

DATE: 4/05/2024

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00145057

## JEFFERSON PARISH

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

VENDOR: A&amp;H ARMATURE WORKS INC #21963

PURCHASING SPECIALIST:  
DABRAHAM

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	<u>12-16 Weeks</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>3 days (ARM)</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>15 Days</u>

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 by placing the addendum number 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) 8937

## \*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\*

FIRM NAME:

A &amp; H ARMATURE WORKS INC

SIGNATURE:

(Must be signed here)



TITLE:

PRESIDENT

PRINT OR TYPE NAME:

SCOTT J ATWOOD

ADDRESS:

1330 WESTBANK EXPRESSWAY

CITY, STATE:

WESTWEGO, LA.

ZIP:

70094

TELEPHONE:

(504) 347 3781

FAX:

(504) 347 0564

EMAIL ADDRESS:

ahmail@bellsouth.net

TOTAL PRICE OF ALL BID ITEMS: \$ 63,600.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145057

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>0001 - Furnish and Install one (1) MVC soft series starter rated for 4160V, 200A, 1250HP / 933kW, starting capacity 500 percent for 60 sec Dimensions: 92.5in H x 36in W x 30in D</p> <p>To be installed with no modifications in the existing cabinets.</p> <p>The installer must be able to respond to any emergency calls within one hour.</p> <p>To replace the no. 4 effluent pump soft start system. The current soft start is beyond repair and needs to be replaced. Without this pump the plant is susceptible to possible effluent bypass during high flows or rain events which could end up in violation with LADEQ.</p> <p>PER ATTACHED SPECIFICATIONS ****</p> <p>LOCATION: JEFFERSON PARISH SEWERAGE DEPARTMENT NO. 2 HUMANE WAY JEFFERSON, LA 70123 ATTN: KURT LEGLUE OR ROB BENOIT</p>	\$ <u>63,600.00</u>	<u>\$63,600.00</u>



# JEFFERSON PARISH

## DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

April 8, 2024

### ADDENDUM # 1

**Bid Number: 50-145057**

**Bid Opening Date: April 10, 2024 at 11 A.M. cst**  
**Postponed to: April 12, 2024 at 11 A.M. cst**

**Furnish and Install New Soft Starter at the Jefferson Parish Sewerage Department**

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### ADDITION:

**Include the number 4 in the (Additional Requirements for this Bid) on Page 2 of the bid form. Stating that a La. State Contractor's License is required: Commercial – Class: Electrical**

**THIS BID IS BEING POSTPONED TO APRIL 12, 2024.**

Sincerely,

*Doris Abraham*

Doris Abraham  
Purchasing Specialist II

**Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form by indicating the addendum number listed above. Failure to list each addenda number on the bid form will result in bid rejection.**

**This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.**

JOSEPH S. YENNI BUILDING - 1221 ELMWOOD PARK BLVD - SUITE 404 - JEFFERSON, LA 70123 - PO BOX 10242 JEFFERSON, LA 70181-0242  
OFFICE 504.364-2678

GENERAL GOVERNMENT BUILDING - 200 DERBIGNY ST - SUITE 4400 - GRETN, LA 70053 - PO BOX 9 - GRETN - LA 70054  
OFFICE 504.364.2678

EMAIL: [PURCHASING@JEFFPARISH.NET](mailto:PURCHASING@JEFFPARISH.NET)

WEBSITE: [WWW.JEFFPARISH.NET](http://WWW.JEFFPARISH.NET)





A&amp;HARMA-01

KHARTMAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/24/2023

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 License # 231432 Hub International Gulf South 3510 N. Causeway Boulevard Suite 300 Metairie, LA 70002	CONTACT NAME:	FAX (A/C, No): (504) 834-2995
	PHONE (A/C, No, Ext): (800) 256-2842	
INSURED  A & H Armature Works Inc P O Box 310 Westwego, LA 70096-0310	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Scottsdale Insurance Company	NAIC # 41297
	INSURER B : Silver Oak Casualty, Inc	26869
	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 checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Pollution Liab			ENS0008609	8/31/2023	8/31/2024	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Each Occurrence</td><td>\$ 1,000,000</td></tr></table>	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	Each Occurrence	\$ 1,000,000
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Each Occurrence	\$ 1,000,000																				
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input 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						<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$						
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BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XNS0009743	8/31/2023	8/31/2024	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000										
EACH OCCURRENCE	\$ 5,000,000																				
AGGREGATE	\$ 5,000,000																				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	SVWCLA3116812023	8/31/2023	8/31/2024	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<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						
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E.L. EACH ACCIDENT	\$ 1,000,000																				
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
B	Worker's Compensation			SVWCLA3116812023	8/31/2023	8/31/2024	<table border="1"><tr><td></td><td>\$ 1,000,000</td></tr></table>		\$ 1,000,000												
	\$ 1,000,000																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The General Liability policy to include Blanket Additional Insured and Blanket Waiver of Subrogation as required by Written contract.  
Waiver of Subrogation is provided as required by Written Contract with respects to the Workers Compensation.

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish Purchasing Department  
200 Derbigny St.  
Suite 4400  
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



# **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY Hub International Gulf South		License # 231432	NAMED INSURED A & H Armature Works Inc P O Box 310 Westwego, LA 70096-0310 Jefferson Parish
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

## **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

### **Additional Terms/Conditions:**

Commercial General Liability policy contains:

Gulf of Mexico In Rem And Territory Extension, Waiver of Subrogation as required by written contract or agreement, Primary and Noncontributory as required by written contract or agreement, Additional Insured status as required by written contract or agreement.

### **Excess Liability policy:**

Followe form over Commercial General Liability including Pollution, Auto Liability, and Employers Liability.

### **Workers' Compensation & Employers Liability policy contains:**

Waiver of Subrogation as required by written contract or agreement, Alternate Employer status as required by written contract or agreement, 30 days notice (10 for non payment of premium) of cancellation initiated by the carrier as required by contract or agreement, USL&amp;H coverage with Outer Continental Shelf and Gulf of Mexico Extension. Maritime Limits are \$1,000,000 and includes TWM&amp;C.






# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/08/2024

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).

<b>PRODUCER</b>  Bryan Schexnayder 1109 N Causeway Blvd Metairie LA 70001	<b>CONTACT NAME:</b> Paul Ellington <b>PHONE (A/C, No, Ext):</b> 504-835-2944 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> paul.ellington.uxar@statefarm.com <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 25178
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<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	See Schedule for vehicles policy number, effective dates and coverage limits			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				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)

<b>CERTIFICATE HOLDER</b> Jefferson Parish Purchasing Department 200 Derbigny Street Suite 4400 Gretna LA 70053	<b>CANCELLATION</b> 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 Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.
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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

<b>AGENCY</b> Bryan Schexnayder State Farm		<b>NAMED INSURED</b> A&H Armature Works Inc	
<b>POLICY NUMBER</b>		1330 Westbank Expy Westwego, LA 70094	
<b>CARRIER</b> State Farm Mutual Automobile Insurance Company	<b>NAIC CODE</b> 25178	<b>EFFECTIVE DATE:</b> 04/08/2024	

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** \_\_\_\_\_ **FORM TITLE:** \_\_\_\_\_

Policy Number - Vehicle, VIN - Effective Dates - Limits of Liability  
397 4143-B31-18 - 2010 Chrysler 300, 2C3CA5CV2AH315303 - eff 2/28/24 - 8/31/24 - 1000/1000/1000  
397 4144-B31-18 - 2008 Dodge Ram 1500, 1D7HA18208S550641 - eff 2/28/24 - 8/31/24 - 1000/1000/1000  
397 4145-B31-18 - 2015 Chevrolet C1500, 1GCRCREC7FZ363289 - eff 2/28/24 - 8/31/24 - 1000/1000/1000  
397 4146-B31-18 - 2005 Dodge Ram 1500, 1D7HA16K15J604470 - eff 2/28/24 - 8/31/24 - 1000/1000/1000  
397 4147-B31-18A - 2022 GMC Yukon, 1GKS1JKL2NR242668 - eff 2/28/24 - 8/31/24 - 1000/1000/1000  
397 4148-B31-18 - 2008 Dodge Dakota, 1D7HE38KX8S626446 - eff 2/28/24 - 8/31/24 - 1000/1000/1000  
397 5288-B31-18 - Non-Owned/Hired Auto - eff 2/28/24 - 8/31/24 - 1000/1000/1000  
397 5323-B31-18 - 2007 Dodge 3500, 3D6WG46A27G731719 - eff 2/28/24 - 8/31/24 - 1000/1000/1000  
411 5123-D12-18 - 2007 Chevrolet C1500, 2GCEC19CX71623009 - eff 10/12/23 - 10/12/24 - 1000/1000/1000  
554 7398-B31-18 - 2008 Chevrolet C2500, 1GCHC29KX8E179396 - eff 2/29/24 - 8/31/24 - 1000/1000/1000

## Jefferson Parish

Department of Building Permits  
Regulatory Inspection's Division

Active Electrical # 61213

This is to certify that **DAVID DELANEY**  
having qualified in accordance with Jefferson Parish Ordinances is hereby granted  
authorization to engage in the above field as authorized by law.

Issue Date: 7/1/2023

Expiration Date: 6/30/2024

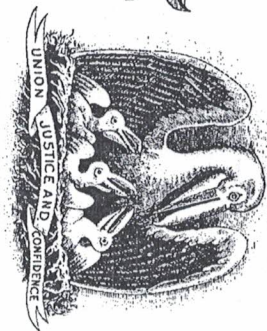


\_\_\_\_\_  
Electrical Section Chief

THIS LICENSE IS NOT TRANSFERABLE



# State of Louisiana



## State Licensing Board for Contractors

This is to Certify that:

A & H ARMATURE WORKS, INC.  
P.O. Box 310  
Westwego, LA 70096

is duly licensed and entitled to practice the following classifications

ELECTRICAL WORK (STATEWIDE)



Expiration Date: June 21, 2025

License No: 8937

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 22nd day of June 2022

*Will S. MacCP*  
\_\_\_\_\_  
Director

*Joe Mallett*  
\_\_\_\_\_  
Chairman

This License Is Not Transferrable

*Andy Deane*  
\_\_\_\_\_  
Treasurer