



CENTRALBIDDING
FROM CENTRAL AUCTION HOUSE

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Central Bidding Time: Thu November 30, 2017 2:02:22 PM GMT-6

Location: **Baton Rouge > Louisiana > USA**
Name: **Cristen Cheatham**
Email: **cristen@qcas-inc.com**
Address: **10454 Mammoth Drive**
Zip code: **70814**
Contact number: **2259320029**
Official Company/Business Name: **Quality Compressed Air Services, Inc.**

Are you registered with the State of Louisiana as a Disadvantaged Business Enterprise (DBE)?: **No**

Is your company owned by a female?: **No**

Is your company owned by a minority?: **No**

Louisiana Contractor ID#:

NIGP Codes: (Commodity code categories)

- 02510** - Compressor, Bare Unit (Not Mounted or Powered), 15 HP and less
- 02520** - Compressor, Bare Unit (Not Mounted or Powered), over 15 HP
- 02530** - Compressor, Base or Tank Mounted, Electric Motor or Engine Driven, 15 HP and less; and Parts
- 02540** - Compressor, Base or Tank Mounted, Electric Motor or Engine Driven, Over 15 HP; and Parts

02543 - Compressor, High Pressure, All Sizes and Models

02545 - Compressor, Portable, Electric Motor or Engine Driven, 5 HP and less; and Parts

02550 - Compressor, Portable, Electric Motor or Engine Driven, over 25 CFM at 100 PSI; and Parts

02585 - Motors, Air Compressor

Where To?

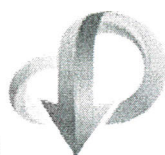


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Central Auction House, LTD



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Central Bidding Time: Thu November 30, 2017 2:02:42 PM GMT-6

Place a Bid for 5000121347 - PURCHASE OF AIR COMPRESSORS AND PAVING BREAKERS FOR THE JEFFERSON PARISH DEPARTMENT OF STREETS

Please enter your best bid proposal for this project

Louisiana Contractor ID#

Enter all information required on the outside of the sealed envelope in the box below

<input type="text"/>	<input type="text"/>
<p>Quality Compressed Air Services, Inc. Marc McCulley- Territory Manager 730 Barataria Blvd Marrero, LA 70072 Bid #5000121347 Purchase of Air Compressors and Paving Breakers for Jefferson Parish Department of Streets</p>	

Bid Bond #

Jefferson Parish Vendor #:

Upload Attachment(s)

While this site accepts various file types, sizes and quantities, the preferred method for delivering all of the appropriate and required bid documents is one single scanned PDF file. Vendors submitting bids with multiple uploaded images/photos of bid responses are solely responsible for clarity. If uploaded images/documents are not legible, the bidder's submission will be rejected. Please note all requirements in this bid package for electronic bid submission.

Upload a file

Click the Upload button in order to upload bid related documents

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Central Auction House, LTD

DATE: 11/08/2017

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BID NO.: 50-00121347

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X _____

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF January 14, 2018

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

2 Week Lead Time

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

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Quality Compressed Air Services, Inc.

ADDRESS: 730 Baratania Blvd

CITY, STATE: Marrero, LA ZIP: 70072

TELEPHONE: (504) 371-4767 FAX: (504) 217-1290

EMAIL ADDRESS: marc@qcas-inc.com

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: 1

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 43,956.48

AUTHORIZED
SIGNATURE: 

Michael McCulley

Printed Name

TITLE: President

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121347

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			PURCHASE OF AIR COMPRESSORS AND PAVING BREAKERS FOR THE JEFFERSON PARISH DEPARTMENT OF STREETS		
1	2.00	EA	0010 NEW 2017 SULLIVAN PALATEK AIR COMPRESSOR / PRODUCT D185PIZ4 / WITH DIESEL ENGINE ON WHEELS WITH TOWING LIGHT AND SINGLE HOSE REEL 10 0 FT 3 /4 AIR HOSE SULLIVAN PALATEK D185PIZ4PORT. AIR COMPRESSOR 185CFM @ 100 PSIG	\$20,104.71	\$40,209.42
2	2.00	EA	0020 SULLIVAN PALATEK MODEL SPB60-4 PAVING BREAKER / SPB60-4 / 69 1/2 LBS / LENGTH 2 5 1 /2 INCHES / BORE & STROKE -2-5/32 INCH X 5- 5/32 INCH / 1400 BLOWS PER MINUTE / 59cfm-AIR CONSUMPTION / 3/4 INCH -AIR INLET NPT / 67 LBS SHIPPING WEIGHT SULLIVAN PALATEK MODEL SPB60-4 PAVING BREAKER	\$800.00	\$1,600.00
3	1.00	ONLY	0030 FREIGHT CHARGES FOR AIR COMPRESSORS AND PAVEMENT BREAKERS DELIVERY/INVOICE TO: JEFFERSON PARISH EB FLEET MANAGEMENT ATTN: BRUCE VOSBEIN 4901JEFFERSON HWY, SUITE A JEFFERSON, LA 70121	\$2,147.06	\$2,147.06

Non-Public Works Bid

AFFIDAVIT

STATE OF Mississippi

COPY

PARISH/COUNTY OF Rankin

BEFORE ME, the undersigned authority, personally came and appeared: Michael McCulley (Affiant) who after being by me duly sworn, deposed and said that hershe is the fully authorized President of Quality Compressed Air Services Inc. (Entity), the party who submitted a bid in response to Bid Number 500121347 to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A ☐ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B ☒ there are NO campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A ☐ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.


Choice B ☒ There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.


Signature of Affiant

Michael McCulley
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 27th DAY OF November, 2017

Cynthia Regina Fancher
Notary Public
Cynthia Regina Fancher
Printed Name of Notary
15728
Notary Bar Roll Number



My commission expires 02-01-2019



SECRETARY OF STATE

TOM SCARPU...

(https://www.sos.la.gov/Pages/default.aspx)

Search for Louisiana Business Filings

Effective January 1, 2018, business owners in the following parishes will be required to file all available business documents online through geauxBIZ: Ascension, Bossier, Caddo, Calcasieu, East Baton Rouge, Jefferson, Lafayette, Livingston, Orleans, Ouachita, Rapides, St. Tammany, Tangipahoa and Terrebonne.

[Buy Certificates and Certified Copies](#)
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Name	Type	City	Status
QUALITY COMPRESSED AIR SERVICES, INC.	Business Corporation (Non-Louisiana)	PEARL	Active

GET HELP

Previous Names

Business: QUALITY COMPRESSED AIR SERVICES, INC.

Charter Number: 36981412F

Registration Date: 2/25/2009

Domicile Address

184 CONCOURSE DRIVE
PEARL, MS 39208

Mailing Address

P.O. BOX 1837
BRANDON, MS 39043

Principal Business Office

184 CONCOURSE DRIVE
PEARL, MS 39208

Registered Office in Louisiana

6812 OAK CLUSTER DR.
GREENWELL SPRINGS, LA 70739

Principal Business Establishment in Louisiana

10454 MAMMOTH AVENUE
BATON ROUGE, LA 70814

Status

Status: Active

Annual Report Status: In Good Standing

Qualified: 2/25/2009

Last Report Filed: 2/1/2017

Type: Business Corporation (Non-Louisiana)

Registered Agent(s)

Agent:	TED MCCULLEY
Address 1:	6812 OAK CLUSTER DR.
City, State, Zip:	GREENWELL SPRINGS, LA 70739
Appointment Date:	2/25/2009

Officer(s)

Additional Officers: No

Officer:	MICHAEL MCCULLEY
Title:	President
Address 1:	509 SUSANNAH DR
City, State, Zip:	BRANDON, MS 39047

Officer:	KRISTA MCCULLEY
Title:	Vice-President
Address 1:	509 SUSANNAH DR
City, State, Zip:	BRANDON, MS 39047

Amendments on File

No Amendments on file

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GET HELP



QUALCOM-01

JJAMES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/27/2017

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 Insurance & Risk Managers P.O. Box 910 Brookhaven, MS 39602	CONTACT NAME:		
	PHONE (A/C, No, Ext): (601) 833-6321	FAX (A/C, No): (601) 833-3409	
	E-MAIL ADDRESS: info@irm-ms.com		
INSURED Quality Compressed Air Service, Inc., MK Ventures, LLC P.O. Box 1837 Brandon, MS 39043	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Employers Mutual Casualty Co.		21415
	INSURER B : StarStone National Insurance Company		25496
	INSURER C : Bridgefield Employers Ins Co.		
	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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			5D3747118	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 POLLUTION LIAB \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5E3747118	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			14358E171ALI	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		83055066	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Commercial Umbrella			5J3747118	01/01/2017	01/01/2018	Excess umbrella \$ 5,000,000
A	Equipment Floater			5C3747118	01/01/2017	01/01/2018	Rented & Leased 50,000

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

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Department
200 Derbigny Street
General Government Building Suite4400
Gretna, LA 70053

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

Sasha P. Smith

301805

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)
Quality Compressed Air Services, Inc.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required):
☐ Individual/sole proprietor
☐ C Corporation
☒ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) : _____
☐ Other (see instructions) : _____

Exempt payee ☐

Address (number, street, and apt. or suite no.)
P.O. Box 1837

City, state, and ZIP code
Brandon, MS 39043

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

--	--	--	--	--	--	--	--	--	--

Employer identification number

6	8	-	0	5	3	0	3	3	9
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- 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
 - 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
 - I am a U.S. citizen or other U.S. person (defined below).
- 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 on page 4.

Sign
Here

Signature of
U.S. person

Date 9-2-11

General instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

301 805

Form **W-9**(Rev. January 2011)
Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification**Give Form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)
Quality Compressed Air Services, Inc.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) 1- _____ ☐ Exempt payee

☐ Other (see instructions) 1- _____

Address (number, street, and apt. or suite no.)
P.O. Box 1837

City, state, and ZIP code
Brandon, MS 39043

Requirer's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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Social security number								

Employer identification number								
6	8	-	0	5	3	0	3	3

Part II Certification

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- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

Sign
HereSignature of
U.S. person 1-Date 1- 9-2-11**General instructions**

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- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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- A domestic trust (as defined in Regulations section 301.7701-7).

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