

# Insurance Requirement Acknowledgment

I, Mark Jackson, authorized representative for Suppressed Tactical Solutions, LLC  
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 Commissioner's 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 Commissioner's Court; currently carry the following:

Automobile Liability: \$ 0.00 General Liability: \$ 2,000,000

have already been met; see attached copy of insurance certificate.

Mark Jackson  
Authorized Representative

6/26/15  
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to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder.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**



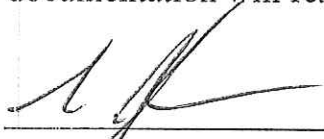
PROJECT REQUIREMENTS  
ACKNOWLEDGMENT

This is to certify that I, Mark Jackson, AS Suppressed Tactical Solutions, LLC possess all of the APPLICABLE:

- 1. Licenses: FFL# 5-74-25-07-8F-05395
- 2. Bonds: \_\_\_\_\_
- 3. Certificates: \_\_\_\_\_
- 4. Permits: \_\_\_\_\_
- 5. Other: 2016 SOT (62) NFA Firearms MFR

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.

  
\_\_\_\_\_  
Authorized Signature

6/26/15  
\_\_\_\_\_  
Date

Suppressed Tactical Solutions, LLC  
\_\_\_\_\_  
Company

2102 N. McColl Road Ste. A  
\_\_\_\_\_  
Address

Edinburg, TX 78541  
\_\_\_\_\_  
City, State, Zip

In accordance with the provisions of Title I, Gun Control Act of 1968, and the regulations issued thereunder (27 CFR Part 478), you are licensed to engage in the business specified in this license, within the limitations of Chapter 44, Title 18, United States Code, and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 478.51.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF Correspondence To	ATF - Chief, FFLC 244 Needy Road Martinsburg, WV 25405-9431	License Number	<b>5-74-215-07-8F-05395</b>
Chief, Federal Firearms Licensing Center (FFLC)	<i>Tracy Robertson</i>	Expiration Date	<b>June 1, 2018</b>
Name	SUPPRESSED TACTICAL SOLUTIONS		

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)  
**2102 NORTH MCCOLL RD STE A  
EDINBURG, TX 78541-**

Type of License  
**07-MANUFACTURER OF FIREARMS OTHER THAN DESTRUCTIVE DEVICES**

Purchasing Certification Statement

The licensee named above shall use a copy of this license to assist a transferor of firearms to verify the identity and the licensed status of the licensee as provided by 27 CFR Part 478. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Firearms Licensee (FFL) or a responsible person of the FFL. I certify that this is a true copy of a license issued to the licensee named above to engage in the business specified above under "Type of License."

Mailing Address (Changes? Notify the FFLC of any changes.)

SUPPRESSED TACTICAL SOLUTIONS LLC  
SUPPRESSED TACTICAL SOLUTIONS  
2102 NORTH MCCOLL RD STE A  
EDINBURG, TX 78541-

<i>Mark Jackson</i>	<i>President</i>
Licensee/Responsible Person Signature	Position/Title
<b>MARK JACKSON</b>	<b>5/11/15</b>
Printed Name	Date

ATF Form 8 (5310.11)

2016 Special Tax Stamp

Name and Principal Business Address	Tax Statement (Annual Tax Rate) 1000.00	<b>TAX 2016 YEAR</b>
SUPPRESSED TACTICAL SOLUTIONS LLC SUPPRESSED TACTICAL SOLUTIONS 2102 NORTH MC COLL RD STE A EDINBURG, TX 78541	Initial Tax . . . . \$ 1000.00	
	Additions . . . . \$ .00	
	Total Tax PAID \$ 1000.00	
Actual Physical Business Address (See Number 2 below) SUPPRESSED TACTICAL SOLUTIONS LLC SUPPRESSED TACTICAL SOLUTIONS 2102 NORTH MCCOLL RD STE A EDINBURG, TX 78541	THIS IS NOT A BILL. DO NOT PAY THE AMOUNT NOTED.	
	Type of Operation Conducted (62) NFA FIREARMS MFGR	
This is a receipt of payment of Special (Occupational) Tax (SOT) under the National Firearms Act. (27 CFR 479.36)	Number of Locations	1 OF 1

If You Have Any Questions, Refer To The Information Below

Date of This Receipt <b>MAY 26, 2015</b>	Dates of Special Tax Period <b>07/01/2015 TO 06/30/2016</b>
Employer Identification Number <b>26-3594084</b>	Control Number <b>2015138-N52-045</b>

If you have any questions, you may contact the Bureau of Alcohol, Tobacco, Firearms and Explosives as follows: