia.

#### Application Requirements

Application for all VDOT land use permits authorizing biennial tree trimming operations shall be submitted to the local district permit office designated to issue said permit.

All VDOT land use permits authorizing biennial tree trimming operations shall be issued by the local district permit office after coordination with the district roadside manager and all other appropriate VDOT personnel.

The following forms may be necessary to make application:

[LUP-A Land Use Permit Application \(required\)](#)

[LUP-SB Permit Surety Bond](#), [LUP-LC Irrevocable Letter of Credit Bank Agreement or check/cash](#)

[LUP-CCV Chemical Control of Vegetation \(if necessary\)](#)

#### Contact Information

A list of counties with their corresponding VDOT district offices and contact information may be obtained on the VDOT web site at: <http://www.virginiadot.org/about/districts.asp>

#### Permit Term and Fees

VDOT land use permit authorizing biennial tree pruning or removal on state maintained highway right-of way associated with the maintenance of overhead utility facilities are valid for a period of two (2) years.

The 2-year fee for a biennial utility tree trimming permits is \$750 for a single VDOT construction district.

Biennial utility tree trimming permits do not cover work on limited access rights-of-way. Permit requests for single-site single use utility tree trimming operations within limited access rights-of-way must be approved by the Chief Engineer prior to permit issuance.

#### Surety Requirement

A surety in the amount of ten-thousand dollars (\$10,000.00) per district is required to restore the right-of-way in the event of damage to state maintained facilities resulting from the authorized activity. Surety may be in the form of cash, check, surety bond or Irrevocable Letter of Credit.

### **Cash Surety Refund**

Applicants owing the Internal Revenue Service or the Commonwealth of Virginia may not receive a refund of the cash guarantee provided for the issuance of a VDOT land use permit unless the amount owed is less than the amount of cash guarantee provided. Applicants providing cash guarantee for the issuance of a VDOT land use permit must provide an executed copy of the Commonwealth of Virginia's Substitute Form W-9 to receive a refund of the cash guarantee provided for the issuance of a VDOT land use permit.

### **Insurance Requirements**

The permittee or their agent shall secure and maintain insurance to protect against liability for personal injury and property damage that may arise from the activities performed under the authority of a land use permit and from the operation of the permitted activity up to one million dollars (\$ 1,000,000) each occurrence to protect the Board members and the Department's agents or employees; seventy-five thousand dollars (\$75,000) each occurrence to protect the Board, the Department, or the Commonwealth in event of suit. Insurance must be obtained prior to start of the permitted work and shall remain valid through the permit completion date. VDOT staff may require a valid certificate or letter of insurance from the issuing insurance agent or agency prior to issuing the land use permit.

### **General Requirements**

- 1) Permittee acceptance and use of a Virginia Department of Transportation (VDOT) land use permit is prima facie evidence that the permittee has read and is fully cognizant of all required permit provisions, applicable traffic control plans and associated construction standards to be employed. All applicants to whom permits are issued shall at all times indemnify and save harmless the Commonwealth Transportation Board, members of the Board, the Commonwealth, and all Commonwealth employees, agents, and officers, from responsibility, damage, or liability arising from the exercise of the privileges granted in such permit to the extent allowed by law including any sums ordered to be paid or expended by VDOT by any governmental entity as a fine, penalty or damages for any violation of any applicable environmental law, or to remediate any hazardous or other material, including illicit discharge into VDOT maintained storm sewer systems.
- 2) The permittee assumes full responsibility for any and all damages that may occur as a result of the work performed under a VDOT land use permit and agrees to secure and carry insurance against liability for personal injury and property damage that may arise from the permitted activity.
- 3) For the term of the permit, the permittee shall employ (on staff) or engage (on contract) an arborist who is currently certified by the ISA to represent the permittee. The arborist shall provide the permittee's contract crews with the necessary guidance to ensure that the authorized activities are performed in accordance with the permit provisions. A copy of the arborist's current certification shall be made available upon request by authorized VDOT representatives.
- 4) Prior to issuance of a VDOT land use permit the applicant's arborist shall flag all vegetation to be removed from state maintained highway right-of-way and perform a field review with the district roadside manager and the permit applicant.
- 5) The permittee's arborist must be present during all pruning and/or complete tree removal from within state maintained right-of-way.
- 6) A copy of the biennial VDOT land use permit shall be maintained at every work site and made readily available for inspection when requested by authorized VDOT personnel.
- 7) The issuance of a single use permit is required for tree pruning or removal activities associated with the maintenance of overhead utility facilities within limited access highways.
- 8) A single-site single use permit is required when tree pruning or removal activities associated with the maintenance of overhead utility facilities stops highway travel in excess of 15 minutes.
- 9) The permit application shall include an annual work schedule that outlines the location(s), route(s), route segment(s) and month(s) where crews will be working. This information shall include, but not be limited to, a highlighted circuit map that clearly delineates the route number(s) of the proposed work site(s). An annual work schedule shall be provided for subsequent years covered by the permit.

- 10) The permittee's contract crews shall notify the local district permit office by telephone or electronic communication weekly to confirm their work location(s) for tree pruning or removal activities associated with the maintenance of overhead utility facilities
- 11) Failure to provide the work location and or work completion notification may result in the suspension or revocation of the VDOT land use permit authorizing tree pruning or removal associated with the maintenance of overhead utility facilities.
- 12) The permittee's contractor shall notify the local district permit office by telephone or electronic communication upon the completion of work at each circuit listed on the annual work schedule. The local district permit office may waive this requirement for situations that require manpower re-allocation to address emergencies, outages, etc.
- 13) It shall be the permittee's responsibility to obtain any and all necessary permits that may be required by any other government agencies.
- 14) Aerial/helicopter tree pruning or removal shall only be authorized under the auspices of a VDOT single use permit.
- 15) No land disturbance shall be allowed under the auspices of a VDOT land use permit authorizing tree pruning or removal on state maintained rights-of way.
- 16) All cut vegetation shall be immediately removed from state maintained right of way and disposed of in accordance with the Solid Waste Management Regulations (9 VAC 20-80-10 et seq.) of the Virginia Waste Management Board.
- 17) When trees are completely removed the stumps shall be cut at ground level and the face of the stump shall be cut parallel with the surrounding grade.
- 18) Climbing irons shall not be utilized during vegetation control operations on state maintained rights-of- way.
- 19) Tree pruning and/or removal operations shall be accomplished in accordance with the following:
  - American National Standard for Tree Care Operations – Tree, Shrub, and Other Woody Plant Maintenance – Standard Practice (ANSI A300)
  - American National Standard for Tree Care Operations – Pruning, Trimming, Repairing, Maintaining and Removing Trees, and Cutting Brush – Safety Requirements (ANSI Z133.1)
  - International Society of Arboriculture, Best Management Practices – Tree Pruning (ISA)
- 20) The district roadside manager shall approve all requests for the complete removal of vegetation having a trunk base diameter greater than or equal to 6-inches from state maintained right-of-way.
- 21) No pruning of vegetation will be permitted if the cut at the point of pruning exceeds 4-inches in diameter.
- 22) The permittee's arborist shall be available to meet on site with VDOT representatives within 24 hours of notification for dispute or performance resolution.
- 23) The permittee shall contact the local district permit office in the event that emergency vegetation removal is necessary due to a vehicular accident or acts of nature.
- 24) All herbicide applicators shall meet the applicable requirements established by the Virginia Department of Agricultural and Consumer Services and maintain a Category 6 (ROW) certification. Activities involving the chemical control of vegetation shall comply with all applicable federal and state regulations.
- 25) Stump treatments shall be applied to live deciduous cut stumps in accordance with product label directions and specifications.
- 26) The use of herbicides on state maintained right-of-way requires the submission of a completed [LUP-CCV](#) request form and pesticide business license.
- 27) Any and all highway signs, right-of-way markers, etc., that are disturbed as a result of work performed under the auspices of a land use permit shall be accurately reset by the permittee immediately following completion of the work in the vicinity of the disturbed facility. The services of a certified land surveyor with experience in route surveying may be required.

- 28) Within the limits of a VDOT construction project it is the responsibility of the permittee to obtain the contractor's consent in writing prior to commencement of the authorized activity. Information regarding current and/or planned VDOT construction and maintenance activities can be obtained at: <http://www.virginiaroads.org/>.

#### Traffic Control and Safety

- 1) The permittee shall at all times give strict attention to the safety and rights of the traveling public, their employees, and contractors. Any permit may be revoked or suspended when in the opinion of the district administrator's designee, the safety, use or maintenance of the highway so requires.
- 2) In accordance with the Virginia Department of Transportation (VDOT) Road and Bridge Specification, Special Provision 105.14, all activities performed under the auspices of a VDOT Land Use Permit involving the installation, maintenance and removal of work zone traffic control devices must have an individual on-site who, at a minimum, is accredited by VDOT in Basic Work Zone Traffic Control. The accredited person must have their VDOT Work Zone Traffic Control accreditation card in their possession.
- 3) The individual accredited in Basic Work Zone Traffic Control is responsible for the placement, maintenance and removal of work zone traffic control devices within the project limits in compliance with the permit requirements and conditions, the approved plans and specifications, the Virginia Work Area Protection Manual, and the Manual of Uniform Traffic Control Devices.
- 4) A person accredited by VDOT in Intermediate Work Zone Traffic Control must be on-site to provide supervision for adjustment to the approved layout or implementation of any standard Typical Traffic Control (TTC) layouts outlined in the Virginia Work Area Protection Manual.
- 5) All traffic control plans shall be prepared by a person accredited by VDOT in Advanced Work Zone Traffic Control.
- 6) Individuals responsible for implementation of work zone traffic control measures shall provide evidence of their accreditation upon request from VDOT personnel.
- 7) The permittee shall be exempt from the requirements of Virginia Department of Transportation (VDOT) Road and Bridge Specification, Special Provision 105.14 if the authorized activity does not involve the installation, maintenance and removal of work zone traffic control devices and is not within the roadway (as defined in 24VAC30-151) of a state maintained highway.
- 8) Non-compliance with the requirements outlined in VDOT Road and Bridge Specification, Special Provision 105.14 may result in a stop work order and / or permit revocation.
- 9) All activities that require the disruption (stoppage) of traffic shall utilize VDOT certified flaggers. Flag persons shall be provided in sufficient number and locations as necessary for control and protection of vehicular and pedestrian traffic in accordance with the Virginia Work Area Protection Manual. All flaggers must have their certification card in their possession when performing flagging operations within state maintained right-of-way. Any flag person found not in possession of his/her certification card shall be removed from the flagging site and the district administrator's designee will suspend all permitted activities. Any VDOT certified flag person found to be performing their duties improperly shall have their certification revoked.
- 10) Any VDOT certified flag person found to be performing their duties improperly shall have their certification revoked.
- 11) All signs shall be in accordance with the current edition of the Manual of Uniform Traffic Control Devices (MUTCD).
- 12) The permittee shall immediately correct any situation that may arise as a result of these activities that the district administrator's designee deems hazardous to the traveling public.
- 13) During authorized activities, the permittee shall furnish all necessary signs, flag persons and other devices to provide for the protection of traffic and workers in accordance with the Virginia Work Area Protection Manual or as directed by the district administrator's designee.
- 14) Traffic shall not be blocked or detoured without permission, documented in writing or electronic communication, being granted by the district administrator's designee.
- 15) All lane or shoulder closures on highways in the Northern Virginia construction district classified as arterial or collector routes must be authorized, documented in writing or by electronic communication by the VDOT Transportation Operations Center (NRO/TOC).

16) The permittee shall notify the following appropriate VDOT Transportation Operations Center (TOC) 30 minutes prior to the installation of a lane closure or shoulder closure on non-limited access primary routes and within 30 minutes of removing the lane or shoulder closure:

- Eastern Region (757) 424-9920: All localities within the Hampton Roads construction district excluding Greenville County and Sussex County
- Northern Virginia (703) 877-3401: All localities within the NOVA construction district including Spotsylvania County and Stafford County
- Central Region (804) 796-4520: All localities within the Richmond construction district including Greenville County and Sussex County. All localities within the Fredericksburg district excluding Spotsylvania County and Stafford County
- SW Region (540) 375-0170: All localities within the Salem, Bristol, and Lynchburg construction districts
- NW Region (540) 332-9500: All localities within the Staunton and Culpeper construction districts.

#### **VIRGINIA WORK ZONE TRAFFIC CONTROL TRAINING OPTIONS**

The following three options are available to receive Work Zone Traffic Control (WZTC) training based on an individual's job duties and responsibilities as required by the FHWA Final Rule on Work Zone Safety and Mobility and the Virginia Department of Transportation:

**OPTION 1** – Have someone trained to become a qualified instructor in your company who can then instruct others, utilizing training material provided by VDOT. The following qualifications must be met in order to teach the VDOT Basic, Intermediate, or Advanced WZTC training courses:

- **Basic** – Be flagger certified either by VDOT or by the American Traffic Safety Services Association (ATSSA); possess two years of practical experience in Highway Design, Construction, Maintenance, or Traffic Operations; possess two years of documented experience in conducting training courses; and successfully complete the VDOT WZTC Intermediate or Advanced course or complete the ATSSA Virginia Intermediate/Traffic Control Supervisor (TCS) course.
- **Intermediate** - Be flagger certified either by VDOT or by ATSSA; possess two years of practical experience in Highway Design, Construction, Maintenance, or Traffic Operations; possess two years of documented experience in conducting training courses; complete and possess the ATSSA Virginia Intermediate/TCS certification.
- **Advanced** - Be flagger certified either by VDOT or by ATSSA; possess two years of practical experience in Highway Design, Construction, Maintenance, or Traffic Operations; possess two years of documented experience in conducting training courses; complete and possess the ATSSA Virginia Advanced Traffic Control Design Specialist (TCDS) certification or ATSSA Virginia Intermediate TCS certification.

To become an approved instructor, an application must be completed listing the above qualifications and sent to the chairman of VDOT's WZST committee at the following location:

[http://www.virginiadot.org/business/resources/wztc/wztc\\_inst\\_app\\_form.pdf](http://www.virginiadot.org/business/resources/wztc/wztc_inst_app_form.pdf)

Once a person has become an approved instructor, training material can be obtained from VDOT using the order form obtained from the following location (requires an approved instructor identification number):

[http://www.virginiadot.org/business/resources/wztc/WZTC\\_order\\_form.pdf](http://www.virginiadot.org/business/resources/wztc/WZTC_order_form.pdf)

**OPTION 2** – Obtain the services of an approved instructor from VDOT's Approved WZTC Instructor List to teach the course or courses you need for your employees.

The Approved WZTC Instructor's List can be obtained at the following location:

[http://www.virginiadot.org/business/resources/wztc/Approved\\_WZTC\\_Instructors.pdf](http://www.virginiadot.org/business/resources/wztc/Approved_WZTC_Instructors.pdf)

A list of Approved Providers of training can be obtained at the following location:

[http://www.virginiadot.org/business/resources/wztc/wztc\\_training\\_sponsors.pdf](http://www.virginiadot.org/business/resources/wztc/wztc_training_sponsors.pdf)

**OPTION 3** – Send personnel to classes conducted by approved sources such as ATSSA Virginia or the Virginia Local Technical Assistance Program (LTAP).

Courses by ATSSA Virginia can be found at the following location:  
[http://atssa.com/cs/course\\_information/courses\\_by\\_state?state=56](http://atssa.com/cs/course_information/courses_by_state?state=56)

Courses by the Virginia LTAP can be found at the following location:  
<http://ltap.cts.virginia.edu/2%20Page%20Calendar%20June%20-%20Sept%2009.pdf>

Basic WZTC courses by the Virginia Rural Water Association can be found at the following location:  
<http://www.vrwa.org/> (See Training Schedule)

Training by the Virginia Transportation Construction Alliance (VTCA) can be found at the following location: <http://vtca.org/>

Visit the following site for additional information regarding Virginia's Work Zone Traffic Control training program:  
<http://www.virginiadot.org/business/trafficeng-WZS.asp>

### **Authorized Hours and Days of Work**

Normal hours for work under the authority of a biennial VDOT land use permit for tree pruning or removal activities are from 9:00 a.m. to 3:30 p.m., Monday through Friday for all non-limited access highways classified as arterial or collector. All highways classified as local roads shall have un-restricted work hours and days.

The local district permit office may establish alternate time restrictions in normal working hours and days for VDOT land use permits authorizing tree pruning or removal associated with the maintenance of overhead utility facilities.

The classifications for all state maintained highways can be found at the following VDOT web site:  
<http://www.virginiadot.gov/projects/fxn.class/home.asp>

### **Holiday Restrictions**

Permitted non-emergency activities will not be allowed on non-limited access arterial and collector highway classifications from noon on the preceding weekday through the following state observed holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. If the observed holiday falls on a Monday, the permit will not be valid from noon on the preceding Friday through noon on Tuesday.

### **Inspections**

The absence of a VDOT inspector does not in any way relieve the permittee of their responsibility to perform the work in accordance with these provisions, the Virginia Department of Transportation (VDOT) Vegetation Control Regulations on State Rights-of-Way and the Virginia Department of Transportation (VDOT) Tree and Brush Trimming Policy.

Upon completion of tree trimming activities at each circuit listed on the annual work schedule the permittee shall provide notification, documented in writing, by telephone or electronic communication, to the local district permit office requesting final inspection. This request shall include the name of the permittee, land use permit number, county name, route number(s), and specific location of the completed tree trimming activities. The permittee must complete corrections to deficiencies in the work performed and contact the local district permit office for re-inspection within 30 calendar day's receipt of initial final inspection correspondence from VDOT.

### **Permit Revocation**

A biennial VDOT land use permit authorizing utility tree trimming operations may be revoked for a minimum of 30 calendar days upon written finding that the permittee violated the terms of the permit or any of the requirements of the Land Use Permit Regulations.

The permittee must obtain single use permits from the local district permit office where the activity is to occur to continue utility tree trimming operations during this revocation period. In addition VDOT may apply additional penalties in accordance with §33.2-1221.

**Permittee Notice**

The preceding provisions are a summary of the [Land Use Permit Regulations](#) and relevant vegetation control requirements. The permittee should contact the local district permit office or the central office permit manager with questions or concerns regarding land use permitting for vegetation control operations associated with the maintenance of overhead utility line.



Land Use Permit Application (LUP-A)

APPLICATION is hereby made for permit as shown on the accompanying plan or sketch and as described below. Said activity(s) will be done under and in accordance with the rules and regulations of the Commonwealth Transportation Board of Virginia, in so far as said rules are applicable thereto and any agreement between the parties herein before referred to. Where applicable agreements may be attached and made a part of the permit assembly including any cost responsibilities covering work under permit. Applicant agrees to maintain work in a manner as approved upon its completion. Applicant also hereby agrees and is bound and held responsible to the owner for any and all damages to any other installations already in place as a result of work covered by resulting permit. Applicants to whom permits are issued shall at all times indemnify and save harmless the Commonwealth Transportation Board members of the Board, the Commonwealth and all Commonwealth employees, agents, and offices, from responsibility, damage, or liability arising from the exercise of the privileges granted in such permit to the extent allowed by law. In consideration of the issuance of a permit the applicant agrees to waive for itself, successors in interest or assigns any entitlements it may otherwise have or have hereafter under the Uniform Relocation and Assistant Act of 1972 as amended in event the Department or its successor, chooses to exercise its acknowledged right to demand or cause the removal of any or all fixtures, personality of whatever kind or description that may hereafter be located, should this application be approved.

Applicant information: Driver's License or Tax ID No. Contact Name Owner Name E-mail Address Address Telephone Number City State Zip Code Emergency Telephone Number Fax Number

Agent information: Driver's License or Tax ID No. Contact Name Agent Name E-mail Address Address Telephone Number City State Zip Code Emergency Telephone Number Fax Number

Permit Term Requested Fees Enclosed \$ Check Number Money Order Estimated cost of work to be performed on VDOT Right of Way \$

Surety Information:

Surety Posted by: Owner Agent Surety Waived Bonding Company Name Irrevocable Letter of Credit - Bank Name Surety paid by Check - Check Number Amount of Surety \$ Obligation Amount \$ Request permission to perform the following activity(s):

as per attached plans.

Location: County Town City of Route No. Street Name

Between Route No. Street Name and Route No. Street Name

Latitude Longitude Tax Map Number Applicant Job No.

Applicant shall provide proof of registration as an operator with the appropriate notification center in accordance as defined in §2.2-1151.1 of the Code of Virginia & must provide a notarized affidavit, stating that the utility owner has notified the commercial and residential developer, owner of commercial or multifamily real estate, or local government entities with a property interest in any parcel of land located adjacent to the property over which the land use is being requested, that application for the permit has been made.

IF APPLICABLE, I AGREE TO PAY THE FULL SALARY AND EXPENSES OF A STATE ASSIGNED INSPECTOR IN CONJUNCTION WITH ACTIVITIES AUTHORIZED UNDER THE AUSPICES OF A VDOT LAND USE PERMIT. I the undersigned hereby acknowledged that I am fully cognizant of all of the following attached requirements associated with the issuance of a VDOT Land Use Permit:

Signature of Applicant: Title Date

Signature of Agent: Title Date

All applicable items on this form must be completed to avoid delay in processing the issuance of a VDOT Land Use Permit. Prepayment required with remittance payable to Virginia Department of Transportation.

VDOT USE ONLY

Receipt is hereby acknowledged for: CHECK No.: MONEY ORDER No.:

In the Amount of \$ for PERMIT FEE \$ CASH SURETY \$

Authorized VDOT Signature: Date:

\*Agent mean: Applicant contractor's or a person or business authorized to act on another's behalf.

LAND USE PERMIT  
LUP-LC  
Bank Irrevocable Letter of Credit

*[Bank Letterhead]*

LETTER OF CREDIT BANK AGREEMENT

Date: \_\_\_\_\_  
Issuing Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Amount: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_  
Tax ID number or Driver's license Number: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

VIRGINIA DEPARTMENT OF TRANSPORTATION

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

We hereby issue Irrevocable Letter of Credit number \_\_\_\_\_ in favor of the Virginia Department of Transportation (the Department) for the account of \_\_\_\_\_ in an amount not to exceed \_\_\_\_\_ U.S. Dollars (\$ \_\_\_\_\_ ) available by sight draft on the above stated issuing bank accompanied by the documents specified below:

A certified statement signed by the Department's Permit Manager or their representative stating that \_\_\_\_\_ has not satisfactorily completed work pursuant to the permit issued to the permittee or his agent to perform the work as described on the face of the land use permit in the **County of** \_\_\_\_\_, Virginia.

A certified statement signed by the Department's Permit Manager or their representative stating that: **"This draw is for the explicit purpose of providing for completion or restoration of the right of way to the terms of the Land Use Permit Regulations and pursuant to the agreement of the permittee or their Agent to perform the work covered by permit to the satisfaction of the Department."** All drafts must bear the clause "Drawn under \_\_\_\_\_ Irrevocable Letter of Credit No. \_\_\_\_\_ dated \_\_\_\_\_, 20\_\_\_\_."

We hereby engage with drawers, endorsers and bona fide holders that all drafts drawn in compliance with the terms of this credit shall be duly honored upon presentation and delivery of this document. This Irrevocable Letter of Credit shall remain in full force and effect for a period of two (2) years from the date hereof and shall automatically renew itself from year to year for three (3) years, one (1) year periods thereafter unless and until the above issuing bank shall give ninety (90) days prior written notice to the department by CERTIFIED MAIL, RETURN RECEIPT REQUESTED, of its intent to terminate same at the expiration of said ninety-day period. During said ninety (90) days notice period, this Irrevocable Letter of Credit shall remain in full force and effect.

During the last thirty (30) days while this Irrevocable Letter of Credit is in force and effect after notice of termination has been given, the Department may draw up to the full amount of this Irrevocable Letter of Credit when accompanied by a document stating that \_\_\_\_\_ has failed to provide an acceptable substitute Irrevocable Letter of Credit or deposit in an escrow account, and further stating that **"The draw will be held by the Department for the sole purpose of providing for the completion or restoration of the right of way for work covered by the land use permit issued to \_\_\_\_\_ until such work is completed or restored to the Department's satisfaction. This Irrevocable Letter of Credit shall be terminated upon the Department's Permit Manager or their appointed representative giving written release stating that the terms of the permit have been completed and accepted by the Department."** Requests for the termination of this Irrevocable Letter of Credit should be addressed to the local Department office that issued the land use permit.

Except as otherwise expressly stated herein, this credit is subject to the Uniforms Customs & Practices for Documentary Credit (2007 Revision), International Chambers of Commerce Publication No. 600.

Attest: \_\_\_\_\_

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title



Land Use Permit Regulations
LUP-SB
Surety Bond

BE KNOWN THAT WE as Principal, and \_\_\_\_\_, a corporation duly incorporated under the Laws of the State of \_\_\_\_\_, as Surety, are held and firmly bound unto the Commonwealth of Virginia in the full and just sum of \_\_\_\_\_ U.S. Dollars (\$ \_\_\_\_\_), to be paid to the Commonwealth of Virginia to the payment whereof we hereby bind ourselves and our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_\_ (year).

WHEREAS, The said Principal hereunder has been or will be granted permit(s) authorizing one or more of the following activities;(A) to move house property upon public highways of Virginia (B) to cut surface of the highways of Virginia, or to tunnel under such highways; (C) to install and/or erect and maintain telephone, electric power lines, water, sewer, gas or other utilities on, under or over such highways, bridges or tunnels;(D) to install an entrance or tie-in into a public roadway and/or grading upon the Right -of-way; or (E) for the following purposes: Explain below exact purpose(s) for which surety coverage is being obtained:

\_\_\_\_\_

Work to be performed in the county, city or town of: \_\_\_\_\_

THEREFORE, The conditions of this obligation are such that if the said Principal shall in all respects comply with the terms and conditions of said permit(s), and fully meet and perform obligations thereunder in accordance with requirements for permits as set forth in the Land Use Permit Manual in effect at time of permit issuance, and shall satisfactorily complete the work permitted, and shall indemnify and save harmless the Commonwealth of Virginia against and from all loss, cost, expense damage or injury to highways and bridges and to persons and property lawfully on such highways, growing out of the granting of such permit(s) to said Principal, then this obligation be void, otherwise to be and remain in full force and virtue.

NOW, THEREFORE, It is expressly understood that this Bond may be canceled by the Surety at the expiration of sixty (60) days from the date which the Surety shall have lodged with the Commonwealth Transportation Commissioner or his designees written notice to so cancel. This provision, however, shall not operate to relieve, release or discharge the Surety from any liability already accrued, or which shall accrue, on permits issued before the expiration of the sixty-day period. Bonds securing performance on specified active permit(s) may be canceled only upon satisfactory completion of permit(s), as determined by the Department Engineer.

NOTE: Continuous Bond cannot be canceled unless facilities covered by the permit have been removed from the Right -of-way, or the principal has arranged for replacement surety protection. ALL permit work covered under section (C) above shall be covered by a bond at all times.

Said principal and surety, being properly authorized, have caused these presents to be executed and their seals affixed the day and year first above written.

Surety name \_\_\_\_\_
Bond number \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
Contact person \_\_\_\_\_
Telephone number \_\_\_\_\_
Attorney-in-Fact Name \_\_\_\_\_
Signature \_\_\_\_\_

Principal name \_\_\_\_\_
TAX ID # or DMV ID # \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
Contact person \_\_\_\_\_
Telephone number \_\_\_\_\_
Signature \_\_\_\_\_

**POWER OF ATTORNEY AUTHORIZATION TO BE ATTACHED**

**Acknowledgement of Principal**

**Attorney-In-Fact**

**(Seal)**

STATE OF \_\_\_\_\_ COUNTY / TOWN / CITY OF \_\_\_\_\_

I, the undersigned, a Notary Public in and for the County / Town / City aforesaid, in the State aforesaid, do certify that, \_\_\_\_\_ whose name as Principal is signed to the foregoing writing bearing date this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_ (year), personally appeared before me and acknowledged the same.

Given under my hand this day of \_\_\_\_\_ (month), 20\_\_\_\_ (year)

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Affidavit and Acknowledgement of Surety**

STATE OF \_\_\_\_\_ COUNTY/TOWN/CITY OF \_\_\_\_\_

I, the undersigned, a Notary Public in and for the County/Town/City aforesaid, in the State aforesaid do certify that, . (Name of Attorney in Fact) personally appeared before me and made oath that he is . (Title) of the (Name of Surety), that he is duly authorized to execute the foregoing bond by virtue of a certain power of attorney of said company; that said power of attorney has not been revoked; that the said company has complied with all the requirements of law regulating the admission of such companies to transact business in the State of Virginia; that the said company holds the certificate of the Commissioner of Insurance authorizing it to do business in the State of Virginia; that it has a paid-up cash capital of not less than \$250,000; that the paid-up capital plus the surplus and undivided profits of said company is \$ ; that the penalty of the foregoing bond is not in excess of ten percentum of said sum; that the said company is not by said bond incurring in the aggregate, on behalf or on account of the principal names in said bond, a liability for an amount larger than one-tenth of its paid-up capital, plus its surplus and undivided profits; that the said company is solvent and fully able to meet promptly all its obligations, and the said (Attorney in fact name) thereupon, in the name and on behalf of the said company, acknowledged the foregoing writing as its act and deed.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_ (year)

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Original to be filed with the Virginia Department of Transportation  
Request for Land Use Permit Surety Bond Cancellation may be addressed to:  
Virginia Department of Transportation

\_\_\_\_\_

\_\_\_\_\_

# Request for Taxpayer Identification Number and Certification



Section 1 - Taxpayer Identification

- Social Security Number (SSN)**
- Employer Identification Number (EIN)**
- \_\_\_\_\_

Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.

**Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)**

\_\_\_\_\_

<b>Legal Name:</b>	
<b>Business Name:</b>	

Entity Type	Entity Classification	Exemptions (see instructions)
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other	Exempt payee code (if any): _____ (from backup withholding) _____ Exemption from FATCA reporting code (if any): _____

### Contact Information

Legal Address:	Name:	
	Email Address:	
	City:                      State :      Zip Code:	Business Phone:
Remittance Address:	Fax Number:	
	Mobile Phone:	
	City:                      State :      Zip Code:	Alternate Phone:

Section 2 - Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (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
- I am a U.S. citizen or other U.S. person (defined later in general instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification

<b>Printed Name:</b>		
<b>Authorized U.S. Signature:</b>		<b>Date:</b>

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

### Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain

payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see Section 2 Certification – Page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code on page 3 and the separate Instructions for the Requestor of Form W-9 for more information.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requestor of Form W-9 for more information.

### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no

reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Section 1 -Taxpayer Identification

#### Check the appropriate Tax Identification Number (TIN) type. Enter your EIN/SSN in the space provided.

If you are a resident alien and you do not have and /or are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site [www.irs.gov](http://www.irs.gov).

If you do not have a TIN, apply for a TIN immediately, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester. **Note:** *Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.*

#### Enter the TIN which coincides with the 'Legal Name' provided on the form.

- If you are an individual, check the "Social Security Number (SSN)" box and enter the SSN.
- If you are a Grantor or Revocable Trust, check the "Social Security Number (SSN)" box and enter the SSN of the Grantor.
- If you are a Resident Alien, check the "Social Security Number (SSN)" box and enter your SSN or

your ITIN (IRS Individual Taxpayer Identification Number).

d. If you are a Sole Proprietor, check the "Social Security Number (SSN)" box and enter the SSN of the sole proprietor.

e. If you are a Single-Member LLC that is disregarded as an entity, check the "Social Security Number (SSN)" box and enter the member's SSN.

Note: If an LLC has one owner, the LLC's default tax status is "disregarded entity". If an LLC has two owners, the LLC's default tax status is "partnership". If an LLC has elected to be taxed as a corporation, it must file IRS Form 2553 (S Corporation) or IRS Form 8832 (C Corporation).

Vendors are requested to enter their **Dunn and Bradstreet Universal Numbering System (DUNS)**, if applicable. See number requirement below.

#### Dunn and Bradstreet Universal Numbering System (DUNS) number requirement .

The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government's Central Contractor Registration (CCR) at [www.ccr.gov](http://www.ccr.gov) . Any entity that does not have a DUNS number can apply for one on-line at <http://www.dnb.com/us/> under the DNB D-U-N Number Tab.

**Legal Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form. If you are using a name other than that which is listed on a Social Security Card, please enter the legal entity name **as filed with the IRS**. In general, enter the name shown on your income tax return. Do not enter a Disregarded Entity Name on this line.

**Business Name.** Business, Disregarded Entity, trade, or DBA ("doing business as") name.

**Entity Type.** Select the appropriate entity type.

**Individual.** If you are an individual, you must generally enter the name shown on your income tax return.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Legal Name" line. You may enter your business, trade, or

"doing business as (DBA)" name on the "Business Name" line.

**Partnership.** A partnership is an entity reflecting a relationship existing between two or more persons who join to carry on a trade or business. Enter the partnership's name on the "Legal Name" line. This name should match the name shown on the legal document creating the entity. You may enter your business, trade, or "doing business as (DBA)" name on the "Business Name" line.

**Trust.** A legal entity that acts as fiduciary, agent or trustee on behalf of a person or business entity for the purpose of administration, management and the eventual transfer of assets to a beneficial party. Enter the name of the legal entity on the "Legal Name" line.

**Estate.** A separate legal entity created under state law solely to transfer property from one party to another. The entity is separated by law from both the grantor and the beneficiaries. Enter the name of the legal entity on the "Legal Name" line.

**Government.** The Government of any State, any Political Subdivision of any State, any Agency or Instrumentality of a State or of a Political Subdivision of a State.

**Non-Profit.** An organization that is organized and operated exclusively for exempt purposes and none of its earnings may inure to any private shareholder or individual.

**Corporation.** A company recognized by law as a single body with its own powers and liabilities, separate from those of the individual members. Enter the entity's name on the "Legal Name" line and any trade or "doing business as (DBA)" name on the "Business Name" line.

**S-Corporation.** A corporation that is taxed like a partnership: a corporation in which five or fewer people own at least half the stock. Enter the entity's name on the "Legal Name" line and any trade or "doing business as (DBA)" name on the "Business Name" line.

**C-Corporation.** A business that is taxed as a separate entity: a business taxed under Subchapter C of the Internal Revenue Code and legally distinct from its owners. Enter the entity's name on the "Legal Name" line and any trade or "doing business as (DBA)" name on the "Business Name" line.

**Limited liability Company (LLC).** An LLC with at least two members is classified as a partnership for federal income tax purposes unless it files Form 8832 and affirmatively elects to be treated as a corporation. Enter the name of the partnership or corporation. An LLC with only one member is treated as an entity disregarded as separate from its owner for income tax purposes (but as a separate

entity for purposes of employment tax and certain excise taxes), unless it files Form 8832 and affirmatively elects to be treated as a corporation. If you are a single-member LLC (including a foreign LLC with a domestic owner) that is **disregarded** as an entity separate from its owner, **enter the owner's name on the "Legal Name" line.** **Caution:** *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

**Entity Classification.** Select the appropriate classification type.

**Contact Information.** Enter your contact information.

Enter your **Legal Address.** Enter your **Remittance Address.** A **Remittance Address** is the location in which you or your entity receives business payments.

Enter your **Business Phone Number.** Enter your **Mobile Phone Number,** if applicable. Enter your **Fax Number,** if applicable. Enter your **Email Address.**

For clarification on IRS Guidelines, see [www.irs.gov](http://www.irs.gov).

**Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code below.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation

- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment trust
- 9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10- A common trust fund operated by a bank under section 584(a)
- 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian
- 13 - A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup>However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B - The United States or any of its agencies or instrumentalities
- C - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D - A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E - A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G - A real estate investment trust
- H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I - A common trust fund as defined in section 584(a)
- J - A bank as defined in section 581
- K - A broker
- L - A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Section 2 - Certification**

To establish to the paying agent that your TIN is correct, you are not subject to backup withholding, or you are a U.S. person, or resident alien, sign the certification on Form W-9. You are being requested to sign by the Commonwealth of Virginia.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

**Submission:**

Commonwealth Vendor Group  
 Post Office Box 1971  
 Richmond, VA 23218-1971  
 CVG@doa.virginia.gov  
 804.823.2701 (fax)



LAND USE PERMIT  
LUP-CCV  
Chemical Control of Vegetation

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

To: \_\_\_\_\_ (District Roadside Manager)

VDOT District: \_\_\_\_\_

From: \_\_\_\_\_ (Permittee Name)

A request is hereby made for permission to chemically control certain vegetation at the following location(s):

Route Number(s): \_\_\_\_\_

In the City, County, Town of: \_\_\_\_\_

Type of Treatment: \_\_\_\_\_

Description of Work: \_\_\_\_\_

**Herbicide(s) to be used:**

Herbicide # 1: \_\_\_\_\_ Rate: \_\_\_\_\_

Herbicide # 2: \_\_\_\_\_ Rate: \_\_\_\_\_

Additional Herbicides and Rates: \_\_\_\_\_

**Name of Licensed Applicator:** \_\_\_\_\_

**VDACS Pesticide License No.:** \_\_\_\_\_ (Copy Attached)

**SPECIAL PROVISIONS**

1. If the type of treatment requested is for a cut stump, then herbicide shall be applied as a cut stump treatment only. No broadcast spraying shall occur.
2. Herbicide shall be applied only in accordance with the product label.
3. Only authorized vegetative material shall be affected by the application of herbicide.
4. Herbicides shall be handled and applied only by an individual licensed by the **Virginia Department of Agriculture and Consumer Services** (VDACS) as a Commercial Pesticide Applicator, Category 6.
5. A copy of the current MSDS and label(s) for each herbicide shall be attached to this request and be maintained on-site.
6. Performance of the requested activity shall be guaranteed by a surety bond, cash surety or irrevocable letter of credit attached to the VDOT Land Use Permit for which this activity is proposed.

**REQUESTOR INFORMATION**

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Name of Contact Person:** \_\_\_\_\_

**Telephone No.:** ( \_\_\_\_ ) \_\_\_\_\_      **E-Mail Address:** \_\_\_\_\_

**By:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
(Signature)

**VDOT DETERMINATION**

\_\_\_\_\_ Insofar as the Commonwealth Transportation Board has the right and power to grant same, the above requestor is authorized to chemically control vegetation within state maintained rights-of-way as outlined herein and under the auspices of a VDOT Land Use Permit.

\_\_\_\_\_ The request to chemically control vegetation within state maintained rights-of-way is denied based on the reasoning outlined below.

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(District Roadside Manager)

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_