

# 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.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Deluxe Pest Control, Inc.**

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

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_

C Corporation     S Corporation     Partnership     Trust/estate

**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.)  
**208 North I-10 Service Road East**

**6** City, state, and ZIP code  
**Metairie, LA 70005**

**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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
7	2	-	1	1	7	0	9	8	2

**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); and
- 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 on page 3.

**Sign Here**      Signature of U.S. person ▶

Date ▶ 7/28/21

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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? on page 2.*

By signing the filled-out form, you:

- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFIED, LICENSED OR REGISTERED AS  
(ST) STRUCTURAL PEST CONTROL LICENSEE

CATEGORIES  
LP1-General Pest Control  
LP2-Commercial Vertebrate Control

RECERTIFY BY  
12/31/2021  
12/31/2021

SIGNATURE \_\_\_\_\_

LDAF PESTICIDE SPILL HOTLINE: 225-925-3763  
LA POISON CONTROL CENTER: 800-222-1222

LOUISIANA DEPARTMENT OF  
AGRICULTURE & FORESTRY

CERTIFICATION CARD

DELUXE PEST CONTROL INC

PAUL C JUNEAU  
208 N I-10 SERVICE RD EAST  
METAIRIE, LA 70005

ID Number  
00010411

Effective Date: 12/5/2018



*Mike Strain*  
MIKE STRAIN DVM, COMMISSIONER



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Structural Pest Control Commission, 3825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806, (225) 925-4578, FAX (225) 925-3760

STRUCTURAL PEST CONTROL PLACE OF BUSINESS PERMIT:

Date: 07/13/2020

DELUXE PEST CONTROL INC

Permit No: 00016405

Primary Licensee(s):

00010411 PAUL JUNEAU

Phase(s):

LP1-General Pest Control

LP2-Commercial Vertebrate Control

Please verify information for correctness. If changes are necessary, make corrections and promptly return to issuing agency.

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Structural Pest Control Commission, 3825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806, (225) 925-4578, FAX (225) 925-3760

Be it known that the entity named below has complied with all relevant requirements of the Louisiana Revised Statutes and effective 07/01/2020 through 06/30/2021 is hereby authorized to engage in STRUCTURAL PEST CONTROL in the phases listed.

Primary Licensee(s):

00010411 PAUL JUNEAU

Phase(s):

LP1-General Pest Control

LP2-Commercial Vertebrate Control

DELUXE PEST CONTROL INC  
208 N I 10 SERVICE RDE  
METAIRIE LA 70005

DISPLAY IN PLACE OF BUSINESS

Permit No: 00016405

Commissioner



FOR PUBLIC DISPLAY - NOT TRANSFERABLE

ISSUED BY

SHERIFF AND EX-OFFICIO TAX COLLECTOR-JEFFERSON PARISH, LOUISIANA

# 2021 Occupational License Tax



DELUXE PEST CONTROL INC  
208 N I-10 SERV RD EAST  
METAIRIE, LA 70005



License # 376885902

Account # 50909778

### Location Address

208 N I-10 SERVICE RD  
METAIRIE, LA

**Business Class 561710**  
Exterminating and Pest Control Services

**License Class 1752**  
Contractor

Tax	Interest	Penalty	Other	Total	Payment
\$150.00	\$0.00	\$0.00	\$0.00	\$150.00	\$150.00

JOSEPH P. LOPINTO, III  
SHERIFF & TAX COLLECTOR

Gregory A. Ruppert, Director  
Bureau of Revenue and Taxation

**Two (2) year contract for pest control services at various buildings for the Jefferson Parish Department of Public Works–Drainage.**

Contact: Clinton Hotard  
Phone #: (504)736-6756  
Email: [CHotard@jeffparish.net](mailto:CHotard@jeffparish.net)

LABOR, MATERIALS, AND EQUIPMENT NECESSARY TO PROVIDE A TWO (2) YEAR CONTRACT FOR PEST CONTROL SERVICES INCLUDING MICE, RATS, SPIDERS, AND RODENTS AT ALL LOCATIONS FOR VARIOUS JEFFERSON PARISH FIELD OFFICE BUILDINGS, PUMP STATIONS, PUMP STATION RESIDENT HOUSES AND PUMP STATION SAFE ROOMS FOR THE DEPARTMENT OF DRAINAGE. COST TO INCLUDE ALL REQUIRED TRAPS.

CONTRACT WILL INCLUDE THE SPRAYING OF EVERY ROOM WITHIN THE BUILDINGS SUCH AS INDIVIDUAL CUBICLES, OFFICES, EQUIPMENT ROOMS, STORAGE AREAS, BREAK ROOMS, INCLUDING THE PERIMETER OF THE OUTSIDE OF EACH BUILDING, PUMP STATION, SAFEROOM, AND RESIDENT HOUSE.

VENDOR MUST MAKE AN APPOINTMENT WITH THE OFFICE BEFORE SPRAYING IN ORDER TO GAIN ACCESS TO ALL ROOMS, BETWEEN THE HOURS OF 7:00 AM – 3:30 PM MONDAY THRU FRIDAY.

**THE WORK UNDER THIS CONTRACT SHALL CONFORM WITH ALL PESTICIDE APPLICATION REGULATIONS OF FEDERAL, STATE, AND LOCAL GOVERNMENT AGENCIES, AS WELL AS ALL PESTICIDE GOVERNING AGENCIES SUCH AS FIFRA, LOUISIANA DEPARTMENT OF AGRICULTURE, EPA, ETC.**

THE CONTRACT WILL COMBAT AND CONTROL ALL PEST PROBLEMS, INCLUDING BUT NOT LIMITED TO ROACHES, ANTS, WATERBUGS, SILVERFISH, CRICKETS, SPIDERS, EARWIGS, FIREBRATS, FLEAS, PAPER MITES, BOOK LICE, BODY CRABS, MILLIPEDES, GNATS, FRUIT FLIES, BEETLES, MICE, RATS, RODENTS, WASPS, BEES, ETC. THIS CONTRACT DOES NOT INCLUDE TERMITES OR TERMITE TREATMENT.

UPON EXECUTION OF THE CONTRACT, THERE SHALL BE AN INITIAL CLEAN OUT OF ALL BUILDINGS UNDER THIS CONTRACT. THE AREA SERVICES ON THE CLEAN OUT ARE AS FOLLOWS: ALL OFFICES, SNACK BARS, AND VENDING MACHINE AREAS, ALL KITCHEN AND KITCHENETTES, ALL LUNCH ROOMS, ALL KITCHEN EQUIPMENT, ALL FOOD STORAGE AREAS, WAREHOUSE, EQUIPMENT ROOMS, CUSTODIAL CLOSETS, THE CROSSWALKS AND BREEZEWAYS CONNECTING ALL BUILDINGS.

THERE SHALL BE A SEVEN TO TEN DAY FOLLOW-UP TREATMENT TO ENSURE REDUCTION OF ANY ACTIVE INFESTATION.

IN ADDITION TO REGULAR MONTHLY TREATMENTS, ALL OFFICES WILL BE TREATED ON A COMPLAINT BASIS ONLY. THE CONTRACTOR SHALL RESPOND WITHIN TWENTY-FOUR HOURS OF THE COMPLAINT.

A REPORT SHALL BE MADE ON EACH BUILDING SERVICED UNDER THIS CONTRACT AND SHALL INCLUDE THE FOLLOWING INFORMATION: PROBLEMS DISCOVERED DURING INSPECTION, CHEMICALS (GENERIC NAMES) USED, DILUTION/STRENGTHS, TYPES OF INFESTATIONS FOUND AND THEIR LOCATIONS AND ACTIVITIES INSIDE AND OUTSIDE THE BUILDING. ANY NEEDED IMPROVEMENTS IN HOUSEKEEPING PRACTICES AS RELATED TO PEST CONTROL PROGRAMS, STRUCTURAL DEFICIENCIES, AND OTHER SERVICES RENDERED DURING THE REPORTING PERIOD SHOULD ALSO BE INCLUDED IN THIS REPORT.

To schedule site visits, successful bidder shall contact the appropriate person as listed below:

**Westbank Pump Station Sites** – contact Jamal Singleton, Superintendent III Department of Drainage between the hours of 7:30 a.m. and 4:30 p.m., Monday thru Friday at (504)349-5141.

**Eastbank Pump Station Sites** – contact Cordell Farrar, Superintendent III Department of Drainage between the hours of 7:30 a.m. and 4:30 p.m., Monday thru Friday at (504)838-4371.

**Westbank Drainage Field Office** – contact Lynne Champagne, Superintendent III Department of Drainage between the hours of 7:30 a.m. and 4:30 p.m., Monday thru Friday at (504)437-4940.

**Eastbank Drainage Field Office** – contact Latrenda McGhee, Superintendent III Department of Drainage between the hours of 7:30 a.m. and 4:30 p.m., Monday thru Friday at (504)736-6579.

**The successful bidder shall submit one (1) monthly invoice, listing all locations serviced under this contract, on the first of each month.** The invoices and service reports shall be mailed to the following:

Jefferson Parish Department of Drainage  
1221 Elmwood Park Blvd.  
Suite 907  
Jefferson, LA 70123

## **STANDARD INSURANCE REQUIREMENTS FOR BIDDING PURPOSES**

All required insurance under this bid shall conform to Jefferson Parish Resolution No. 113646 or No. 113647, as applicable. Contractors may not commence any work under any ensuing contract unless and until all required insurance and associated evidentiary requirements thereto have been met, along with any additional specifications contained in the **Invitation to Bid**. Except as where otherwise precluded by law, the Parish Attorney or his designee, with the concurrence of the Director of Risk Management or his designee, may agree on a case-by-case basis, to deviate from Jefferson Parish's standard insurance requirements, as provided in this Section. Vendors requesting deviation therefrom shall submit such requests in writing, along with compelling substantiation, to the Purchasing Department prior to the bid's due date. Any changes to the insurance requirements will be reflected in the bid specifications and addenda. Prior to contract execution and at all times thereafter during the term of such contract, contractors must provide and continuously maintain all coverages as required by the foregoing Resolutions, and the contract documents. Failure to do so shall be grounds for suspension, discontinuation or termination of the contract.

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For bidding purposes, bidders must submit with bid submission a current (valid) insurance certificate evidencing the required coverages. Failure to comply will cause bid to be rejected. The current insurance certificate will be used for proof of insurance at time of evaluation. Thereafter, and prior to contract execution, the low bidder will be required to provide final insurance certificates to the Parish which shall name **the Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council** as additional insureds regarding negligence by the contractor for the Commercial General Liability and the Comprehensive Automobile Liability policies. Additionally, said certificates should reflect the name of the Parish Department receiving goods and services and reference the respective Jefferson Parish bid number.

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### **JEFFERSON PARISH REQUIRED STANDARD INSURANCE**

#### **WORKER'S COMPENSATION INSURANCE**

As required by Louisiana State Statute, exception; Employer's Liability, Section B shall be \$1,000,000 per occurrence when Work is to be over water and involves maritime exposures to cover all employees not covered under the State Worker's Compensation Act, otherwise this limit shall be no less than \$500,000 per occurrence.

**Note: If your company is not required by law to carry workmen's compensation insurance, i.e. not a Louisiana company, sole employee of the company, then bidders must request a workmen's compensation insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being**

rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.

**COMMERCIAL GENERAL LIABILITY**

Shall provide limits not less than the following: \$1,000,000.00 Combined Single Limit per Occurrence for bodily injury and property damage.

**COMPREHENSIVE AUTOMOBILE LIABILITY**

Bodily injury liability \$1,000,000.00 each person; \$1,000,000.00 each occurrence.  
Property Damage Liability \$1,000,000.00 each occurrence.

**Note: This category may be omitted if bidders do not/will not utilize company vehicles for the project or do not possess company vehicles. Bidder must request an automobile insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy of the completed, signed and properly notarized affidavit may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.**

**DEDUCTIBLES** - The Parish Attorney with concurrence of the Director of Risk Management have waived the deductible section of the Terms and Conditions for all Invitations to Bid, until further notice.

**UMBRELLA LIABILITY COVERAGE**

An umbrella policy or excess may be used to meet minimum requirements.

**FOR CONSTRUCTION AND RENOVATION PROJECTS:**

The following are required unless otherwise specified in the bid. Such insurance is due upon contract execution.

**OWNER'S PROTECTIVE LIABILITY**

To be for the same limits of liability for bodily injury and property damage liability established for commercial general liability.

**BUILDER'S RISK INSURANCE**

The contractor shall maintain Builder's Risk Insurance at his own expense to insure both the owner (Parish of Jefferson) and contractor as their interest may appear.