

DATE: 10/04/2018

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00124391

JEFFERSON PARISH

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

VENDOR:

BUYER: DREAMEY

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	12/1/18
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	7
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	30

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: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 26099

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Roof Technologies, Inc.	
SIGNATURE: (Must be signed here)	TITLE: President
PRINT OR TYPE NAME: William "Bill" Luebbert	
ADDRESS: 631 Manhattan Blvd	
CITY, STATE: Harvey, LA	ZIP: 70058
TELEPHONE: (504) 366-9283	FAX: (504) 364-6413
EMAIL ADDRESS: larry@rooftech-no.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 27,000.00

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 💬 Text-To-Verify: 1 (855) 999-7896



Louisiana State Licensing Board for Contractors

Contractor Information

Business Name ROOF TECHNOLOGIES, INC.
Mailing Address P. O. Box 1328
Harvey, LA 70059
Phone Number (504) 366-9283
Fax Number (504) 364-6413
Email Address manny@rooftech-no.com
Website http://null

Active Licenses

License Number 26099
Type Commercial License
Status LICENSED
Effective 02/20/2018
Expiration 02/19/2021
First Issued 02/19/1991

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	William P. Luebbert	ALL
BUSINESS AND LAW	William P. Luebbert	ALL
SPECIALTY: ROOFING AND SHEET METAL, SIDING	William P. Luebbert	ALL

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00124391

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, EQUIPMENT & MATERIALS NECESSARY TO REMOVE AND REPLACE STEEL GUTTERS & DOWNSPOUTS AT THE BRIDGE CITY SENIOR CENTER FOR JEFFERSON PARISH GENERAL SERVICES.</p> <p>0010 - GUTTER REPLACEMENT BRIDGE CITY SENIOR CENTER</p> <p>WE EXTEND THIS BID TO PROVIDE LABOR, MATERIALS, DELIVERY, EQUIPMENT, AND ALL OTHER INCIDENTALS NECESSARY TO REMOVE AND HAUL AWAY THE EXISTING GUTTERS AND DOWNSPOUTS AND PREPARE FACIA FOR INSTALLATION OF THE NEW BIDDER SUPPLIED AND FABRICATED GUTTERS AND DOWNSPOUTS AS PER SPECIFICATIONS ATTACHED.</p> <p>INSTALLATION TO TAKE PLACE AT: BRIDGE CITY SENIOR CENTER 1601 BRIDGE CITY AVENUE, BRIDGE CITY, LA 70094</p>	\$27,000.00	\$27,000.00



Bid Bond
(Percentage)

KNOW ALL PERSONS BY THESE PRESENTS, That we
ROOF TECHNOLOGIES INC
of P O BOX 1328 , HARVEY, LA 70059

, hereinafter referred to as the Principal, and

WESTERN SURETY COMPANY

as Surety, are held and firmly bound unto

Jefferson Parish Government
of P O Box 9, Gretna, LA 70054

, hereinafter referred to as the Obligee, in the sum of

FIVE PERCENT OF AMOUNT BID

Dollars (5%), for the payment of which we bind ourselves, our legal representatives, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal has submitted or is about to submit a proposal to Obligee on a contract for

Proj#50-00124391
Gutter Replacement Bridge City Senior Center
1601 Bridge City Ave
Bridge City, LA 70094

NOW, THEREFORE, if the said contract be awarded to Principal and Principal shall, within such time as may be specified, enter into the contract in writing and give such bond or bonds as may be specified in the bidding or contract documents with surety acceptable to Obligee; or if Principal shall fail to do so, pay to Obligee the damages which Obligee may suffer by reason of such failure not exceeding the penalty of this bond, then this obligation shall be void; otherwise to remain in full force and effect.

SIGNED, SEALED AND DATED this 22nd day of October , 2018 .

ROOF TECHNOLOGIES INC

(Principal)

By: 

(Seal)

WESTERN SURETY COMPANY

(Surety)

By: 

(Seal)

KAY DOYLE SMITH

Attorney-in-fact

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Donelson P Stiel, David H Stiel III, Kay Doyle Smith, Russell Bailey, Individually

of Franklin, LA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 11th day of October, 2017.



WESTERN SURETY COMPANY

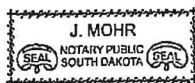
Paul T. Bruflat, Vice President

State of South Dakota }
County of Minnehaha } ss

On this 11th day of October, 2017, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

June 23, 2021



J. Mohr, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 22nd day of October, 2018.



WESTERN SURETY COMPANY

L. Nelson, Assistant Secretary

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson


BEFORE ME, the undersigned authority, personally came and appeared: William "Bill"
Luebbert, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized President of Roof Technologies, Inc. (Entity),
the party who submitted a bid in response to Bid Number 50-00124391, 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

William "Bill" Luebbert
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 18 DAY OF October, 2018.



Notary Public

Pierre F. Gaudin

Printed Name of Notary

5976

Notary/Bar Roll Number

Pierre F. Gaudin
Notary Public - Bar No. 5976
1088 Fourth Street
Gretna, Louisiana 70053
Telephone (504) 368-6500

My commission expires on Death.

Louisiana Secretary of State

R. Kyle Ardoin

SEARCH FOR LOUISIANA NOTARIES

A practicing notary in a parish may notarize in reciprocal parishes without additional bonding or examination.

You can also download information about all notaries on file. For more information, see Notary Bulk Data.

[Print](#)

Notary Search - Detail

Name: MR. PIERRE F. GAUDIN JR.
Address: 1088 4TH ST.
GRETNA, LA 70053
Phone: (504) 368-6500
Notary ID Number: 36739
Parish: JEFFERSON with STATEWIDE JURISDICTION
Agency: N/A
Notary Type: Attorney
Bar Roll #: 5976
Status: Active
Commission Date: 10/23/1981
Oath Date: 10/22/1981
Surety Expiration Date: Not Required
Annual Report Current: Not Applicable

[Back to Search Results](#)[New Search](#)



ROOF TECHNOLOGIES, INC.

P.O. Box 1328, Harvey, LA 70059

(504) 366-9283 • FAX (504) 364-6413

RESOLUTION OF THE BOARD OF DIRECTORS

Be it resolved by the Board of Directors of Roof Technologies, Inc., domiciled in the City of Harvey, Louisiana, that William "Bill" Luebbert, President is hereby authorized and empowered to execute any and all contracts of whatever kind on behalf of Corporation.

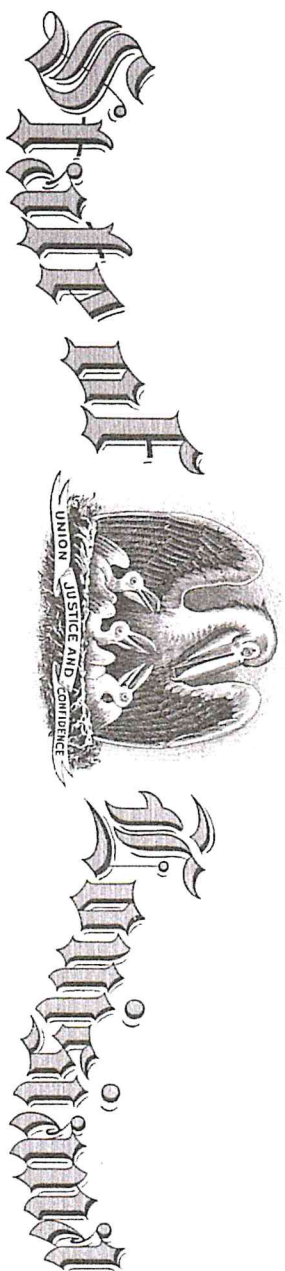
CERTIFICATE

I, Manuel G. Gutierrez, III, Secretary / Treasurer of Roof Technologies, Inc., do hereby certify that the foregoing resolution is a true and exact copy unanimously adopted by the Board of Directors of Roof Technologies, Inc., at a meeting thereof legally held on the 3rd day of January, 2018; that said resolution is duly entered into the records of said corporation; that it has not been rescinded or modified and that it is now in full force and effect.

In testimony whereof, I have hereunto set my hand and the seal of said corporation this 22nd day of October, 2018.

Manuel G. Gutierrez, III

Secretary / Treasurer



State Licensing Board for Contractors

This is to Certify that:

ROOF TECHNOLOGIES, INC.
P. O. Box 1328
Harvey, LA 70059

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: ROOFING AND SHEET METAL, SIDING

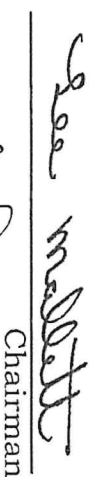


Expiration Date: February 19, 2021

License No: 26099

Witness our hand and seal of the Board dated,
Baton Rouge, LA 20th day of February 2018


Director


Chairman

This License is Not Transferrable


Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/18/2018

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 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 H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061		CONTACT NAME: PHONE (A/C, No, Ext): 800-344-4838 FAX (A/C, No): (954) 943-5417 E-MAIL ADDRESS:	
INSURED Roof Technologies Inc P O Box 1328 Harvey LA 70059		INSURER(S) AFFORDING COVERAGE INSURER A: National Fire Ins of Hartford NAIC # 20478 INSURER B: American Guarantee & Liability Ins 26247 INSURER C: American Casualty Co of Reading PA 20427 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			5092135192	5/1/2018	5/1/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input checked="" type="checkbox"/> Contractual Liab Incl						MED EXP (Any one person) \$ 15,000
	<input checked="" type="checkbox"/> XCU Hazard Incl						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY			5092135189	5/1/2018	5/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			AUC925940811 Umbrella is follow form of the GL, AL and EL	5/1/2018	5/1/2019	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			5092135208	5/1/2018	5/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**


"For Bidding Purposes Only"

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

Dirk DeJong/JC

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Form W-9 (Rev. January 2005) 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.				
Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)					
	Business name, if different from above Roof Technologies, Inc.					
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding					
	Address (number, street, and apt. or suite no.) 631 Manhattan Blvd.	Requester's name and address (optional)				
	City, state, and ZIP code Harvey, La. 70058					
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 Line 1 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 <i>How to get a TIN</i> on page 3. <i>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</i>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Social security number</td> <td style="width: 50%;">Employer identification number</td> </tr> <tr> <td style="text-align: center;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 7 2 1 1 7 6 9 9 0 </div> </td> <td style="text-align: center;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 7 2 1 1 7 6 9 9 0 </div> </td> </tr> </table>			Social security number	Employer identification number	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 7 2 1 1 7 6 9 9 0 </div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 7 2 1 1 7 6 9 9 0 </div>
Social security number	Employer identification number					
<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 7 2 1 1 7 6 9 9 0 </div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 7 2 1 1 7 6 9 9 0 </div>					
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. person (including a U.S. resident alien).						
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 ▶ 12/5/07				
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. U.S. person. 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: 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. <i>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.</i> For federal tax purposes you are considered a person if you are: • An individual who is a citizen or resident of the United States, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or • Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-8(a) and 7(a) for additional information. Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities). Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes. If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items: 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien. 2. The treaty article addressing the income. 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.						