

DATE: 3/11/2020

Page: 5

BID NO.: 50-00130132

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES X NO

MAXIMUM ESCALATION PERCENTAGE REQUESTED NA %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF NA

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

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

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME:

Rudy Smith Service, Inc.

ADDRESS:

425 N. Claiborne Ave

CITY, STATE:

New Orleans, LA

ZIP:

70112

TELEPHONE:

(504) 523-8123

FAX:

(504) 522-6957

EMAIL ADDRESS:

rudy@rudysmith.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER:

1

NUMBER:

2

NUMBER:

NA

NUMBER:

NA

TOTAL PRICE OF ALL BID ITEMS: \$

98,242.²⁵

AUTHORIZED

SIGNATURE:

[Signature]

William R Smith

TITLE:

President

Printed Name

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00130132

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	150.00	JOB	TWO YEAR CONTRACT FOR WRECKER SERVICE FOR THE EAST AND WEST BANK OF JEFFERSON PARISH FOR THE DEPARTMENT OF FLEET MANAGEMENT. 0001 - HEAVY WRECKER- COST UP TO TWENTY-FIVE (25) MILES (INCLUDING HOOK-UP).	350 ^{XX}	56,000 ^{XX}
2	25.00	M	0002 - HEAVY WRECKER- TWENTY-FIVE (25) MILES AND OVER	0.05	1.25
3	100.00	JOB	0003 - MEDIUM WRECKER TWENTY-FIVE (25) MILES INCLUDING HOOK-UP	220 ^{XX}	22,000 ^{XX}
4	25.00	M	0004 - MEDIUM WRECKER-TWENTY-FIVE (25) MILES AND OVER.	0.05	1.25
5	180.00	JOB	0005 - SMALL WRECKER-COST UP TO TWENTY-FIVE (25) MILES INCLUDING HOOK-UP.	97 ^{XX}	17,460 ^{XX}
6	50.00	M	0006 - SMALL WRECKER- TWENTY-FIVE (25) MILES AND OVER	0.05	2.50
7	8.00	JOB	0007 - FLAT-BED HAULER WRECKER-COST UP TO TWENTY-FIVE (25) MILES INCLUDING HOOK-UP.	97 ^{XX}	776 ^{XX}
8	25.00	M	0008 - FLAT-BED HAULER-TWENTY-FIVE (25) MILES AND OVER.	0.05	1.25
9	4.00	JOB	0009 - WINCH OUT OF CANAL BANKS AND WATER HAZARDS.	500 ^{XX}	3,000 ^{XX}

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
INCORPORATED. Rudy Smith Service Inc

AT THE MEETING OF DIRECTORS OF Rudy Smith Service Inc
INCORPORATED, DULY NOTICED AND HELD ON 4/8/20,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED, IT
WAS:

RESOLVED THAT William R Smith, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE
A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE ABOVE
DATED MEETING OF THE BOARD OF
DIRECTORS OF SAID CORPORATION, AND
THE SAME HAS NOT BEEN REVOKED OR
RESCINDED.


SECRETARY-TREASURER

4/8/20
DATE

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
RUDY SMITH SERVICE, INC.	Business Corporation	NEW ORLEANS	Active

Previous Names

Business: RUDY SMITH SERVICE, INC.

Charter Number: 28500620D

Registration Date: 1/3/1969

Domicile Address

425 N. CLAIBORNE AVE.
NEW ORLEANS, LA 70112

Mailing Address

425 N. CLAIBORNE AVE.
NEW ORLEANS, LA 70112

Principal Office Address

425 N. CLAIBORNE AVE.
NEW ORLEANS, LA 70112

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 1/3/1969

Last Report Filed: 12/4/2019

Type: Business Corporation

Registered Agent(s)

Agent:	HOWARD LEACH
Address 1:	2700 LAKE VILLA DR., SUITE 230
City, State, Zip:	METAIRIE, LA 70002-6782
Appointment Date:	11/12/1993
Agent:	EDWARD MCCLOSKEY
Address 1:	3045 RIDGELAKE DR
Address 2:	SUITE 817
City, State, Zip:	METAIRIE, LA 70002
Appointment Date:	12/14/2015

Officer(s)

Additional Officers: No

Officer:	WILLIAM R. SMITH, IV
Title:	President
Address 1:	6663 COLBERT
City, State, Zip:	METAIRIE, LA 70124
Officer:	LOUIS R. SMITH
Title:	Secretary, Vice-President
Address 1:	1149 ELMEER ST
City, State, Zip:	METAIRIE, LA 70005
Officer:	THOMAS SMITH
Title:	Vice-President
Address 1:	1205 HOMESTEAD
City, State, Zip:	METAIRIE, LA 70005
Officer:	JAMES SMITH
Title:	Vice-President
Address 1:	1437 POINSETTA
City, State, Zip:	METAIRIE, LA 70005

Amendments on File

No Amendments on file

Print

Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF Orleans

BEFORE ME, the undersigned authority, personally came and appeared: William R Smith, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized President of Rudy Smith Service Inc (Entity), the party who submitted a bid in response to Bid Number 50-00130133 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 X there are NO campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____

Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B X _____

There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

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

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

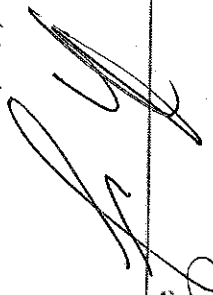


Signature of Affiant

William R Smith

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 16 DAY OF April, 2020.



Notary Public

FREDERICK E. YORSCH

Printed Name of Notary
NOTARY PUBLIC #29724
STATE OF LOUISIANA

Notary/Bar Roll Number

FREDERICK E. YORSCH
My commission expires 02/27/24
STATE OF LOUISIANA



Gen Liability & Auto

RUDYSMI-01

AMY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/13/2019

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

Eustis Insurance, Inc.
1110 Veterans Memorial Boulevard
Suite 200
Metairie, LA 70005

CONTACT

PHONE (A/C, No. Exp. (504) 586-0440 FAX (504) 565-5219
E-MAIL ADDRESS: info@eustis.com

INSURED

Rudy Smith Service, Inc.
425 North Claiborne
New Orleans, LA 70112

INSURER(S) AFFORDING COVERAGE

INSURER A: Axis Insurance Company NAIC # 37273

INSURER B:

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	ADDITIONAL INSURER(S)	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		AXSPT0023602	05/14/2019	05/14/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS LEASED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		AXSAT0023602	05/14/2019	05/14/2020	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per accident) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTIONS					PER STATUTE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH)					EL. EACH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$
A	On Hook/Cargo in Tow		AXSPT0023602	05/14/2019	05/14/2020	\$5,000 Deductible
A	Garagekeepers		AXSAT0023602	05/14/2019	05/14/2020	Direct Prim Loc 1&2 400,000 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Locations:
1) 425 N. Claiborne, New Orleans, LA 70112
2) 2638 St. Louis, New Orleans, LA 70112
3) 2222 Poydras Street, New Orleans, LA 70112
4) 222 Industrial Avenue, New Orleans, LA 70121

With respects to the above General Liability policy, The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish SEE ATTACHED ACORD 401

CERTIFICATE HOLDER

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

Jefferson Parish
Department of Fleet Maintenance
4901 Jefferson Hwy #A
Jefferson, LA 70121

ACORD 25 (2019/03)

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AGENCY CUSTOMER ID: RUDYSMI-01

AMY

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	
Justis Insurance, Inc.	
POLICY NUMBER SEE PAGE 1	
CARRIER SEE PAGE 1	NAC CODE SEE P 1
NAMED INSURED Rudy Smith Service, Inc 425 North Claiborne New Orleans, LA 70112	
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

Description of Operations/Locations/Vehicles:
President and the Parish Council will be considered as an additional insured subject to the endorsement's (CG 2010 1001 -
Additional Insured - Owners, Lessees or Contractors - Scheduled person or organization) terms and conditions.

ACORD 101 (2008/01)

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Comp

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME DON MAYEUX
CANAL HR, INC.	PHONE (A/C, No. Ext): 504-837-8680
P.O. BOX 8798	FAX (A/C, No.): 504-832-8752
METAIRIE, LA 70011	E-MAIL ADDRESS: DONM@CANALHR.COM
	INSURER(S) AFFORDING COVERAGE
	INSURER A: STONE TRUST COMMERCIAL INS. CO. NAIC # 11042
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED
RUDY SMITH SERVICE, INC.
425 N. CLAIBORNE AVENUE
NEW ORLEANS, LA 70112

COVERAGES **CERTIFICATE NUMBER:** 103996 **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	ADOL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
							AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		WCV009343700	05/31/2019	05/31/2020	WC STATU- TORY LIMITS \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N/A					E.L. EACH ACCIDENT \$ 1000000
							E.L. DISEASE - EA EMPLOYEE \$ 1000000
							E.L. DISEASE - POLICY LIMIT \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
USL&H IS PROVIDED WITH LIMITS OF 10% OF TOTAL PAYROLL, DOCKSIDE ONLY
BID# 50-001301132

CERTIFICATE HOLDER

JEFFERSON PARISH
DEPARTMENT OF FLEET MAINTENANCE
4901 JEFFERSON HWY
SUITE A
JEFFERSON, LA 70121

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

W-9

Form
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Rudy Smith Service, Inc	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <u>S</u> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	5 Address (number, street, and apt. or suite no.) See instructions. 425 N. Claiborne Ave
	6 City, state, and ZIP code New Orleans, La 70112
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

or

Employer identification number

7	2	-	0	6	5	4	9	4	3
---	---	---	---	---	---	---	---	---	---

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 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 for Part II, later.

Sign Here Signature of U.S. person ► *Rudy Smith* Date ► *1-8-2020*

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.



JEFFERSON PARISH

DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG
PARISH PRESIDENT

RENNY SIMNO
DIRECTOR

JEFFERSON PARISH VENDOR REGISTRATION FORM

All vendors interested in submitting bids, or proposals to provide equipment, materials, supplies, services or performing major repairs/construction for Jefferson Parish must complete this form and indicate commodity codes applicable to their business. This application **MUST** be accompanied with vendor's signed W-9 Form (or W-8IMY Form if an international vendor) and a listing of applicable commodity codes. This application will not be processed otherwise. In order to receive payments within 1 day of payment processing, please complete Vendor Direct Deposit Form available online at <http://purchasing.jeffparish.net> and email to Purchasing@jeffparish.net. If a direct deposit form is not received then you will receive a paper check via the mail. Please note that it may delay payment by up to 5 days due to handling and mail time.

Name of Business: <i>Rudy Smith Service Inc</i>	
Physical Address: <i>425 W. Claiborne Ave</i>	Remittance Address: <i>425 W. Claiborne Ave</i>
City: <i>New Orleans, LA</i>	State: <i>LA</i>
Zip: <i>70112</i>	
Phone Number: <i>504 522 8123</i>	Fax Number: <i>504 522 6957</i>
Email Address (REQUIRED): <i>rudy@rudysmith.com</i>	Federal Identification Number (REQUIRED): <i>72-0654943</i>
Nature of Business: <i>Towing & Recovery Automotive</i>	
Trade, Specialty, or Professional Licenses:	

Please check one:
Corporation: ☒ Individual: ☐ Partnership: ☐ Other: ☐

Authorized to do Business in Louisiana:

Yes: ☒ No: ☐

PAGE 1 of 3

GENERAL GOVERNMENT BLDG. - 200 DERBIGNY ST., SUITE 4400, GRETN. LA 70053
OFFICE 504.364.2678

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EMAIL: PURCHASING@JEFFPARISH.NET WEBSITE: WWW.JEFFPARISH.NET



JEFFERSON PARISH

DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG
PARISH PRESIDENT

RENNY SIMNO
DIRECTOR

Jefferson Parish strongly encourages the involvement of minority and/or woman-owned business enterprises (DBE's including, MBE's, WBE's and SBE's) to stimulate participation in procurement and assistance programs. Please indicate below as applicable:

DBE: ☐ MBE: ☐ WBE: ☐ SBE: ☐

Vendors registering to conduct business with Jefferson Parish hereby acknowledge that upon bid/proposal submission, vendors agree to comply with all provisions of Louisiana Law as well compliance with the Jefferson Parish Code of Ordinances, Louisiana Code of Ethics as well as applicable Jefferson Parish ethical standards and Jefferson Parish standard terms and conditions. Further, it shall be the duty of every applicant for certification of eligibility for a parish contractor or program to cooperate with the Inspector General in any investigation, audit, inspection, performance review, or hearing pursuant to Jefferson Parish Code of Ordinances Section 2-155.10 (19). By submitting a bid, vendor acknowledges this and will abide by all provisions of the referenced Jefferson Parish Code of Ordinances.

Vendor Contact Name: <i>W. Rudy Smyth</i>	Title: <i>President</i>
Signature: <i>W. Rudy Smyth</i>	Date: <i>4/17/20</i>

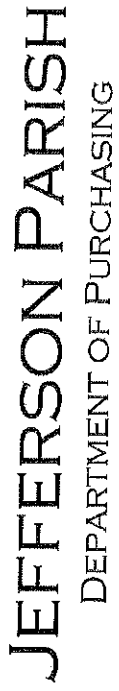
Prospective bidders are strongly encouraged to register for our e-procurement web portal. All bids are uploaded onto this portal for review and response. There is no cost to register, view, download and submit bids. For more information on this and other bid information, please visit the Jefferson Parish Purchasing Department webpage located at <http://purchasing.jeffparish.net> or you can directly go to our e-procurement portal at www.jeffparishbids.net. Vendors will be automatically notified of solicitations for which they have registered to receive.

Jefferson Parish uses the National Institute for Governmental Procurement Commodity Codes to notify prospective bidders of solicitations to which they would be interested in. By selecting the appropriate commodity codes and listing them on Page 3 of this application, prospective bidders may be notified of current solicitations. Please go to at <http://purchasing.jeffparish.net> for a complete list of commodity codes and enter in the form below.

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