

Independent Contractor Certification Form

Check either Yes or No, or check the appropriate box next to each question below and provide applicable details:

1. **YES** **NO**
 I am a former employee or intern of World Vision. If yes, explain when you last worked for World Vision and the job you performed:

2. ***I offer my services to the public, and I have clients other than World Vision.*** If yes, please list the clients other than World Vision for which you have provided business services within the last 12 months:

3. ***I will determine how to accomplish the work I perform, without supervision, direction or training by World Vision personnel.***
4. ***I will be seeking reimbursement for expenses.*** If yes, please list the type(s) of reimbursable expenses:

5. ***I anticipate that World Vision will provide office space/desk for my work.***
6. a. ***I will be charging my work by unit of time (per hour/per day) or***
 b. ***I will be charging a flat fee or flat rate per project or deliverable.***
- Comment: _____
7. a. ***I have the following credential(s) on file with the state or local jurisdiction I reside in:*** (check all that apply)
 FEIN
 Business License
 Registered Fictitious Business Name - Doing Business As (DBA)
 State Business Tax Number
 Articles of Incorporation, LLC, or Partnership documents
 b. ***I don't have any of the credentials listed above.***

In signing below, I certify that the above is true and correct, and if for any reason the services I provide change in a way that alters my answer to any of the questions above, I will promptly inform World Vision at: contracts@worldvision.org

Signature: _____

Printed Full Name: _____

Business Name: _____

Business Address: _____

Date: _____