

BELLPHI ENVIRONMENTAL LLC



2332 N. BECKLEY AVE.

DALLAS, TX 75208

OFFICE: 214.946.3202

FAX: 214.853.4390

WWW.BELLPHI-ENVIRO.COM

TABLE OF CONTENTS

- I. STATEMENT OF QUALIFICATIONS**
- II. BID FORMS**
- III. CONTRACTOR TDSHS LICENSES**
- IV. INSURANCE**
- V. ADDENDUME ACKNOWLEDGEMENT FORMS**

STATEMENT OF QUALIFICATIONS



BELLPHI ENVIRONMENTAL, LLC

ASBESTOS ABATEMENT ♦ MOLD REMEDIATION ♦ DEMOLITION

**Po Box 223632
DALLAS, TX 75222**

**PHONE (214) 946-3202
FAX (214) 853-4390**

WWW.BELLPHI-ENVIRO.COM

STATEMENT OF QUALIFICATION

Bellphi Environmental, LLC offers more than 10 years of combined knowledge and experience in the asbestos and mold removal industry. We offer a number of benefits, as well as protective measures that may not be available from other contractors. Among these services are:

- Capacity to bid and perform services for any size project.
 - In-house Project Quality Inspection Program that insures you the proper and safe Control requirements and procedures on your project.
 - All of our employees, on project sites are A.H.E.R.A. certified, licensed and completed and passed extensive training A.H.E.R.A. certified.
-
- Bellphi Environmental, LLC is licensed, and insured.
 - 24 Hour Emergency Response.

We take great pride in submitting to you our proposal and hope that it meets with your approval. We look forward to working with you on your project. Should you have any questions or require additional assistance, please do not hesitate to contact me. We at the Bellphi Environmental, LLC always offer our customers the highest quality service, as well as the most reasonable price available.

Respectfully,

**Christian Martinez
President**

Company Information:

1. Bellphi Environmental, LLC
2. 2332 N. Beckley Ave. – Dallas, TX 75208
3. Office : (214) 946-3202
Fax: (214) 853-4390
Direct: (214) 886-9082
Christian@bellphi-enviro.com
4. www.bellphi-enviro.com

Contractor Qualification and Experience:

1. Terrell ISD
 - Location: Various locations throughout district- Terrell, TX 75160
 - Project Amount: \$75K+
 - Contact Person: Dave Sudduth (214) 500-9230
 - Consultant: Professional Service industries

Duncanville ISD

- Location: Various locations throughout district – Duncanville, TX 75137
- Project Amount: \$200K+
- Contact Person: Kourosh Moussavian (214) 837-2095
- Consultant: Advance Environmental Control, Inc.

Dallas ISD

- Location: Various locations throughout district – Dallas, TX 75215
- Project Amount: \$200K+
- Contact Person: Daryl Daniels – (972) 925-5300
- Consultant: Professional Service Industries

Joshua ISD

- Location: 720 S. Broadway St. – Joshua, TX 76058
- Project Amount: \$30K+
- Contact Person: Eddy Myers (817) 202-2500
- Consultant: Environmental Support Services, Inc
Don Ingram (972) 527-4423

Jim Lake Companies

- Location: County Buildings – Waxahachie, TX
- Project Amount: \$85K+
- Contact Person: Jon-Mark Williams – (214) 741-5018
- Consultant: EHP Consulting

Caddo Mockingbird, LP

- Location: Mockingbird Towers- Dallas, TX 75247
- Project Amount: \$116K+
- Contact Person: Paul Albert- (214) 366-2020
- Consultant: Arkose Environmental, Inc.

Project United Community Development Corp.

- Location: Vacant Office Building- Dallas, TX 75217
- Project Amount: \$158K+
- Contact Person: Lon Boyce- (214) 802-4685
- Consultant: Primera

Everman ISD

- Location: Hommel Elementary School- Everman, TX 76140
- Project Amount: \$100K+
- Contact Person: Glenn Brown (817) 615-3604
- Consultant: EcoSystems Environmental, Inc.

Garrett Demolition

- Location: Multiple City of Fort Worth Locations- Ft. Worth 76119
- Project Amounts: \$150K+
- Contact Person: April Collmar- (817) 426-0082
- Consultant: IHST, Highpoint, Enercon

Bellphi Environmental, LLC has not been issued any citations by a Government Agency Federal, State, and Local. Further more no contracts have ever been terminated by Bellphi Environmental, LLC, and have always completed all contracts. At this time, Bellphi Environmental, LLC is not involved with any legal proceedings nor has neither any claims against nor its employees.

Bellphi Environmental, LLC has completed multiple asbestos abatement projects for various clients in the metroplex for the last year, including commercial, Industrial, and residential properties.

Safety:

1. Bellphi Environmental, LLC will be utilizing the safety program that was approved by the Texas Department of State Health Human Services.
2. Bellphi Environmental, LLC requires employees to be drug tested twice a year. In addition, requires employees to seek help or counseling in dealing with chemical substance abuse to maintain their employment with Bellphi Environmental, LLC, continue violations of policy employees are terminated.
3. Bellphi Environmental, LLC Quality Assurance/Quality Control Program will be based on the requirements set forth by Project Consultant (Owner Representative). Once all information is known for projects Bellphi Environmental, LLC will implement the programs to insure it is up to standard with Owner

Financials:

1. Bank reference: Grand Bank of Texas
Note: Can provide financial statements when requested.
2. Insurance Coverage please see Insurance Certificate.
3. Bellphi Environmental, LLC has never filed for bankruptcy.

Supervisory Personnel and Laborers**Supervisors- TDSHS License Number**

- Carlos Chinchilla / 80-4282
- Eswin R. Carrera / 80-5105
- Julio C. Discua / 92-0308

Laborers- TDSHS License Number

- Jose A Vasquez 92-5836
- Antonio Vasquez 92-6489
- Evelyn Turcios 92-9563
- Hector Perez 93-1727
- Carlos Ochoa 92-5665
- Joaquin Diaz Hernandez 92-7679
- Rigoberto Reyes 92-2942
- Alejandro Turcios 93-2150
- Daniel Sandoval 93-2151
- Melvin Guillen Maldonado 92-4208
- Victor Garcia Montenegro 92-2135



BELLPHI ENVIRONMENTAL, LLC

ASBESTOS ABATEMENT ♦ MOLD REMEDIATION ♦ DEMOLITION

**PO BOX 223632
DALLAS, TX 75222**

**PHONE (214) 946-3202
FAX (214) 853-4390**

EMAIL: CHRISTIAN@BELLPHI-ENVIRO.COM

Qualifications of the Provider

Bellphi Environmental has Five fundamental practices:

1. Financial-

- Clear objectives to emphasize financial targets of the company and savings for the prospective clients.
- We have multiple projects on going at a time that enables us to have cash flow.
- Once a project has been completed we compose a detailed Final Close Out Report that discusses daily scopes of work performed along with the final billed invoice. Please see the attached sample invoice.

2. Human Services-

- We operate effectively- employing competent core group of industry trained people that work efficiently together.

3. Customer Service-

- Management establishes objectives that focus on providing quality customer service as our top priority.

4. Safety-

- We have safety meetings and quarterly office safety meetings discussing proper OSHA, TDSHS and EPA standards, as well as safety with per project discussions. All of which makes us cost effective with no accidents or injuries reported.

5. Sales and Marketing-

- Bellphi Environmental measures our position against Industry competitors focusing on ways we can pass on our savings to our clients.

BID FORMS

BID FORM
STRUCTURE ABATEMENT AND DEMOLITION

The undersigned, having carefully read and examined the Instructions to Bidders, General Conditions, Supplemental Conditions, Reference Documents, Specifications and/or the Drawings and having visited the site and familiarized self with all local conditions affecting the work, hereby agrees to provide all labor, materials, equipment, and services necessary to construct and complete the Project in conformity with the Contract Documents and in compliance with all applicable regulations.

The undersigned agrees, if awarded the Contract, to execute and deliver to the Owner within ten days after signing the Contract, (if applicable) the required Performance and Payment Bonds in the amount of 100 percent of the Contract amount.

The undersigned agrees to complete the above referenced Project for the base Bid amount of:

6705 and 6713 ACM ABATEMENT / REMOVAL:

_____ Dollars \$ _____

6705, 6713, and 6721 STRUCTURE & SITE DEMOLITION:

_____ Dollars \$ _____

TOTAL BASE BID:

_____ Dollars \$ _____

TIME OF COMPLETION: The undersigned further agrees to complete the Project within _____ calendar days from receipt of Purchase Order.

REQUESTED DOCUMENTS/FORMS:

To assist us with our review, please insure the following documents/forms are included in your bid package along with the 'Bid Form' and all other forms included in the bid package.

1. Minimum of three business/project references including the name of the company, company representative name and title, physical address, business phone number and email address.
2. Company key staff list especially associated with this project. Name and title, physical and email addresses.

3. Sub-Contractor information (if applicable) including name of company, key personnel with all previously identified information.
4. Copy of current Certificate of Insurance demonstrating limits, coverages , etc.
5. Addendum Acknowledgement Forms (if applicable)
All requested documents are important to be included in your bid package. We want to call you attention to the House Bill 1295. Insure the section is read and instructions followed to include you must go on-line to the web-site address provided to receive the registered form and print it to be submitted with bid package. This form must be included with your package to maintain consideration in this project.

The successful Bidder shall submit a list of Sub-Contractors and Suppliers the Bidder proposes to engage in the work within seven calendar days following the acceptance of this Bid. Following execution of this Contract, no Sub-Contractor substitutions of any kind will be accepted without written request from Contractor and subsequent approval of the Owner.

The Undersigned, in submitting this Bid, represents:

- a. Bidder has read and fully understands the Special Conditions, Specifications and the General Terms and Conditions and is fully informed respecting the pertinent circumstances, preparation and contents of the attached Bid; this Bid is in strict accordance with the conditions and Specifications set forth and proposes to furnish all equipment/service at the prices quoted herein, after notice of Contract award. There will be at no time a misunderstanding as to the intent of the Specifications or conditions to be overcome or pleaded after Bids are opened.
- b. Bidder is an equal opportunity employer, and will not discriminate with regard to race, color, national origin, age or sex in the performance of this Contract.
- c. Bidder understands all Bidders are required to comply with provision of Vernon's Annotated Civil Statutes of the State of Texas with respect to the payment of prevailing wage rates.
- d.

Receipt is acknowledged of the following addenda:

Addendum #1 _____ Received _____

Addendum #2 _____ Received _____

Signature: Chita Maty

Company: _____

Printed Name: _____

Phone #: _____

Title: _____

Date: _____

FOR DISADVANTAGED BUSINESS ENTERPRISES ONLY

Disadvantaged Business Enterprises (DBE) are encouraged to participate in the City of North Richland Hills bid process. Representatives from DBE Companies should identify themselves as such and submit a copy of their Certification.

The City of North Richland Hills recognizes the certifications of both the State of Texas Building and Procurement Commission HUB Program and the North Central Texas Regional Certification Agency. All companies seeking information concerning DBE certification are urged to contact:

**Texas Building and Procurement Commission
Statewide HUB Program
1711 San Jacinto Blvd., Austin TX 78701-1416
P O Box 13186, Austin, TX 78711-3186
(512) 463-5872**

<http://www.window.state.tx.us/procurement/prog/hub/hub-certification/>

**North Central Texas
Regional Certification Agency
624 Six Flags Drive, Suite 216
Arlington, Texas 76011
(817) 640-0606**

<http://www.nctrca.org/certification.html>

If your company is already certified, attach a copy of your certification to this form and return as part of your packet.

Company Names: _____

Representative: _____

Address: _____

City, State, Zip: _____

Telephone No. _____ **Fax No.** _____

Email address: _____

INDICATE ALL THAT APPLY:

- ☐ **Minority-Owned Business Enterprise**
- ☐ **Women-Owned Business Enterprise**
- ☐ **Disadvantaged Business Enterprise**

STATEMENT OF RESIDENCY

Is your principal place of business in the state of Texas?

YES

NO

If "NO" state address:

If "YES" state address

Definition:

"Non-Resident Bidder" - A bidder whose principal place of business is not in the state of Texas, but excludes a contractor whose ultimate parent company or majority owner has its principal place of business in the state of Texas.

"Resident Bidder" - A bidder whose principal place of business is in the state of Texas and includes a contractor whose ultimate parent company or majority owner has its principal place of business in the state of Texas.

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor 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 vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

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

OFFICE USE ONLY

Date Received

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

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 on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 Chita Maty
Signature of vendor doing business with the governmental entity

Date

NON-COLLUSION AFFIDAVIT OF BIDDER

State of _____ County of _____

_____ verifies
that: (Name)

- (1) He/She is owner, partner, officer, representative, or agent of
_____, has submitted the attached
bid: (Company Name)
- (2) He/She is fully informed in respect to the preparation, contents and circumstances in
regard to attached bid;
- (3) Neither said bidder nor any of its officers, partners, agents or employees has
in any way colluded, conspired or agreed, directly or indirectly with any other
bidder, firm or person to submit a collusive or sham bid in connection
with attached bid and the price or prices quoted herein are fair and proper.

Chita Maty
SIGNATURE

PRINTED NAME

Subscribed and sworn to before me this

_____ Day of _____ 2017.

Crystal B. Rodriguez
NOTARY PUBLIC in and for

_____ County, Texas.

My commission expires: _____



THIS FORM MUST BE COMPLETED, NOTARIZED AND SUBMITTED WITH BID

BID CERTIFICATION

The Undersigned, in submitting this bid, represents and certifies:

- a. He/she is fully informed regarding the preparation, contents and circumstances of the attached bid;
- b. He/she proposes to furnish all equipment/service at the prices quoted herein and bid is in strict accordance with the conditions and specifications stated herein;
- c. There will be at no time a misunderstanding as to the intent of the specifications or conditions to be overcome or pleaded after the bids are opened;
- d. He/she is an equal opportunity employer, and will not discriminate with regard to race, color, national origin, age or sex in the performance of this contract.
- e. The undersigned hereby certifies that he/she has read, understands and agrees that acceptance by the City of North Richland Hills of the bidder's offer by issuance of a purchase order will create a binding contract. Further, he/she agrees to fully comply with documentary forms herewith made a part of this specific procurement.

COMPANY: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE: _____

FAX _____

EMAIL: _____

SIGNATURE:  _____

PRINTED NAME: _____

DATE: _____

CONTRACTOR TDSHS LICENSES



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

BELLPHI ENVIRONMENTAL LLC

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 Lakey MD".

DAVID LAKEY, M.D.
COMMISSIONER OF HEALTH

License Number: 801038

Expiration Date: 6/24/2017

Control Number: 96185

(Void After Expiration Date)

VOID IF ALTERED NON-TRANSFERABLE



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

BELLPHI ENVIRONMENTAL LLC

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 purple ink, appearing to read "Kirk Cole".

KIRK COLE, INTERIM
COMMISSIONER OF HEALTH

License Number: 400497

Control Number: 96210

Expiration Date: 12/30/2017

(Void After Expiration Date)

VOID IF ALTERED

NON-TRANSFERABLE



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Be it known that

BELLPHI ENVIRONMENTAL LLC

is licensed to perform as a

Mold Remediation Company

in the State of Texas and is hereby governed by the rights, privileges, and responsibilities set forth in Title 25, Texas Administrative Code, Chapter 295, relating to Texas Mold Assessment and Remediation Rules, as long as this license is not suspended or revoked.

A handwritten signature in black ink, reading "David Lakey MD".

David Lakey, M.D.
Commissioner of Health

License Number: RCO1227

Expiration Date: 5/21/2017

Control Number: 7191

(Void After Expiration Date)

VOID IF ALTERED NON-TRANSFERABLE



Minority Business Enterprise Certification

Bellphi Environmental, LLC

has filed with the Agency an Affidavit as defined by NCTRCA M/WBE Policies & Procedures and is hereby
certified to provide service(s) in the following areas:

**NAICS-238910: Site Preparation
CONTRACTORS; NAICS-562910: Remediation Services**

This Certification commences July 13, 2015 and supersedes any registration or listing
previously issued. This certification must be updated every two years by submission of an Annual Update
Affidavit. At any time there is a change in ownership, control of the firm or operation, notification must be
made immediately to the North Central Texas Regional Certification Agency for eligibility evaluation.

Certification Expiration: July, 2017

Issued Date: July, 2015

CERTIFICATION NO. HMMB92439N0717

Certification Administrator

INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/26/2016

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 THE WYATT AGENCY 1300 11TH STREET SUITE 305-E HUNTSVILLE, TX 77340	CONTACT NAME SHAWN WYATT	FAX (A/C, No): 936-291-1217	
	PHONE (A/C, No, Ext): 936-291-3074	E-MAIL ADDRESS: ARGO1@SBCGLOBAL.NET	
INSURED BELLPHI ENVIRONMENTAL, LLC P.O. BOX 223632 DALLAS, TX 75222	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ARCH SPECIALTY INSURANCE CO.		
	INSURER B: ARCH INSURANCE COMPANY		
	INSURER C: TEXAS MUTUAL INS. CO.		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 100249 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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ASBESTOS/MOLD <input checked="" type="checkbox"/> POLLUTION LIAB. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			12 EMP 05259 02	3/10/16	3/10/17	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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			11CAB92461-00	10/26/16	10/26/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	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 <input type="checkbox"/>	N/A	0001288790	6/6/16	6/6/17	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

FOR INFORMATION AND BIDDING PURPOSES ONLY

CERTIFICATE HOLDER

FOR INFORMATION AND BIDDING PURPOSES ONLY

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

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. BELLPHI ENVIRONMENTAL, LLC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) PO BOX 223632	Requester's name and address (optional)
6 City, state, and ZIP code DALLAS, TX 75222	
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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

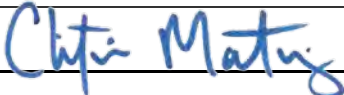
Social security number									
			-			-			
or									
Employer identification number									
4	6		-	2	6	0	8	7	7

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 on page 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ 02/14/2017
-----------	--	--------------------------

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

ADDENDUM
ACKNOWLEDGEMENT FORMS

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Bellphi Environmental, LLC
Dallas, TX United States

Certificate Number:
2017-166525

Date Filed:
02/14/2017

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

The City of North Richland Hills

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

RFP 17-011
ACM abatement/removal and/or demolition of the structures.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Bellphi Environmental, LLC	Dallas, TX United States	X	

5 Check only if there is NO Interested Party.

☐

6 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Christian Martinez

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christian Martinez, this the 14th day of February, 20 17, to certify which, witness my hand and seal of office.

Crystal B. Rodriguez

Signature of officer administering oath

Crystal B. Rodriguez

Printed name of officer administering oath

Project Assistant

Title of officer administering oath