

**APPENDIX B  
FORMER DPS OFFICES  
1212 S 25<sup>TH</sup> STREET  
ASBESTOS ABATEMENT BID FORM**

Scope of Work	Dollars
BASE BID	
1. Abate 5,000 square feet of floor tile and mastic	<u>\$16,633.64</u>
2. Allowance for DSHS Notification Fee	<u>\$958.00</u>
<b>GRAND TOTAL (BASE BID)</b>	<b><u>\$17,591.64</u></b>

**GENERAL NOTES:**

1. Client will provide electrical and water supply.
2. Contractor to include allowance to pay the DSHS Notification Fee. Allowance is an estimate based upon the DSHS Formula for 5,000 square feet. The actual notification fee is calculated by DSHS and will be invoiced directly to the Owner. The Owner will present the invoice to the Contractor. The Contractor must show payment in full of the DSHS invoice with the final project document submittals even if there is a difference between the invoiced fee and the allowance.

We, the undersigned, submit the following Base Bid for a lump sum price of \$ 17,591.64

Seventeen Thousand Five Hundred Ninety-one Dollars and Sixty-four Cents.

The Bid price includes all requirements in this bid package. The undersigned has read all instructions and agrees to comply with all the requirements presented in the based bid package and all Addendums.

  
Signature

04-29-2015  
Date

PRINTED NAME: Roberto Valladares, Jr.

CONTRACTOR: R.L. Abatement, Inc.

ADDRESS: PO Box 332

CITY/STATE/ZIP: Weslaco, Texas 78599

PHONE NUMBER: 956-968-2265

The Owner reserves to the right to reject all bids or cancel all or portions of the project.



# R.L. Abatement, Inc.

PO Box 332  
Weslaco, Texas 78599  
Tel: 956-968-2265

Fax: 956-968-3301

## BID PROPOSAL

**PROJECT: Old DPS Building**  
**Hidalgo, Texas**

Proposal No.: 15-2344

Date: 4/29/2015

**RE: ASBESTOS ABATEMENT**

TIPS/TAP: 1042414

**Bid Item:** Remove and dispose approximately 5,000 sq. ft. of asbestos floor tile and mastic.

**Note:** Proposal is based on TIPS/TAPS Contract.

LABOR BREAKDOWN:	PER UNIT	QTY.	TOTAL
One (1) Asbestos Supervisor (Rate)	\$ 23.00	40 Hrs.	\$920.00
Seven (7) Asbestos Worker (Rate)	\$ 22.00	280 Hrs.	\$6,160.00
One (1) Labor Worker (Rate)	\$ 17.00	40 Hrs.	\$680.00
Disposal Waste (per cubic yards)	\$ 52.00	20 cubic yds.	\$1,040.00
Two (2) Asbestos Worker for 5 hours (each) for disposal	\$ 22.00	10 Hrs.	<u>\$220.00</u>
<b>TOTAL AMOUNT FOR LABOR:</b>			<b>\$9,020.00</b>

### Materials for Activity:

QTY.	DESCRIPTION	PER UNIT	TOTAL
6	Cases of Protective Clothing	\$27.50 per case	165.00
140	Respirator filters	\$2.55 per filter	357.00
8	North 7700 Half Face Mask	\$19.00 each	152.00
6	Cases of disposable Boxer Shorts	\$40.00 per case	240.00
3	Boxes of Disposable Towels	\$20.00 per box	60.00
15	Safety Glasses	\$3.00 each	45.00
2	Wire brushes	\$30.00 per box	60.00
2	Cases of Spray Glue	\$26.00 per case	52.00
2	Asbestos Danger Tape	\$10.00 per roll	20.00
15	Asbestos Danger Signs (Eng. & Spanish)	\$0.33 per sign	4.95
8	Disposable Rags	\$15.00 per box	120.00
3	Cotton Gloves	\$11.00 per dozen	33.00
2	Cases of Duct Tape	\$115.00 per case	230.00
11	Rolls of 6 mil	\$65.00 each roll	715.00
11	Rolls of 4 mil poly 10x100	\$21.00 per roll	231.00
10	Rolls of disposable bags	\$60.00 per roll	600.00
8	(5 gal.) mastic removal	\$52.00 per 5 gal.	416.00
10	Organic Filters	\$25.41 per filter	254.10
2	Buffer (Floor tile) (40 hrs/\$5.00 per hr)	\$200.00 per machine	400.00
20	Buffer Pads	\$16.50 per pad	330.00
1	Disposable decon	\$165.00 per decon	165.00
16	24X24X1 Pre-filter Pad	\$0.60 each	9.60
11	24X24X1 Ring Panel Filter	\$2.48 each	27.28
11	24X24X11 1/2 Filters	\$95.00 each	1,045.00
1	Shampoo (Hair and Body)	\$39.95 each	39.95
20	Barrels (for floor tile)	\$6.00 each	120.00
6	Negative Filtration machines (\$50.00 per day)	\$250.00 per machine	1,500.00

<b>Sub-Total on Materials:</b>	<b>7,391.88</b>
<b>Materials Cost plus 3%</b>	<b>221.76</b>
<b>Total Cost of Materials:</b>	<b>7,613.64</b>
<b>TOTAL</b>	<b>\$16,633.64</b>
<b>ALLOWANCE FOR DSHS NOTIFICATION FEES</b>	<b>\$958.00</b>
<b>GRAND TOTAL</b>	<b>\$17,591.64</b>

(Seventeen Thousand Five Hundred Ninety-one Dollars and Sixty-four Cents.)

**R.L. Abatement, Inc.** will provide all labor, material, equipment and insurance. Proposal is subject to change in accordance with the project's specification prepared by a consultant. All rules and regulations will be enforced according to the Texas Dept. of State Health Services, OSHA, EPA and any other state or federal regulations.

Submitted by: *Roberto Valladares, Jr.*

Print Name and Title: Roberto Valladares, Jr. (President)  
Date: 4/29/2015

**Acceptance of Proposal:** The above price, specifications and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Insurance Requirement Acknowledgment

I, Roberto Valladares, Jr., authorized representative for R.L. Abatement, Inc.,  
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

- will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners' Court;
- will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners' Court; currently carry the following:

Automobile Liability: \$ \_\_\_\_\_ General Liability: \$ \_\_\_\_\_

- have already been met, see attached copy of insurance certificate.

Roberto Valladares, Jr.  
Authorized Representative

04-28-2015  
Date

## **Notice to Bidder:**

A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

**THIS FORM MUST ACCOMPANY BID PACKET**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/28/2015

<b>PRODUCER</b> RGV INTEGRITY INSURANCE AGENCY P.O. Box 534060  Harlingen TX 78553-4060		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> R.L. ABATEMENT, INC. P.O. BOX 332  Weslaco TX 78599		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: ADMIRAL INSURANCE COMPANY	24856
		INSURER B: PROGRESSIVE COUNTY MUTUAL	29203
		INSURER C: TEXAS MUTUAL INSURANCE COMPANY	562910
		INSURER D:	
		INSURER E:	

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADU/L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <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	FEI-ECC-18114-01	10/13/2014	10/13/2015	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	04329897-9	01-31-2015	01-31-2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EAACCIDENT \$ OTHER THAN AUTO ONLY: EAACC \$ AGG \$
	<input type="checkbox"/>	<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	TSF 0001173556	10-27-2014	10-27-2015	<input type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Project Name: County of Hidalgo Projects  
 The Certificate Holder is also listed as Additional Insured in regards to the named insured's General Liability and Business Auto policies.

### CERTIFICATE HOLDER

Hidalgo County  
 Attn: Purchasing Department  
 2812 S. Highway Bus. 281  
 Edinburg TX 78539

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Eric Wartenbach*

## **IMPORTANT**

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**PROJECT REQUIREMENTS  
ACKNOWLEDGMENT**

This is to certify that I, Roberto Valladares, Jr., possess all of the APPLICABLE:

- 1. Licenses: See Attached Licenses.
- 2. Bonds: N/A.
- 3. Certificates: N/A.
- 4. Permits: N/A.
- 5. Other: N/A.

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

\* Any licenses, bonds, certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process. Failure to provide said documentation will result in the disqualification of your bid.

Roberto Valladares Jr.  
Authorized Signature

04-28-2015  
Date

R.L. Abatement, Inc.  
Company

PO Box 332  
Address

Weslaco, Texas 78599  
City, State, Zip



# TEXAS DEPARTMENT OF STATE HEALTH SERVICES

**R L ABATEMENT INC**

*is certified to perform as a*

**Asbestos Abatement Contractor**

*in the State of Texas within the purview of Texas Occupations Code, chapter 1954, so long as this license is not suspended or revoked and is renewed according to the rules adopted by the Texas Board of Health.*

A handwritten signature in cursive script, reading "David Lahey, M.D.".

DAVID LAKEY, M.D.  
COMMISSIONER OF HEALTH

License Number: 800612

Control Number: 96137

Expiration Date: 11/24/2016

(Void After Expiration Date)

VOID IF ALTERED    NON-TRANSFERABLE



# TEXAS DEPARTMENT OF STATE HEALTH SERVICES

## R L ABATEMENT INC

*is certified to perform as a*

### **Asbestos Transporter**

*in the State of Texas within the purview of Texas Occupations Code, chapter 1954, so long as this license is not suspended or revoked and is renewed according to the rules adopted by the Texas Board of Health.*

A handwritten signature in cursive script, reading "David Lakey, M.D.".

DAVID LAKEY, M.D.  
COMMISSIONER OF HEALTH

License Number: 400170

Control Number: 96110

Expiration Date: 2/5/2017

(Void After Expiration Date)

VOID IF ALTERED      NON-TRANSFERABLE

# CONFLICT OF INTEREST QUESTIONNAIRE

## FORM CIQ

For vendor or other person doing business with local governmental entity

### OFFICE USE ONLY

Date Received

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

1 Name of person who has a business relationship with local governmental entity.

N/A

2  Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

N/A

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes  No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes  No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes  No

D. Describe each employment or business relationship with the local government officer named in this section.

4

Signature of person doing business with the governmental entity

04-28-2015

Date

PROPOSER'S AFFIDAVIT  
Exhibit "E"

PROPOSER'S AFFIDAVIT OF NON-COLLUSION  
NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING

STATE OF TEXAS  
COUNTY OF HIDALGO

Affiant, Roberto Valladares, Jr., being first duly sworn, deposes that:

(1) Affiant does hereby state neither the Proposer nor any of the Proposer's officers, partners, owners, agents, representatives, employees, or parties in interest, has in any way colluded, conspired, agreed, directly or indirectly with any person, firm, corporation, or other proposer, or potential proposer, to provide any money or other valuable consideration for assistance in procuring or attempting to procure a contract or fix the prices in the attached proposed or the proposal of any other proposer, and further states that no such money or other reward will be hereinafter paid.

(2) Affiant further states they have neither recommended or suggested to Hidalgo County or any of its officials or employees, any of the terms or provisions set forth in their Request for Proposal and subsequent agreement, except at a meeting open to all interested proposers, of which proper notice was given.

(3) Affiant, further states their officers, employees, or agents have not, and will not attempt to lobby, directly or indirectly, the Hidalgo County Commissioner's Court between proposal submission date and award by the Hidalgo County Commissioner's Court.

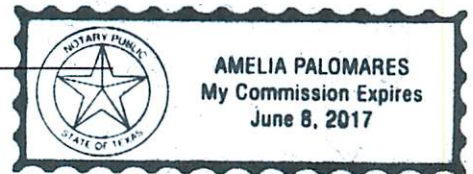
(4) Affiant further states no officer, or stockholder of the Proposer is a member of the staff, or related to any employee of the Hidalgo County except as noted herein below:

Signature/Title: *Roberto Valladares, Jr.* President

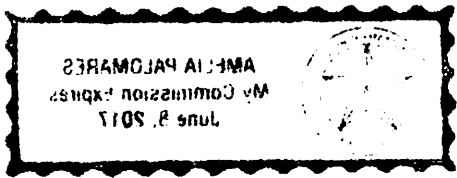
Subscribed and sworn to before me this 28th day of April, 2015

*Amelia Palomares*

Notary Public



My commission expires: June 8, 2017



**Certification  
Regarding Debarment, Suspension Ineligibility**

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, in the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- b. Have not within a three-year period preceding this bid/proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, theory, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and
- d. Have not within a three-year period preceding this bid/proposal and/or application had one or more public transactions terminated of cause or default.

Signature: Roberto Valladares, Jr.

Print Name: Roberto Valladares, Jr.

Title: President

Telephone Number: 956-968-2265

Date: 04-28-2015

If the proposer is unable to certify to all of the statements in this Certification, such proposer should attach an explanation to this proposal.



# HIDALGO COUNTY PURCHASING DEPARTMENT Proposer/Vendor Application

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department  
thru Facsimile: (956) 318-2629,  
in person or regular mail to: 2802 South Hwy 281, Edinburg, Texas 78539  
or e-mail: purchasing@co.hidalgo.tx.us

Company Name: R.L. Abatement, Inc. Telephone No. ( 956) 968-2265	
dba Name:	
Legal Name:	
Mailing Address: PO Box 332	Fax No. ( 956) 968-3301
Physical Address: 2224 West Mile 11 North	
City, State, Zip Weslaco, TX 78599	Tax I.D. No.
Remit to Address :	City, State, Zip
E-Mail Address: rlai@rlabatement.com	
Representative(s) Name(s) & Title(s) Roberto Valladares, Jr. (President)	
Type of Organization (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other, Specify _____	
State Identification No. 74-2956298 (Please attached completed W-9 form with this application)	
Federal Identification No. or (if individual) SS No. _____	
State of Incorporation: Texas Date: Jan. 2000 Other: _____	
Type of Business (check one): <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Broker <input type="checkbox"/> Distributor <input type="checkbox"/> Service Organization <input checked="" type="checkbox"/> Other, Specify _____	
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts: Roberto Valladares, Jr. President	
Small and/or Disadvantaged Business Information (check application criteria)	
Small Business:	Disadvantaged Business (At Least 51% Ownership)
<ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 125,000 annual gross receipt</li> <li><input type="checkbox"/> Less than 250,000 annual gross receipt</li> <li><input type="checkbox"/> Less than 499,000 annual gross receipt</li> <li><input type="checkbox"/> More than 500,000 annual gross receipt</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Black American</li> <li><input checked="" type="checkbox"/> Hispanic American</li> <li><input type="checkbox"/> Asian Pacific American</li> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Women</li> <li><input type="checkbox"/> Other</li> </ul>
Have you been certified as a HUB or an MBE/WBE source?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate Certification No.(s): _____ or are Certificate(s) attached?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What type of product(s) is/are solicited by your company?: Asbestos Abatement, Lead Base Paint Removal, Mold Remediation and Demolition	
Would you like to be provided with specifications for procurements of such products?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
To Be Completed by the County: Rec'd by (Purchasing): _____ Date Rec'd by (Purchasing): _____ Date Forwarded Information to Auditor's Office: _____ Entry Date: _____ Vendor No.: _____	

**HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION**

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?:  Yes  No

If yes, by whom?:  Texas Building & Procurement Commission  Other \_\_\_\_\_

Indicate Certification No(s): \_\_\_\_\_ or Are Certificate(s) Attached?:  Yes  No

---

**LIST OF CERTIFIED HUB SUBCONTRACTORS**

(Attach additional pages if necessary)

What percentage of the Bid, RFP, or RFQ is to be subcontracted with Certified HUB sources?: 0 % (List HUB Subcontractor information below).

HUB Subcontractor Name: N/A HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable):  Texas Building & Procurement Commission  Other \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

---

---

HUB Subcontractor Name: N/A HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable):  Texas Building & Procurement Commission  Other \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

---

---

HUB Subcontractor Name: N/A HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable):  Texas Building & Procurement Commission  Other \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

---

---

S U S A N

C O M B S

TEXAS COMPTROLLER *of* PUBLIC ACCOUNTS

P.O. Box 13186 • AUSTIN, TX 78711-3186



The Texas Comptroller of Public Accounts (CPA) administers the Statewide Historically Underutilized Business (HUB) Program for the State of Texas, which includes certifying minority and woman-owned businesses as HUBs and is designed to facilitate the participation of minority and woman-owned businesses in state agency procurement opportunities.

We are pleased to inform you that your application for certification/re-certification as a HUB has been approved. Your company's profile is listed in the State of Texas HUB Directory and may be viewed online at <http://www.window.state.tx.us/procurement/cmb1/hubonly.html>. Provided that your company continues to meet HUB eligibility requirements, the enclosed HUB certificate is valid for four years.

You must notify the HUB Program in writing of any changes affecting your company's compliance with the HUB eligibility requirements, including changes in ownership, day-to-day management, control and/or principal place of business. *Note: Any changes made to your company's information may require the HUB Program to re-evaluate your company's eligibility.*

Please reference the enclosed pamphlet for additional resources, such as the state's Centralized Master Bidders List (CMBL), that can increase your chance of doing business with the state.

Thank you for your participation in the HUB Program! If you have any questions, you may contact a HUB Program representative at 512-463-5872 or toll-free in Texas at 1-888-863-5881.

## Texas Historically Underutilized Business (HUB) Certificate



Certificate/VID Number: 1742956298000  
File/Vendor Number: 078242  
Approval Date: 14-JUL-2014  
Scheduled Expiration Date: 14-JUL-2018

The Texas Comptroller of Public Accounts (CPA), hereby certifies that

### **R. L. ABATEMENT, INC.**

has successfully met the established requirements of the State of Texas Historically Underutilized Business (HUB) Program to be recognized as a HUB. This certificate printed 18-JUL-2014, supersedes any registration and certificate previously issued by the HUB Program. If there are any changes regarding the information (i.e., business structure, ownership, day-to-day management, operational control, business location) provided in the submission of the business' application for registration/certification as a HUB, you must immediately (within 30 days of such changes) notify the HUB Program in writing. The CPA reserves the right to conduct a compliance review at any time to confirm HUB eligibility. HUB certification may be suspended or revoked upon findings of ineligibility.

*Paul A. Gibson*

*Paul Gibson, Statewide HUB Program Manager  
Texas Procurement and Support Services*

Note: In order for State agencies and institutions of higher education (universities) to be credited for utilizing this business as a HUB, they must award payment under the Certificate/VID Number identified above. Agencies and universities are encouraged to validate HUB certification prior to issuing a notice of award by accessing the Internet (<http://www.window.state.tx.us/procurement/cmb1/cmb1hub.html>) or by contacting the HUB Program at 1-888-863-5881 or 512-463-5872.

Rev. 09/12

## 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)	
Business name, if different from above <b>R.L. Abatement, Inc.</b>	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.) <b>PO Box 332</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Weslaco, Texas 78599</b>	
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 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.

Social security number								
or								
Employer identification number								
7	4	2	9	5	6	2	9	8

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. 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.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>4-29-15</b>
------------------	----------------------------	-----------------------

### 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  2. Certify that you are not subject to backup withholding,
- or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**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 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.