



**PUTNAM COUNTY
SCHOOL DISTRICT**
SHAPING THE FUTURE

**VENDOR APPLICATION FORM
AND HUMAN TRAFFICKING AFFIDAVIT**

The School/Department Employee must email on behalf of the Vendor, the Vendor's properly completed application, along with proof of active corporate status from the Division of Corporations (i.e. current annual report showing corporate officers) and a completed Substitute W-9 form to Purchasing@my.putnamschools.org. If a social security number is used please fax to that location and do not send through the email.

**This Application is subject to the Terms and Conditions at: <https://www.putnamschools.org/page/purchasing/>
Incomplete applications will not be processed.**

Possible Conflict of Interest Situations per Florida Statute 112.313 and School Board Policies

If You Answer "Yes" to Any Question Below, Please Contact your Supervisor Before Completing the Rest of the Form.

1. Are you an employee of the Putnam County Public Schools, (includes substitutes and community coaches)? Yes No

2. Is any employee of the Putnam County Public Schools an owner, proprietor, partner, director, or officer of this business?
 Yes No If yes, Employee's full name:

3. Is any spouse, parent or child of any employee of the Putnam County Public Schools an owner, proprietor, director, or officer of this business? Yes No

If yes, Employee's fullname: _____
Relationship to Employee: _____

REQUESTING SCHOOL/DEPARTMENT SECTION (REQUIRED):

PCSD Staff Name: _____ PCSD School/Department: _____

PCSD Staff Title: _____ Date: _____

Purchase Order Information

Legal Name of firm as registered on the Division of Corporations: _____ FEIN or Social Security Number: _____

Fictitious/d.b.a. (must be registered with the Division of Corporations): _____ Phone #: _____
Fax #: _____

Purchase Order Mailing Address: _____ City, State, Zip: _____

Purchase Order Email Address: _____ Web address: _____

General Business Information: Remittance

Remittance Mailing Address (if different than above): _____ City, State, Zip: _____

Vendor Contact Name and Title: _____ Phone #: _____
Fax #: _____

Accounts Receivable Email Address: _____ I

Description of Goods or Services:

By signing below, I certify that the above is true and accurate to the best of my knowledge and I will notify the Requesting School/Department of any future changes.

Printed Name of Authorized Representative¹

Signature of Authorized Representative

Date

The School Board of Putnam County, Florida · Vendor Registration

200 Reid Street, Palatka, Florida 32177

Fax: 386-312-4904 · Email: Purchasing@my.putnamschools.org

¹ Authorized Representative is defined as a person listed as a corporate officer with the Division of Corporations from the State the entity resides.

HUMAN TRAFFICKING AFFIDAVIT

Contractor Name: _____

Authorized Rep. Name and Title: _____

FEIN: _____

Address: _____

Telephone Number: _____

Section 787.06(13), Fla. Stats. (2024), requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute.

Before me, the undersigned authority, personally appeared _____, whom after being duly sworn, deposes and states: (Affiant)

As the person authorized to sign on behalf of the above-named entity, I certify that I am over the age of 18, of sound mind, and the entity identified above does not use coercion for labor or services as those terms are defined in Section 787.06, Fla. Stats. (2024); specifically, the entity does not:

1. Use or threaten to use physical force against any person;
2. Restraine, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
4. Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Cause or threaten to cause financial harm to any person;
6. Entice or lure any person by fraud or deceit; or
7. Provide a controlled substance as outlined in Schedule I or Schedule II of Section 893.03, Fla. Stats. (2024) to any person for the purpose of exploitation of that person.

Under penalty of perjury, I declare that I have read the foregoing document, that I am an officer or representative of the business indicated above, and that the facts stated herein are true.

By: _____

Authorized Signature

Print Name and Title: _____

Date: _____