

BID REJECTION FORM

Bid number: 50-00124814

Vendor Name: Joe's Septic Contractors, Inc.

Reasons for

Rejection: Incomplete Non-Public Works Affidavit - Debt Disclosures

page 2 of the affidavit was not submitted with the bid.

Name of company not listed on the signature page of the bid
form.

REVIEWED BY:

Buyer Name:

Daphne Nelson

Date:

2/4/19

Chief Buyer:

[Signature]

Date:

2/4/19

DATE: 12/05/2018
BID NO.: 50-00124814

Page: 5

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 _____ NO ☒

MAXIMUM ESCALATION PERCENTAGE REQUESTED N/A %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 3-31-19

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

TBD

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

N/A

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Zachary Giscailair

ADDRESS: P.O. Box 336

CITY, STATE: CUT OFF LA. ZIP: 70345

TELEPHONE: (985) 632-5592 FAX: (985) 632-5532

EMAIL ADDRESS: JCG @ VISCOM.NET

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: JP-50-00124814-1

NUMBER: JP-50-00124814-2

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 28,300.00

AUTHORIZED SIGNATURE: [Signature]

Zachary Giscailair

Printed Name

TITLE: General Manager

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.: 50-00124814

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			PRE-PLACED EMERGENCY CONTRACT FOR TWO (2) YEARS FOR THE SUPPLY AND SERVICING OF PORTABLE TOILETS FOR THE DEPARTMENT OF EMERGENCY MANAGEMENT, AGENCIES AND MUNICIPALITIES		
1	100.00	EA	0010 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: WEEKLY RENTAL FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY	\$40.00 ea.	\$4000.00 wk
2	100.00	EA	0020 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: MONTHLY RENTAL FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY	\$40.00 ea.	\$4000.00 wk
3	100.00	EA	0030 - CLEANING AND PUMPING PER REGULAR UNIT, SERVICING FOR PORTABLE TOILETS AT THE REQUEST OF THE PARISH PER UNIT FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE	\$45.00 ea.	\$4500.00 wk
4	100.00	EA	0040 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: WEEKLY RENTAL FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY	\$40.00 ea.	\$4000.00 wk
5	100.00	EA	0050 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: MONTHLY RENTAL FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY	\$40.00 ea.	\$4000.00 wk
6	100.00	EA	0060 - CLEANING AND PUMPING PER REGULAR UNIT, SERVICING FOR THE PORTABLE TOILETS AT THE REQUEST OF THE PARISH PER UNIT FOR THE TOWN OF GRAND ISLE	\$45.00 ea.	\$4500.00 wk
7	10.00	EA	0070 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: WEEKLY RENTAL FOR FIBERGLASS TOILET FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY	\$60.00 ea.	\$600.00 wk
8	10.00	EA	0080 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: MONTHLY RENTAL FOR FIBERGLASS TOILET FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY	\$60.00 ea.	\$600.00 wk

DATE: 12/05/2018

Page 7

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00124814

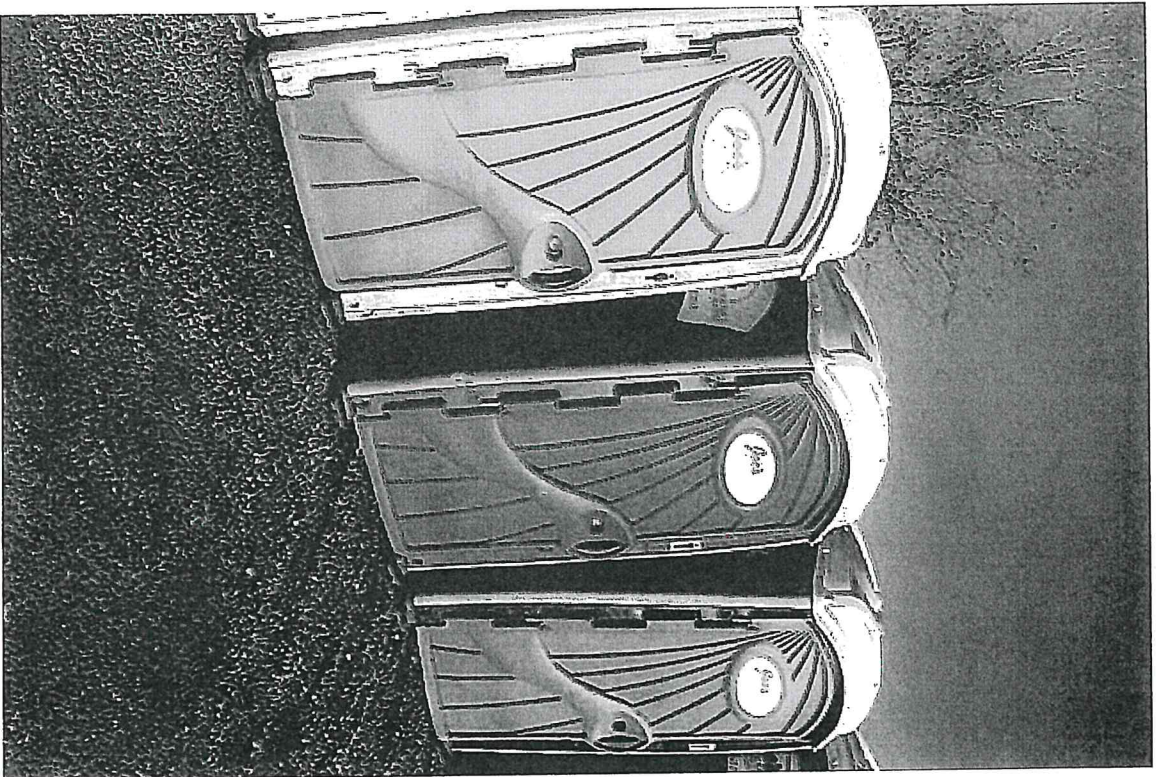
SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
9	10.00	EA	0090 - CLEANING AND PUMPING PER HANDICAP UNIT, SERVICING FOR HANDICAPPED TOILET AT THE REQUEST OF THE PARISH PER UNIT FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE	\$45.00 ea	\$450.00 wk
10	10.00	EA	0100 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: WEEKLY RENTAL FOR FIBERGLASS TOILET FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY	\$60.00 ea	\$600.00 wk
11	10.00	EA	0110 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: MONTHLY RENTAL FOR FIBERGLASS TOILET FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY	\$60.00 ea	\$600.00 wk
12	10.00	EA	0120 - CLEANING AND PUMPING PER HANDICAP UNIT, SERVICING FOR HANDICAPPED TOILET AT THE REQUEST OF THE PARISH PER UNIT FOR THE TOWN OF GRAND ISLE	\$45.00 ea	\$450.00 wk

Standard Pol - 42" x 42" x 86"

Handi-cap Pol - 58" x 58" x 81"

Units are constructed of a poly plastic
that meets all requirements.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/18/2018

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 Arthur J. Gallagher Risk Management Services, Inc. PO Box 100 Plattenville LA 70393	CONTACT NAME: Erica Ford PHONE (A/C, No, Ext): 985-513-5058 E-MAIL ADDRESS: Erica_Ford@ajg.com FAX (A/C, No): 866-709-5722	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Nautilus Insurance Company		17370
INSURER B : Great Divide Insurance Company		25224
INSURER C : LUBA Casualty Insurance Company		12472
INSURER D : Manufacturers Alliance Insurance Company		36897
INSURER E : American Longshore Mutual Association LTD		
INSURER F : Underwriters at Lloyd's London		15792

COVERAGES

CERTIFICATE NUMBER: 1773420100

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	ECP2019752-13	10/25/2018	10/25/2019	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 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BAP2019750-12	10/25/2018	10/25/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	FFX2019751-13	10/25/2018	10/25/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C D E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	028000020376118 2018010823591Y ALMA01620-02	10/25/2018 10/25/2018 10/25/2018	10/25/2019 10/25/2019 10/25/2020	<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
F	Maritime Employers Liability	Y		N10MM-79-1154-03	10/25/2018	10/25/2019	Any One Accident \$1,000,000

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

See Attached Supplemental Page

The Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council are included as Additional Insureds for General Liability and Auto policies.

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Purchasing Department
200 Derbigny St.
Gretna LA 70053

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

SUPPLEMENT TO CERTIFICATE OF INSURANCE**Policy Term: 10/25/2018-10/25/2019****NAME OF INSURED: Joe's Septic Contractors, Inc. / Joe's Environmental Contractors, Inc.**

- A) **General Liability – Nautilus Insurance Company**
Commercial General Liability Includes
- Blanket Additional Insured – Ongoing and Completed Operations (Form #ECP 1004 08 16) as Required by Written Contract
 - Waiver of Transfer of Rights of Recovery – Blanket as Required by Written Contract
 - Primary and Non-Contributory
 - Contractual Liability
 - Contractors Pollution Liability (Form# ECPC 1001 06 18)
 - In Rem Endorsement
 - Gulf of Mexico Territory Extension
 - Deletion of Non-Owned Watercraft Length Limitation
 - Premises/Operations
 - Independent Contractors
 - Separation of Insured Clause included
 - Non-Owned Disposal Site Coverage – Off-Site
 - First Party Transportation Pollution Liability
 - \$5,000 Each Pollution Condition Deductible – Per Claim
 - \$5,000 Bodily Injury and Property Damage Liability Deductible – Per Occurrence
- B) **Auto – Great Divide Insurance Company**
Commercial Auto Liability Includes
- Blanket Additional Insured (Form# BSUM CA 06 02/2013) as Required by Written Contract
 - Blanket Waiver of Subrogation as Required by Written Contract
 - Pollution Liability – Broadened Coverage for Covered Autos (Form# CA 99 48 10/2013)
 - Primary and Non-Contributory
 - MCS 90 Endorsement
- A) **Excess Liability – Nautilus Insurance Company**
Excess Liability Includes
- Policy Excess of Underlying General Liability, Commercial Auto Liability, Employers Liability, Maritime Employers Liability
 - Additional Insured Following Underlying Policies as Required by Written Contract
 - Waiver of Subrogation Following Underlying Policies as Required by Written Contract
- C) **Workers Compensation – LUBA Casualty Insurance Company –**
Joe's Septic Contractors, Inc.
Workers Compensation Includes
- Blanket Waiver of Subrogation as Required by Written Contract (Form# WC 00 03 13)
 - USL&H Endorsement
- D) **Workers Compensation – State Act – Manufacturers' Alliance Insurance Co –**
Joe's Environmental Contractors, Inc.
Workers Compensation Includes
- Blanket Waiver of Subrogation as Required by Written Contract
 - Blanket Alternate Employer Endorsement as Required by Written Contract
- E) **Workers Compensation – USL&H – American Longshore Mutual Association, Ltd. –**
Joe's Environmental Contractors, Inc.
Workers Compensation – USL&H Act Includes
- Blanket Waiver of Subrogation as Required by Written Contract
 - Blanket Alternate Employer Endorsement as Required by Written Contract
 - In Rem Endorsement
 - Gulf of Mexico Extension Endorsement
 - Outer Continental Shelf Lands Act Endorsement
- F) **Maritime Employer's Liability – Certain Underwriters at Lloyd's, London –**
Joe's Environmental Contractors, Inc.
Maritime Employer's Liability Includes
- Includes Transportation, Wages, Maintenance & Cure
 - Jones Act Coverage
 - Blanket Waiver of Subrogation as Required by Written Contract
 - \$5,000 Deductible for any one accident or occurrence including costs & expenses

APPENDIX A: The ensuing contract for this bid solicitation may be eligible for FEMA reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the bid documents. All applicable certifications must be duly completed, signed and included in bid submission. Failure to do so will result in bid rejection. [Bid number 50-00124814], PRE-PLACED EMERGENCY CONTRACT FOR TWO (2) YEARS FOR THE EMERGENCY SUPPLY OF PORTABLE TOILETS IMMEDIATELY BEFORE, DURING AND AFTER A DISASTER EVENT FOR THE JEFFERSON PARISH DEPARTMENT OF EMERGENCY MANAGEMENT, AGENCIES AND MUNICIPALITIES

Anti-Lobbying Form

CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, Zachary Groclair General manager hereby certify on
(name and title of bidder's official)

behalf of Joe's Septic Contractors Inc. that:
(name of bidder)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 7 day of January, 2019.

By [Signature]
(signature of authorized official)

General Manager
(title of authorized official)

APPENDIX A: The ensuing contract for this bid solicitation may be eligible for FEMA reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the bid documents. All applicable certifications must be duly completed, signed and included in bid submission. Failure to do so will result in bid rejection. [Bid number 50-00124814], PRE-PLACED EMERGENCY CONTRACT FOR TWO (2) YEARS FOR THE EMERGENCY SUPPLY OF PORTABLE TOILETS IMMEDIATELY BEFORE, DURING AND AFTER A DISASTER EVENT FOR THE JEFFERSON PARISH DEPARTMENT OF EMERGENCY MANAGEMENT, AGENCIES AND MUNICIPALITIES

Debarment/Suspension Form

DEBARMENT/SUSPENSION CERTIFICATION

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Zachary Gisclair General Manager
(Name and Title of bidder's official)

Jac's Septic Contractors Inc.
(Name of bidder/company)

15360 Hwy 3235
(Address)

COT OFF LA 70345
(Address)

PHONE 985-632-5592 FAX 985-632-5532

EMAIL JEC @ viscom.net

[Signature] Signature 1/7/19 Date

Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANAPARISH/COUNTY OF Lafayette

BEFORE ME, the undersigned authority, personally came and appeared: Zachary
Gisdare, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized General Manager of JDC's Septic Contractors, Inc. (Entity),
the party who submitted a bid in response to Bid Number 50-00124814, 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.

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.



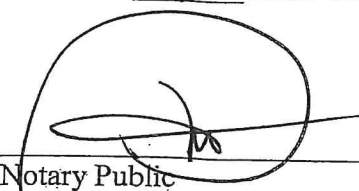
Signature of Affiant

Zachary G. Solair

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 7 DAY OF January, 2019.



Notary Public

Sheila P. St. Pierre

Printed Name of Notary

14941

Notary/Bar Roll Number

My commission expires AT DESTIN.



[Print](#)

Notary Search - Detail

Name: MS. SHEILA A. PLAISANCE ST PIERRE
Address: P.O. BOX 286
13908 WEST MAIN
LAROSE, LA 70373
Phone: (985) 693-8096
Phone 2: (985) 693-8099
Notary ID Number: 14941
Parish: LAFOURCHE with authority in the following parishes:
ASSUMPTION, ST. MARY, TERREBONNE
Agency: N/A
Notary Type: Non Attorney
Status: Active
Commission Date: 10/19/1984
Oath Date: 10/17/1984
Surety Expiration Date: 08/23/2019
Annual Report Current: Yes

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

**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.

Print or type. See Specific instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Joe's Septic Contractors, 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 checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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. P.O. Box 336	
	6 City, state, and ZIP code Cut Off, LA 70345	
	7 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 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			-	1	4	1	4 3 9 1

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 for Part II, later.

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

Date ▶ 05/02/2018

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.

[e-services](#)[Online Tutorials](#)[Mailbox](#)[Sign Out](#)[Contact Us](#)

Interactive TIN Session:Interactive Results

This screen provides you with the results of your TIN Match request. The 'Match Indicator' displays a code next to the TIN and name combination. Use the codes below to interpret your results:

- 0 = TIN and Name combination matches IRS records.
- 1 = TIN was missing or TIN not 9-digit numeric.
- 2 = TIN entered is not currently issued.
- 3 = TIN and Name combination does not match IRS records.
- 4 = Invalid TIN Matching request.
- 5 = Duplicate TIN Matching request.
- 6 = TIN and Name combination matches IRS SSN records.
- 7 = TIN and Name combination matches IRS EIN records.
- 8 = TIN and Name combination matches IRS SSN and EIN records.

Important: Before leaving this screen, you may want to do a Print Screen of the results. Once you exit this screen, the interactive results will no longer be available for viewing.

Using the TIN Matching system allows you to verify the accuracy of taxpayer TIN and name information prior to submitting information to IRS. Internal Revenue Code 6724 provides any penalties under Section 6721 may be waived if the filer shows the failure to file a correct TIN on an information return was due to reasonable cause and not willful neglect. Filers may prove due diligence and receive a waiver from proposed penalties if they prove the TIN and name combination they submitted matched IRS records. Providing a copy of the Print Screen of your Interactive Results will be considered proof of due diligence.

ID	TIN Type	TIN	Name	Result Code
1	Unknown	721414391	joes septic contractors inc	7

You may do either of the following:

- Select *Another Tin Matching Request* to check more TIN and Name combinations.
- Select *Done* to return to the TIN Matching home page.

[ANOTHER TIN MATCHING REQUEST](#)[DONE >](#)

[IRS Privacy Policy](#) | [Privacy Notice](#)
version 18.10.3