



CENTRALBIDDING
FROM CENTRAL AUCTION HOUSE

**5000124271 LED LAMP MODULES FOR PROGRAMMABLE VISIBILITY
(PV) SIGNALS P46 SERIES**
Jefferson Parish Government

Project documents obtained from www.CentralBidding.com
20-Sep-2018 02:03:18 PM

DATE: 9/18/2018

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00124271

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, LA. 70054-0009
504-364-2678

VENDOR: Transportation Solutions & Lighting

BUYER: CGASPER

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

11/01/18

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) _____

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME:	<u>Transportation Solutions & Lighting, Inc.</u>
SIGNATURE: (Must be signed here)	<u>DeOR</u> TITLE:
PRINT OR TYPE NAME:	<u>Bradford Berner</u>
ADDRESS:	<u>980 N. Federal Hwy #110</u>
CITY, STATE:	<u>BOCA RATON, FL</u> ZIP: <u>33441</u>
TELEPHONE:	<u>800 216-4044</u> FAX: <u>800 216 4044</u>
EMAIL ADDRESS:	<u>brad@tsandl.us</u>

TOTAL PRICE OF ALL BID ITEMS: \$ 5,402.00

DATE: 9/18/2018

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 50-00124271

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	33.00	EA	LED LAMP MODULES FOR PROGRAMMABLE VISIBILITY (PV) SIGNALS P46 SERIES FOR JEFFERSON PARISH ENGINEERING/TRAFFIC 0010 LED LAMP MODULES FOR PROGRAMMABLE VISIBILITY (PV) SIGNALS P46 SERIES PV LED RED P463R33003 OPERATING VOLTAGE RANGE: 80VAC-135VAC FUSE & TRANSIENT SUPPRESSOR INCORPORATED OPERATING TEM RANGE: -40 DEGREES C TO +74 DEGREES C SEE ATTACHED SPECS AND PHOTO	\$174 ea	\$2442.00
2	14.00	EA	0020 LED LAMP MODULES FOR PROGRAMMABLE VISIBILITY (PV) SIGNALS P46 SERIES PV LED YELLOW P463Y33003 OPERATING VOLTAGE RANGE: 80VAC - 135 VAC FUSE & TRANSIENT SUPPRESSOR INCORPORATED OPERATING TEMP RANGE: -40 DEGREES C TO +74 DEGREES C SEE ATTACHED SPECS AND PHOTO	\$74 ea	\$1036.00
3	26.00	EA	0030 LED LAMP MODULES FOR PROGRAMMABLE VISIBILITY (PV) SIGNALS P46 SERIES PV LED GREEN P463G33003 OPERATING VOLTAGE RANGE: 80VAC - 135VAC FUSE & TRANSIENT SUPPRESSOR INCORPORATED OPERATING TEMP RANGE: -40 DEGREES C TO +74 DEGREES C SEE ATTACHED SPECS AND PHOTO JOSEPH PARKER	\$74 ea	\$1924.00

Bid 50-00124271

Department of Engineering

Traffic Engineering Division

Specifications for LED Lamp Modules

Operating Voltage Range: 80VAC to 135VAC (120VAC nominal)

Fuse and transient suppressor incorporated for line and load protection

Operating Temperature Range: -40 degrees C to +74 degrees C

Turn-On/Turn-Off Time = 75 msec max

Power factor greater > 0.9

Meets FCC Title 47, Subpart B, Section 15 Regulations for electrical noise

Conforms to MIL-STD-810F for blowing rain

P46 Series – 120 Volt Programmable Visibility Modules

<u>Part #</u>	<u>Color</u>	<u>Typical Wattage @ 25 degrees C</u>	<u>Minimum Luminous Intensity* (Cd)</u>	<u>QTY</u>
P46-3R33-003	RED	10	500	33
P46-3Y33-003	YELLOW	17	500	14
P46-3G33-003	GREEN	8	500	26

Features and Benefits

Direct retrofit replacement for incandescent lamps used in Programmable Visibility (PV) signals

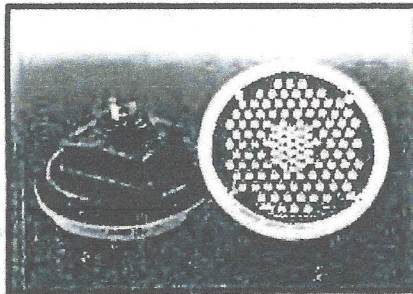
Compatible with McCain and 3M signal heads

Failure of single LED results in loss of light from that LED only

Moisture and dust resistant

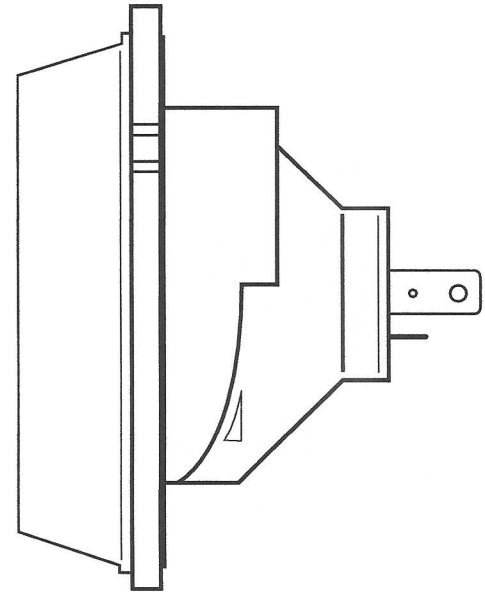
Bid 50-00124271

**LED Lamp Modules for
Programmable Visibility
(PV) Signals**
P46 Series



LED Lamps for Programmable View Modules

5.5 inch



Features, Benefits and Values

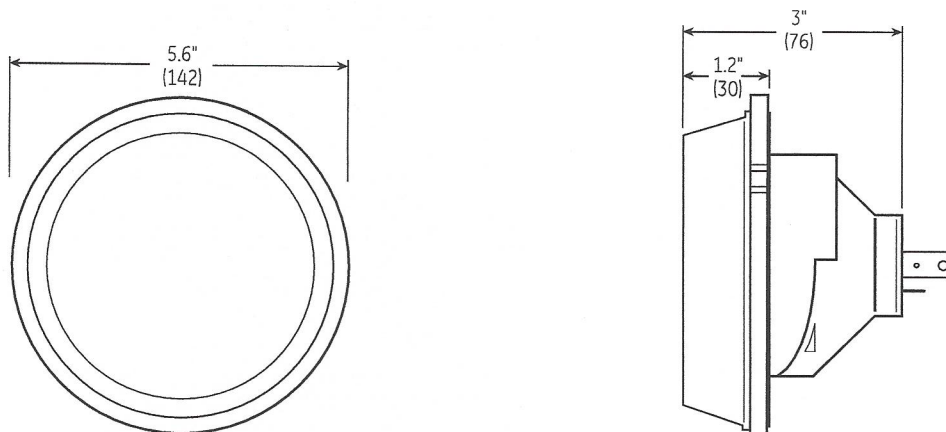
- High efficiency & long life LED light source
- Failure of single LED results in loss of light from only that LED
- Moisture and dust resistant
- Direct retrofit design
- Regulated power supply
- Conforms to Caltrans light intensity requirements

LED Lamps for Programmable View Modules

- 5.5 inch

Mechanical Outline

Dimensions in inches. (mm) indicates metric equivalent



Design Compliance

Test Type	Compliance
Chromaticity	ITE VTCSH-STD Part 2
Moisture Resistance	NEMA STD 250 Type 4 - 1991
Mechanical Vibration	MIL-STD-883 Method 2007
Electronic Noise	FCC Title 47 Sec 15 Sub. B ¹
Transient Voltage Protection	ITE VTCSH-STD Part 2
Controller Compatibility	NEMA TS-2-1992

¹ Class A

Operating Specifications

Parameter	Rating
Operating Temperature Range	-40 to + 74°C (-40 to +165°F)
Operating Voltage Range	80 to 135 V (60Hz AC)
Power Factor (PF)	> 90 %
Total Harmonic Distortion (THD)	< 20 %
Lens & Shell Material	UV Stabilized Polycarbonate

Note: To ensure full interoperability, the dimming option and its resistor must be disconnected before turning on the LED lamp.

Product Information

Model Number	AC Voltage	Power (W)	Wavelength (nm)	Maintained Intensity (Cd/m ²)
	Nominal	Nominal	Dominant	Minimum ²
● DR3-RCFB-01A	120V - 60 Hz	10	626	314
● DR3-YCFB-01A	120V - 60 Hz	14	589	314
● DR3-GCFB-01A	120V - 60 Hz	10	508	314

Standard product equipped with spade connectors.

² Test condition : T_a = 25°C

Distributed by:



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1 - 8 8 8 - 6 9 - 4 3 - 5 3 3

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TRAF020-R120110

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Transporation Solutions & Lighting, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

980 North Federal Highway, Suite 110

6 City, state, and ZIP code

Boca Raton, FL 33432

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

8 2 - 1 9 3 9 1 1 3

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 ►

Paul M. [Signature]

Date ►

1-1-18

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/08/2018

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 have ADDITIONAL INSURED provisions or 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 L AND C INSURANCE PROVIDERS 8180 NW 36th St. #421 Doral FL 33166		CONTACT NAME: ERIKA CASTELLANOS PHONE (A/C, No, Ext): (888) 913-6988 E-MAIL ADDRESS: conrad.fernandez@greatflorida.com FAX (A/C, No): (877) 558-3255	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: MACNEILL	
		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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			0900108201	04/23/2018	04/23/2019	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 2,000,000
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						PRODUCTS - COMP/OP AGG \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				FIRE DAMAGE \$ 100,000
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**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

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