

JOHNS HOPKINS UNIVERSITY/APPLIED PHYSICS LABORATORY
Independent Contractor Checklist Part I

Service Provider: _____	Federal ID#: _____
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The purpose of this questionnaire is to verify your contractor status. Please answer the following questions by checking the appropriate box after each question, sign and date the certification at the bottom in the spaces indicated, and return this form to the JHU/APL Contract Representative referenced in the RFP.

	Yes	No
Will you pay business expenses that are not reimbursed by JHU/APL? (examples include: rent, utilities, tools, advertising, insurance, licenses, supplies, professional dues, salary of assistants.)	<input type="checkbox"/>	<input type="checkbox"/>
Do you advertise or otherwise make your services available to the public?	<input type="checkbox"/>	<input type="checkbox"/>
Have you invested in equipment, facilities or other equipment necessary to provide your services?	<input type="checkbox"/>	<input type="checkbox"/>

The undersigned, on behalf of the contractor, certifies the information contained in this questionnaire to be true and correct to the best of the contractor's knowledge. It is recognized that Johns Hopkins University Applied Physics Laboratory may forward the results of this questionnaire to the U.S. Government and that if any of the above statements are intentionally false, the contractor may be subject to penalties as prescribed in 18 U.S.C. 1001.

CONSENT TO USE OF ELECTRONIC SIGNATURES

BY CHECKING HERE, I AGREE TO THE USE OF ELECTRONIC SIGNATURES AS VALID, LEGALLY BINDING SUBSTITUTES FOR ORIGINAL, HANDWRITTEN SIGNATURES ON THIS DOCUMENT.

Company _____

Name (signature) _____

Name (printed) _____

Title _____ **Date of execution** _____