



Procurement Division
 Fauquier County Government & Public Schools
 320 Hospital Drive, Suite 23
 Warrenton, VA 20186-3037
 Jeffrey.Campbell@fauquiercounty.gov
 Contract# 25-111-C-S



Phone (540) 422-8350

Fax (540) 422-8355

Vendor Discount Program Participation Form
Page 1 of 2

Business Name: Blackbird Technical			
Address: 14503 Store House Dr. Centreville, VA			
Phone Number: (202) 361-8442		Website: blackbirdtechnical.com	
Federal Identification Number: 844743557		State Corp Commission (SCC): 11025703	
Contact Person: Shane Hussain			
Phone Number: (202) 361-8442		Email Address: shane@blackbirdtechnical.com	
<u>Type of products/services offered by vendor</u>		<u>Type of Discount Offered</u>	
IT Compute Hardware, Software & licensing		Competitive discounts offered depending on order.	
Authorized Reseller of the following:			
HPE, Cisco, Aruba, Lenovo, Dell, Juniper			
Please provide any other pricing/rate sheets as an attachment for additional products/services/discounts.			
Do you have delivery capability: (Y/N) Yes If yes, is there any charge for delivery? (Y/N) Depends			
If yes, what is the charge or percentage rate? Depends on the order on order			
What is your return policy (if applicable)? Depends on the manufacturer			
Do you charge a restocking fee (if applicable)? (Y/N) Only if the manufacturer charges a restocking fee			
If yes, what is the charge or percentage? Only if the manufacturer charges a restocking fee			
PAYMENTS:			
Do you accept Credit Cards for Payments: (Y/N)		Yes	
If yes, what is the process to setup an account(s) to be able to pay with Credit Cards?			
An invoice will be sent, offering multiple payment options for your convenience.			
What procedure do our employees need to follow to pay with a credit card in store, by phone and/or online?			
Blackbird Technical operates without a physical storefront. We accept credit card payments securely over the phone and online.			
Do you accept Purchase Orders: (Y/N)		Yes	
If yes, what is the process to setup an account(s) to be able to pay with a Purchase Order?			
To pay by Purchase Order, we just set you up with PO billing. Once approved, you can send us your PO number with each order, and we'll apply it to your invoice.			
What procedure do our employees need to follow to pay with a Purchase Order in store, by phone and/or online?			
By Phone: Verify customer is approved for PO billing, collect their PO#, and add it to the invoice.			
Online: Have customer provide their PO# during checkout or by email, then add it to the invoice before sending.			

*****RETURN THIS PAGE*****



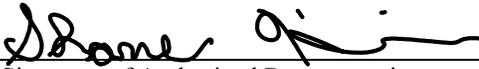
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Vendor Discount Program Participation Form
Page 2 of 2

Tax Exempt Information:
Fauquier County Government and Fauquier County Public Schools are exempt from Virginia Sales and Use Tax. Please note: Fauquier County and Fauquier County Public Schools have separate tax exempt numbers. Vendor shall remove Virginia Sales and Use tax from purchases.
What procedure/who do we contact to set up tax exempt accounts (if not already in place)?
To set up a tax-exempt account, please email your VA Sales and Use Tax Exemption Certificate, using the correct exemption number for either FCG or FCPS to accounting@blackbirdtechnical.com . We will update your account to ensure tax is removed from eligible purchases.
By signing below, Vendor agrees to the Terms and Conditions of Contract# 25-111-C-S and to extend Fauquier County Government and Fauquier County Public Schools the goods, services and discount(s) listed above and/or attached, for the term: July 1, 2025 through June 30, 2026.
Blackbird Technical
Company Name

Signature of Authorized Representative
Shane Hussain Founder & CEO
Print Name and Title
01/05/2026
Date

*****RETURN THIS PAGE VIA*****

Email: jeffrey.campbell@fauquiercounty.gov
Mail or Hand Deliver: Fauquier County Government and Public Schools
 Procurement Division Attn: Jeff Campbell
 320 Hospital Drive, Suite 23, Warrenton, VA 20186

Blackbird Technical LLC – Vendor Request Form

Business Name	Blackbird Technical LLC
Contact Person	Sajeel Hussain
Phone Number	(202) 361-8442
Email Address	Sajeel@blackbirdtechnical.com
Business Address	14503 Store House Dr. Centreville, VA 20121
Federal Tax ID (EIN)	84-4743557
SCC Number	11025703
Remittance Address (if different)	Same

Thank you for your time and consideration.

Sajeel Hussain | Founder & CEO



Blackbird Technical

✉ Sajeel@blackbirdtechnical.com

☎ (202) 361-8442

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Sajeel N Hussain
	2	Business name/disregarded entity name, if different from above. Blackbird Techncial LLC
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> <i>(Applies to accounts maintained outside the United States.)</i>
	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	5	Address (number, street, and apt. or suite no.). See instructions. 14503 Store House Dr
	6	City, state, and ZIP code Centreville, VA 20121
	7	List account number(s) here (optional)
		Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
8	4		4	7	4	3	5	5	7

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Sajeel Hussain</i>	Date 8/11/2025
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/06/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER FRANK D SPICER JR INS AGENCY 42642069 11781 LEE JACKSON MEM HWY 620 FAIRFAX VA 22033	CONTACT NAME:	
	PHONE (703) 385-5100 (A/C, No, Ext):	FAX (703) 385-4418 (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A : Property and Casualty Insurance Company of Hartford		34690
INSURED BLACKBIRD TECHNICAL LLC 14503 STORE HOUSE DR CENTREVILLE VA 20121-2375	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	X		42 SBA BY6PXR	01/05/2026	01/05/2027	EACH OCCURRENCE	\$1,000,000
		<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
		General Liability						MED EXP (Any one person)	\$10,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	OTHER:							GENERAL AGGREGATE	\$2,000,000
								PRODUCTS - COMP/OP AGG	\$2,000,000
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
		ANY AUTO						BODILY INJURY (Per person)	
		ALL OWNED AUTOS	<input type="checkbox"/>					BODILY INJURY (Per accident)	
		HIREN AUTOS	<input type="checkbox"/>					PROPERTY DAMAGE (Per accident)	
		SCHEDULED AUTOS NON-OWNED AUTOS	<input type="checkbox"/>						
		UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	
		DED RETENTION \$							
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>					E.L. EACH ACCIDENT	
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE	
								E.L. DISEASE - POLICY LIMIT	
A		Employment Practices Liability Insurance			42 SBA BY6PXR	01/05/2026	01/05/2027	Each Claim Limit	\$25,000
								Annual Aggregate Limit	\$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Additional Insured - State Or Governmental Agency Or Subdivision Or Political Subdivision Permits Or Authorization Form SL3040 attached to this policy.

CERTIFICATE HOLDER

Fauquier County and/or
 Fauquier County Public School Board
 320 HOSPITAL DR STE 23,
 WARRENTON VA 20186

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

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