

TO: JEFFERSON PARISH  
PURCHASING DEPT  
200 DERBIGNY ST. SUITE 4400  
GRETN, LA 70053  
(Owner to provide name and address of owner)

BID FOR: FURNISH ALL LABOR, MATERIALS AND EQUIPMENT NECESSARY TO INSTALL ELECTRICAL, LIGHTING, AND CONCR FOUNDATION AT JEFFERSON POCKET  
(Owner to provide name of project and other identifying information)

The undersigned bidder hereby declares and represents that she/he; a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: JEFFERSON PARISH PARKWAYS

and dated: MARCH 22, 2017  
(Owner to provide name of entity preparing bidding documents.)

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following ADDENDA: (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) #1 4-18-17 / #2 4-20-17

**TOTAL BASE BID:** For all work required by the Bidding Documents (including any and all unit prices designated "Base Bid" \* but not alternates) the sum of:

Thirty-nine Thousand, Seven Hundred Ninety-Four Dollars (\$ ) 39,794.00

**ALTERNATES:** For any and all work required by the Bidding Documents for Alternates including any and all unit prices designated as alternates in the unit price description.

**Alternate No. 1** (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

Dollars (\$ )

**Alternate No. 2** (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

Dollars (\$ )

**Alternate No. 3** (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

Dollars (\$ )

NAME OF BIDDER: R. Seibert Construction L.L.C.  
ADDRESS OF BIDDER: 208 St. Bernard Parkway, St. Bernard, La. 70085  
LOUISIANA CONTRACTOR'S LICENSE NUMBER: #60869  
NAME OF AUTHORIZED SIGNATORY OF BIDDER: Randall J. Seibert Jr.  
TITLE OF AUTHORIZED SIGNATORY OF BIDDER: OWNER  
SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*: R.J. Seibert  
DATE: 4-25-17

\* The Unit Price Form shall be used if the contract includes unit prices. Otherwise it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.

\*\* If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with La. R.S. 38:2212(B)5.

**BID SECURITY** in the form of a bid bond, certified check or cashier's check as prescribed by LSA-R.S. 38:2218.A is attached to and made a part of this bid.



**GULF COAST BANK  
& Trust Company**

200 St. Charles Ave.  
New Orleans, LA 70130

CASHIER'S CHECK

No. 177798

14-7043/2650-1

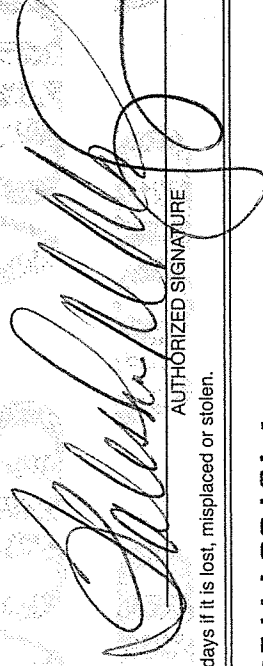
REMITTER: R SEIBERT CONSTRUCTION

DATE April 25, 2017

PAY: \*\*\*\*\* One Thousand Nine Hundred Ninety and 00/100\*\*\*\*\*

\$ 1,990.00

PAY  
TO THE  
ORDER  
OF  
JEFFERSON PARISH PURCHASING DEPT.



NOTICE TO CUSTOMERS  
THE PURCHASE OF AN INDEMNITY BOND WILL BE REQUIRED BEFORE THIS CHECK  
WILL BE REPLACED OR REFUNDED IN THE EVENT IT IS LOST, MISPLACED OR STOLEN.

You may not be able to replace this document for 90 days if it is lost, misplaced or stolen.

AUTHORIZED SIGNATURE

⑈ 1 7 7 7 9 8 ⑈ ⑆ 2 6 5 0 7 0 4 3 5 ⑆ ⑆ 9 1 4 0 0 1 0 4 ⑈

**Public Works Bid****AFFIDAVIT**STATE OF LouisianaPARISH/COUNTY OF St. Bernard

BEFORE ME, the undersigned authority, personally came and appeared: Randall J. Seibert Jr., (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized agent of R. Seibert Const. L.L.C. (Entity), the party who submitted a bid in response to Bid Number 50-00118207, 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.

Affiant further said:

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

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.

Affiant further said:

Affiant personally has not been convicted of, nor has he/she entered into a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. No individual partner, incorporator, director, manager, officer, organizer, or member, who has a minimum of a ten percent ownership in the Bidding Entity, has been convicted of, or has entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall permanently bar any person or the bidding entity from bidding on public projects:

- (a) Public bribery (R.S. 14:118)
- (b) Corrupt influencing (R.S. 14:120)
- (c) Extortion (R.S. 14:66)
- (d) Money laundering (R.S. 14:230)

A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall bar any person or the bidding entity from bidding on public projects for a period of five years from the date of conviction or from the date of the entrance of the plea of guilty or nolo contendere:

- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S. 14:202)
- (i) Malfeasance in office (R.S. 14:134)

The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract cancelled, the awarded entity making the false attestation shall be responsible to the public entity for the costs of rebidding, additional costs due to increased costs of bids and any and all delay costs due to the rebid or cancellation of this project.

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

Affiant further said:

- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the State of Louisiana.
- (3) Entity shall require all subcontractors to submit to the Entity a sworn affidavit verifying compliance with statements (1) and (2).

Randall J. Seibert Jr.  
Signature of Affiant

Randall J. Seibert Jr.  
Printed Name of Affiant

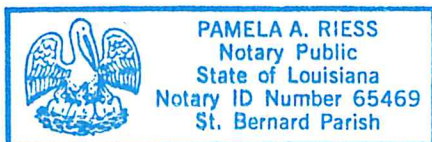
SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 25 DAY OF April, 2017.

Pamela A. Riess  
Notary Public

Pamela A. Riess  
Printed Name of Notary

65469  
Notary/Bar Roll Number

My commission expires Death.



[Print](#)

## Notary Search - Detail

**Name:** MS. PAMELA ANN RIESS  
**Address:** 1100 E. JOSEPHINE ST.  
CHALMETTE, LA 70043

**Phone:** (504) 276-2744  
**Phone 2:** (504) 421-6804

**Notary ID Number:** 65469

**Parish:** ST. BERNARD with authority in the following parishes:  
JEFFERSON, ORLEANS, PLAQUEMINES

**Agency:** N/A

**Notary Type:** Non Attorney

**Status:** Active

**Commission Date:** 02/25/2002  
**Oath Date:** 02/21/2002  
**Surety Expiration Date:** 02/20/2022  
**Annual Report Current:** Yes

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



# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
04/10/2017

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

<b>PRODUCER</b> <b>State Farm</b> Mel Malone State Farm 1401 East Judge Perez Dr. Chalmette, LA 70043	<b>CONTACT NAME:</b> Ehren Malone	<b>FAX (A/C. No.):</b> 504-279-7468
	<b>PHONE (A/C. No. Ext.):</b> 504-279-3276	<b>E-MAIL ADDRESS:</b> ehren@melmalone.com
<b>PRODUCER CUSTOMER ID #:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</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>DESCRIPTION OF VEHICLE OR EQUIPMENT</b>		<b>VEHICLE IDENTIFICATION NUMBER</b>
<b>YEAR</b> 2013	<b>MAKE / MANUFACTURER</b> Chevrolet	<b>MODEL</b> K2500
<b>BODY TYPE</b> Pick Up		<b>VEHICLE/EQUIPMENT VALUE</b> \$
<b>DESCRIPTION</b>		<b>SERIAL NUMBER</b> 1GC1KXC89DF177643

<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).			
<b>INSR LTR</b>	<b>ADDL INSRD</b>	<b>TYPE OF INSURANCE</b>	<b>POLICY NUMBER</b>
	X	VEHICLE LIABILITY	263 9174-F11-18B
		GENERAL LIABILITY	
		OCCURRENCE	
		CLAIMS MADE	
<b>INSR LTR</b>	<b>LOSS PAYEE</b>	<b>TYPE OF INSURANCE</b>	<b>POLICY NUMBER</b>
		VEH COLLISION LOSS	263 9174-F11-18B
		VEH COMP	263 9174-F11-18B
		VEH OTC	
		EQUIPMENT	
		BASIC	
		SPECIAL	
		BROAD	
<b>REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)</b>			

<b>ADDITIONAL INTEREST</b>		<b>CANCELLATION</b>	
Select one of the following: <input checked="" type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
<b>VEHICLE / EQUIPMENT INTEREST:</b>		<b>DESCRIPTION OF THE ADDITIONAL INTEREST</b>	
<b>NAME AND ADDRESS OF ADDITIONAL INTEREST</b> Jefferson Parish Purchasing Department PO Box 9 Gretna, LA		<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE	
		<b>LOAN / LEASE NUMBER</b>	
		<b>AUTHORIZED REPRESENTATIVE</b> 	





RSEIB-1

OP ID: SP

DATE (MM/DD/YYYY)  
04/10/2017

## CERTIFICATE OF LIABILITY INSURANCE

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> Morrison Insurance Agency, Inc 4444 York Street, Suite 201 Metairie, LA 70001 Bob Boggio		<b>504-888-9393</b>		<b>CONTACT NAME:</b> Bob Boggio <b>PHONE (A/C, No, Ext):</b> 504-888-9393 <b>FAX (A/C, No):</b> 504-888-9996 <b>E-MAIL ADDRESS:</b> bboggio@morrison-ins.com
<b>INSURED</b> Randall Joseph Seibert, Jr R. Seibert Construction LLC License #60869 208 St. Bernard Parkway St. Bernard, LA 70085		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: LWCC INSURER B: Atain Specialty Insurance Comp INSURER C: INSURER D: INSURER E: INSURER F:		<b>NAIC #</b> 22350 17159

## 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
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:  <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X	X	CIP276604 BLKT ADD'L INSURED BLKT WAIVER OF SUBROGATIO	04/10/2017	04/10/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	117418B BLKT WAIVER OF SUBROGATIO	04/10/2017	04/10/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

## CERTIFICATE HOLDER

SAMPLE1

SAMPLE

## 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

# 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)  
R. Seibert Construction, LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
☐ 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) ▶  
Send feedback Privacy Terms  
☐ Other (see instructions) ▶

Exemptions (see instructions):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_

Address (number, street, and apt. or suite no.)  
208 St. Bernard Pkwy  
City, state, and ZIP code  
St. Bernard, LA 70085

Requester'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.

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								
2	7	-	2	4	9	9	9	4

## 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 ▶ Randall Seibert Jr. Date ▶ 4-25-17

## General Instructions

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

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

## 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, payments made to you in settlement of payment card and third party network transactions, 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, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

**Tom Schedler**  
**Secretary of State**

**State of  
Louisiana  
Secretary of  
State**



**COMMERCIAL DIVISION**  
**225.925.4704**

Fax Numbers  
225.932.5317 (Admin. Services)  
225.932.5314 (Corporations)  
225.932.5318 (UCC)

Name	Type	City	Status
R. SEIBERT CONSTRUCTION, L.L.C.	Limited Liability Company	ST BERNARD	Active

#### Previous Names

**Business:** R. SEIBERT CONSTRUCTION, L.L.C.

**Charter Number:** 40198986K

**Registration Date:** 5/5/2010

#### Domicile Address

208 ST. BERNARD PARKWAY  
ST BERNARD, LA 70085

#### Mailing Address

C/O RANDALL J. SEIBERT JR  
208 ST. BERNARD PARKWAY  
ST. BERNARD, LA 70085

#### Status

**Status:** **Active**

**Annual Report Status:** **In Good Standing**

**File Date:** 5/5/2010

**Last Report Filed:** 4/13/2016

**Type:** Limited Liability Company

#### Registered Agent(s)

<b>Agent:</b>	RANDALL J SEIBERT JR
<b>Address 1:</b>	208 ST BERNARD PARKWAY
<b>City, State, Zip:</b>	ST BERNARD, LA 70085
<b>Appointment Date:</b>	4/13/2016

#### Officer(s)

**Additional Officers: No**

<b>Officer:</b>	RANDALL J. SEIBERT, SR.
<b>Title:</b>	Member
<b>Address 1:</b>	204 ST. BERNARD PARKWAY
<b>City, State, Zip:</b>	ST. BERNARD, LA 70085

<b>Officer:</b>	RANDALL J. SEIBERT, JR.
-----------------	-------------------------

<b>Title:</b>	Member
<b>Address 1:</b>	208 ST. BERNARD PARKWAY
<b>City, State, Zip:</b>	ST. BERNARD, LA 70085

## Amendments on File

No Amendments on file

Print

2525 Quail Drive, Baton Rouge, 70808 (225) 765-2301



## Louisiana State Licensing Board for Contractors



### Contractor Information

Business Name R. SEIBERT CONSTRUCTION, L.L.C. ✓  
 Mailing Address 208 St. Bernard Parkway  
 St. Bernard, LA 70085  
 Phone Number (504) 881-9781  
 Fax Number (504) 609-2322  
 Email Address rseibertconstruction@yahoo.com

### Active Licenses

License Number 60869 ✓  
 Type Commercial License  
 Status LICENSED  
 Effective 11/21/2015  
 Expiration 11/20/2018  
 First Issued 11/20/2014  
 License Number 882576  
 Type Residential License  
 Status LICENSED  
 Effective 03/19/2016  
 Expiration 03/18/2019  
 First Issued 03/18/2015

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION ✓	Randall Joseph Seibert Jr.	ALL
BUSINESS AND LAW	Randall Joseph Seibert Jr.	ALL
BUSINESS AND LAW	Randall Joseph Seibert Jr.	ALL
RESIDENTIAL BUILDING CONTRACTOR	Randall Joseph Seibert Jr.	ALL

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# Search Results

## Advanced Search Results

**Notice:** This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

No records found for current search.

### Glossary

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## Advanced Search - Entity

**Registration Status**☒ Active ☒ Inactive**Registrations with an Active Exclusion(s)**☐ Yes ☐ No**Registrations with Delinquent Federal Debt**☐ Yes ☐ No**SEARCH****CLEAR**

Within an accordion, search will be performed with an OR condition. Between accordions, search will be performed with an AND condition.

**Entity**

If you search by anything other than Business Name, the remaining fields on this page will be inaccessible.



Business Name



DUNS Number



CAGE Code

**Entity Type****Location****Socio-Economic  
Status****Products and  
Services****SEARCH****CLEAR**

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