

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish
Attn: Purchasing Department
200 Derbigny Street, Suite 4400
Gretna, Louisiana 70053

BID FOR: Emergency Generator – East Bank Wastewater
Treatment Plant, Jefferson Parish, Louisiana.
CDBG Proj. No. 26PARA2303, SCIP Proj. No.
D5116, Bid Proposal No. 50-00112685

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:
URS CORPORATION and dated: DECEMBER 12, 2014

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, 2, 3

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:

Two Million Three Hundred Thirty Three Thousand Seven Hundred Forty Seven 00/100 Dollars (\$2,333,745.00)

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 – Metal Shed over Transfer Switch, Ref. No. 0015, to be ADDED for the lump sum of:

Seven Thousand 00/100 Dollars (\$7,000.00)

Alternate No. 2 (Not Applicable) for the lump sum of: Dollars (\$ )

Alternate No. 3 (Not Applicable) for the lump sum of: Dollars (\$ )

NAME OF BIDDER: ARC Mechanical Contractors, Inc.

ADDRESS OF BIDDER: Post Office Box 6720
Slidell, Louisiana 70469-6720

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 12344

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Chester A. Cabirac

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: President

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*: [Signature]

DATE: April 30, 2015

\* 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 LA RS 38:2218.A is attached to and made a part of this bid.

This Bid Form has been revised per Addendum No. 3.

**LOUISIANA UNIFORM PUBLIC WORK BID FORM**  
**UNIT PRICE FORM**

**TO: Jefferson Parish**  
Attn: Purchasing Department  
200 Derbigny Street, Suite 4400  
Gretna, Louisiana 70053

**BID FOR: Emergency Generator – East Bank Wastewater Treatment Plant, Jefferson Parish, Louisiana.**  
CDBG Proj. No. 26PARA2303, SCIP Proj. No. D5116, Bid Proposal No. 50-00112685

UNIT PRICES: This form shall be used for any and all work required by the Bidding Documents and described as unit prices. Amounts shall be stated in figures and only in figures.

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ___ Mobilization and Demobilization			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
0001	1	Lump Sum	45,000.00	45,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ___ Clearing and Grubbing			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
0002	1	Lump Sum	8,000.00	8,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ___ Timber Piles			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
0003	2,520	Linear Feet	28.00	70,560.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ___ Reinforced Concrete			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
0004	215	Cubic Yards	419.00	90,085.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ___ Diesel Generator w/ Enclosure, Radiator, and 4-Day Fuel Tank			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
0005	1	Each	1,531,000.00	1,531,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ___ Piping			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
0006	1	Lump Sum	83,000.00	83,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ___ Transfer Switch w/ Enclosure			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
0007	1	Each	144,000.00	144,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ___ Soft Starter			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
0008	1	Each	75,000.00	75,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ___ Ductbank			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
0009	1	Lump Sum	22,000.00	22,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ___ Conduit and Wiring			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
0010	1	Lump Sum	225,000.00	225,000.00

**Notes:**

All quantities are estimated. The contractor will be paid upon actual quantities as verified by Owner.

**This Bid Form has been revised per Addendum No. 3.**

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. #	Painting		
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (Quantity times Unit Price)
0011	1	Lump Sum	10,000.00	10,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. #	Gravel and Grading		
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (Quantity times Unit Price)
0012	75	Cubic Yards	228.00	17,100.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. #	Seeding and Sodding		
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (Quantity times Unit Price)
0013	1	Lump Sum	9,000.00	9,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. #	Contractor's Engineering		
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (Quantity times Unit Price)
0014	1	Lump Sum	4,000.00	4,000.00

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt. #	1 Metal Shed for Transfer Switch		
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (Quantity times Unit Price)
0015	1	Lump Sum	7,000.00	7,000.00

Notes:

All quantities are estimated. The contractor will be paid upon actual quantities as verified by Owner.

**This Bid Form has been revised per Addendum No. 3.**



BID BOND

KNOW ALL MEN BY THESE PRESENTS that we, the undersigned,

ARC MECHANICAL CONTRACTORS, INC.

\_\_\_\_\_ as PRINCIPAL and

HARTFORD FIRE INSURANCE COMPANY

\_\_\_\_\_ as SURETY, are held and firmly bound unto the Parish of Jefferson, hereinafter called the "OWNER", in the penal sum of:

FIVE PERCENT OF THE AMOUNT BID

\_\_\_\_\_ DOLLARS (\$ 5% ) lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal has submitted the accompanying Bid dated APRIL 21, 2015, for

EMERGENCY GENERATOR  
EAST BANK WASTE WATER TREATMENT PLANT  
CDBG PROJECT NO. 26PARA2303  
SCIP PROJECT NO. D5116

NOW, THEREFORE, if the Principal shall not withdraw said Bid within the period specified therein after the opening of the same or, if no period be specified, within forty-five (45) days after the said opening, and shall within the period specified therefor or, if no period be specified, within twelve (12) days after the prescribed forms are presented to him for signature, enter into a written Contract with the Parish in accordance with the Bid as accepted, and give bond with good and sufficient surety or sureties, as may be required, for the faithful performance and proper fulfillment of such Contract; or in the event of the withdrawal of said Bid within the period specified, or the failure to enter into such Contract and give such bond within the time specified, if the Principal shall pay the Parish the difference between the amount specified in said Bid and the amount for which the Parish may procure the required work or supplies, or both, if the latter be in excess of the former, then the above obligation shall be void and of no effect, otherwise, to remain in full force and virtue.

IN WITNESS WHEREOF, the above bounded parties have executed this instrument under their several seals this 21ST day of APRIL, 2015, the name and corporate seal of each corporate party being hereto affixed and these presents signed by its undersigned representative, pursuant to authority of its governing body.

BID BOND (CONTINUED)

In presence of:

\_\_\_\_\_  
(Individual Principal)

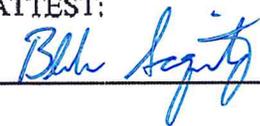
\_\_\_\_\_  
(Business Address, including Zip Code)

\_\_\_\_\_  
(Partnership)

\_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
(Business Address, including Zip Code)

BY: 

ATTEST:  


ARC MECHANICAL CONTRACTORS, INC.  
\_\_\_\_\_  
(Corporate Principal)

P.O. BOX 6720, SLIDELL, LA 70469

\_\_\_\_\_  
(Business Address, including Zip Code)

BY:   
AFFIX CORPORATE SEAL  
Chester A. Cabirac - President

ATTEST:  
SEE ATTACHED POWER OF ATTORNEY  
\_\_\_\_\_

HARTFORD FIRE INSURANCE COMPANY  
\_\_\_\_\_  
(Corporate Surety)

ONE HARTFORD PLAZA, HARTFORD, CT 06115

\_\_\_\_\_  
(Business Address, including Zip Code)

BY:   
AFFIX CORPORATE SEAL  
ALEXANDER J. ELLSWORTH, ATTORNEY-IN-FACT

Countersigned:  
BY:   
Attorney-in-Fact\* ALEXANDER J. ELLSWORTH

State of LOUISIANA

# POWER OF ATTORNEY

Direct Inquiries/Claims to:

**THE HARTFORD**

Bond T-4

One Hartford Plaza

Hartford, Connecticut 06155

call: 888-266-3488 or fax: 860-757-5835)

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Code: 43-480815

- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of** Unlimited :

Brian P. Bordlee, Charles F. Cowand, Anthony Currena, Michele M. Ellsworth, Alexander J. Ellsworth, Lauren T. Guillory, Ralph J. LeBlanc of METAIRIE, Louisiana

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on August 1, 2009, the Companies have caused these presents to be signed by its Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



*Wesley W. Cowling*

Wesley W. Cowling, Assistant Secretary

*M. Ross Fisher*

M. Ross Fisher, Vice President

STATE OF CONNECTICUT }  
COUNTY OF HARTFORD } ss. Hartford

On this 12th day of July, 2012, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

*Kathleen T. Maynard*

Kathleen T. Maynard  
Notary Public

My Commission Expires July 31, 2016

I, the undersigned, Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of APRIL 21, 2015

Signed and sealed at the City of Hartford.



*Gary W. Stumper*

Gary W. Stumper, Vice President

# State of Louisiana The Minister

## State Licensing Board for Contractors

This is to Certify that:

ARC MECHANICAL CONTRACTORS, INC.  
P. O. Box 6720  
Slidell, LA 70469

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL WORK (RESTRICTED-BIDDING ONLY); HEAVY CONSTRUCTION; HIGHWAY, STREET AND BRIDGE CONSTRUCTION; MECHANICAL WORK (STATEWIDE); MUNICIPAL AND PUBLIC WORKS CONSTRUCTION; SPECIALTY: INDUSTRIAL PIPING; SPECIALTY: INSTALL REPAIR OR CLOSE UNDERGROUND STORAGE TANKS

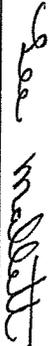


Expiration Date: November 16, 2017

License No: 12344

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 17th day of November 2014

  
Director

  
Chairman

This License Is Not Transferrable

  
Secretary-Treasurer



ARCME-1 OP ID: CY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/21/2014

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).

<b>PRODUCER</b> Stiel Insurance Services of New Orleans, Inc. 433 Metairie Road Suite #520 Metairie, LA 70005 Louis Martello		<b>CONTACT NAME:</b> Louis Martello <b>PHONE (A/C, No, Ext):</b> 504-832-5733 <b>FAX (A/C, No):</b> 504-831-3604 <b>E-MAIL ADDRESS:</b>															
<b>INSURED</b> ARC Mechanical Contractors Inc Mr. Chester Cabirac P O Box 6720 Slidell, LA 70469		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Valley Forge Insurance Co (PA)</td> <td>20508</td> </tr> <tr> <td>INSURER B: Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER C: Continental Casualty</td> <td>20443</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Valley Forge Insurance Co (PA)	20508	INSURER B: Continental Casualty Company	20443	INSURER C: Continental Casualty	20443	INSURER D:		INSURER E:		INSURER F:	
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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 SUBR INSD VWD	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X X	C1015152154	08/23/2014	08/23/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		C2058039895	08/23/2014	08/23/2015	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 <input checked="" type="checkbox"/> RETENTIONS 10000		C2078422473	08/23/2014	08/23/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC131456473 USL&H	08/23/2014	08/23/2015	<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	Leased/Rented Eqpt		C1015152154	08/23/2014	08/23/2015	1000-Ded 80,000

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

<b>CERTIFICATE HOLDER</b>  Parish of Jefferson New Courthouse Building 200 Derbigny St. Gretna, LA 70053	<b>PARIS-1</b>	<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 <i>Louis E Martello</i>
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**Related Links:**

[Online Search Main Page](#)

Licensing Board's Online Database

**Search Results - Contractor Detail**

**Business Name:** ARC MECHANICAL CONTRACTORS, INC. ✓  
**Mailing Address:** P. O. Box 6720  
 Slidell, LA 70469  
**Phone Number:** (504) 508-8333  
**Fax Number:** (985) 661-9169  
**Email Address:** [arcmechanical@bellsouth.net](mailto:arcmechanical@bellsouth.net)  
**Website:**

**Active Licenses**

Lic#	Type	Status	Effective	Expiration	First Issued
12344	Commercial License Certificate	LICENSED	11/17/2014	11/16/2017	11/16/1978
86512	Residential License Certificate	LICENSED	01/02/2015	01/01/2018	01/01/2004

**Classifications:**

Class	Qual Party	Valid Parishes
RESIDENTIAL BUILDING CONTRACTOR	Chester Andrew Cabirac	ALL
BUILDING CONSTRUCTION	James Michel Brocato	ALL
BUILDING CONSTRUCTION	Brett Patrick Cabirac	ALL
BUILDING CONSTRUCTION	Chester Andrew Cabirac	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	James Michel Brocato	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	Chester Andrew Cabirac	ALL
HEAVY CONSTRUCTION	Brett Patrick Cabirac	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	James Michel Brocato	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Brett Patrick Cabirac	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Chester Andrew Cabirac	ALL
SPECIALTY: INDUSTRIAL PIPING	Brett Patrick Cabirac	ALL
SPECIALTY: INSTALL REPAIR OR CLOSE UNDERGROUND STORAGE TANKS	Chester Andrew Cabirac	ALL
✓ ELECTRICAL WORK (RESTRICTED-BIDDING ONLY)	Chester Andrew Cabirac	ALL
MECHANICAL WORK (STATEWIDE)	Chester Andrew Cabirac	ALL

[Start New Contractor Search](#)

**Louisiana State Licensing Board For Contractors**  
 2525 Quail Drive ~ Baton Rouge, LA 70808  
 Phone: (225) 765-2301 ~ Fax: (225) 765-2431  
[Employee Login](#)

Site design & maintenance by Kath A. Horton, LLC

22737

**Form W-9**  
 (Rev. November 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.

Name (as shown on your income tax return) \_\_\_\_\_

Business name, if different from above  
**ARC Mechanical Contractors, Inc.**

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  Other  Exempt from backup withholding

Address (number, street, and apt. or suite no.)  
**Post Office Box 6720**

City, state, and ZIP code  
**Slidell, Louisiana 70469**

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 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
or
Employer identification number
7   2   0   8   4   1   2   6   6

**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. 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: 9/19/2007

**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:

- 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.

In 3 above, 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.

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.

**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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,