PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9) STD. 204 (Rev. 6-2003)(CA ST PKS, EXCEL 8/11/2009)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form. PAYEE'S LEGAL BUSINESS NAME (Type or Print)						
2	Humboldt County Public Health Laboratory SOLE PROPRIETOR — ENTER NAME AS SHOWN ON SSN (Last, First, M.L.) EMAIL ADDRESS						
	MAILING ADDRESS		BUSINESS ADDE	RESS			
	529 Street						
	CITY, STATE, ZIP CODE		CITY, STATE, ZI	P CODE			
	Eureka CA 95501						
3	ENTER FEDERAL EMPLOYER IDE	CORPORATION:		0000		NOTE: Payment will not be processed	
PAYEE ENTITY TYPE	☐ ESTATE OR TRUST	■ MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) ■ ESTATE OR TRUST ■ LEGAL (e.g., attorney services) ■ EXEMPT (nonprofit) ■ ALL OTHERS					
CHECK ONE BOX ONLY	INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: (SSN required by authority of California Revenue and Tax Code Section 18646)						
4	 ☑ California resident - Qualified to do business in California or maintains a permanent place of business in California. ☐ California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax witholding. 						
PAYEE RESIDENCY STATUS	No services performed in California. Copy of Franchise Tax Board waiver of State withholding attached.						
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.						
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) TITLE						
	Kex (Pohn	1		Vice Cha	ir	
	SIGNATURE	11	DATE 10/23	/18	(707) 268-76	640	
	Please return completed form to:						
6	Department/Office: DEPARTMENT OF PARKS AND RECREATION						
	Unit/Section: NORTHCOAST REDWOODS DISTRICT						
	Mailing Address:	PO BOX 2006					
	City/State/Zip:	EUREKA CA 95502					
	Telephone: (707) 445 6547 X 28 Fax: (707) 441 5737						
	E-mail Address: lorraine.colby@parks,ca,gov						

State of California - Natural Resources Agency DEPARTMENT OF PARKS AND RECREATION

FO	R DEPARTMENT USE ONLY
VEND	OR NO. (If Known)

E-N	MAIL TO VENDINFO@PARKS.CA.GOV
	OR FAX TO FISC SYS LINIT

PAYEE DATA RECORD SUPPLEMENT

All suppliers doing business with the Department of Parks and Recreation must complete this form.

Vendor Information					
PAYEE'S LEGAL BUSINESS NAME (Type or Print) Humboldt County Public Health Laboratory	FEDERAL ID NO. 94-000513				
Submission Checklist					
Upon completion, submit the following as instructed in bo ☐ STD. 204, Payee Data Record ☐ DPR 88, Payee Data Record Supplement	ox/section 6 of the attached STD. 204:				
Will tangible goods be provided?					
☐ Yes ☑ No					
Attach: No additional attachments needed.					
Seller's Permit (No)					
Certificate of Registration (No)					
☐ NO ATTACHMENT NEEDED - No inventory or sales staff in CA.					
Certificate of Acceptance					
When doing business with the Department of Parks and Recreation I accept and will abide by the State's IT General Provisions or General Provisions Non-IT Commodities, as applicable, located on the internet at www.pd.dgs.ca.gov/modellang/GeneralProvisions.htm.					
Authorized Representative - complete and sign (REQUIRED)					
AUTHORIZED REPRESENTATIVE'S SIGNATURE	PRINTED NAME Rex Bohn Vice Chair DATE 10/23/19				
EXECUTED IN THE COUNTY AND STATE OF	DATE				
Humboldt, California	10123/13				

DPR 88 (Rev. 9/2010)(Excel 9/9/2010)