



**Oconee County Board of Commissioners
Water Resources Department
ISO Fire Hydrant Flow Testing and Inspection Program
Request for Qualifications / Proposals (RFQ/P) #1801-11**

Overview

Oconee County Board of Commissioners, (d/b/a Water Resources Department, OWNER), requests Statements of Qualifications and Proposals (SOQ/P) from qualified Contractors, Engineers, or Technicians (CONTRACTOR) for flow testing and inspection of fire hydrants located within Oconee County. The CONTRACTOR will also determine if hydrants are in compliance with AWWA M17, *Installation, Field Testing, and Maintenance of Fire Hydrants*.

This Project is Professional Services / Technical Studies in nature and falls under the County's Fiscal Policy as a Public Works Contract. The Project includes tasks described as follows under Type I Services: Inspection, Flow Testing and Maintenance.

The Project will be an ongoing program with a two-year cycle that will visit, evaluate, document and service all of the fire hydrants within Oconee County.

The Project will be awarded by the Board of Commissioners as a Contract Agreement. The selected CONTRACTOR will be asked to provide its standard agreement for professional / technical services should the procurement reach the Board action stage.

Type I Services – Inspection, Flow Testing, and Maintenance

Fire hydrant inspection and maintenance activities include the following:

- Assess the appearance and functional condition of each hydrant; and,
- Documenting the findings;
- Lubricating hydrant threads;
- Replacing gaskets in the hydrant caps, as needed;
- Establishing a 3-foot clear zone radius around each hydrant, as needed, to maintain accessibility;
- Performing hydrant flow tests and documenting results;
- Preparation and removal of dirt and loose corrosion from each fire hydrant; and,
- Painting the hydrant in accordance with project specifications.
- Hydrants exhibiting critical structural or functional deficiencies will be addressed by issuing a work order for repair or replacement of the hydrant or the failed component(s) by others.

Type II Services – Repair and / or Replacement services are not part of this solicitation and will be contracted for separately

Description of Services

Section 1: Scope of Work

The scope of services for the Project is outlined below.

Task 1: Project Planning

- The Owner invites Respondents to download the ArcView GIS and other project information files that accompany this RFQ for use in preparation of your Project Approach and work plan.
- As a suggestion, the Respondent(s) should develop two or more geographic zones or other work delineation approaches for progress tracking and reporting as the work is performed.
- Draft and submit for review a Flow Testing Plan outlining the hydrant flow testing sequence, specifying which hydrants will discharge flow, and on which hydrants will static / residual pressures be recorded. The plan and procedures for hydrant flow testing will be based on procedures described in AWWA M17.
- Draft and submit for review a Hydrant Inspection Plan that will identify which hydrants will be inspected and when hydrants will be inspected for various areas in Oconee County.
- Schedule, attend, and conduct a project kickoff meeting with OWNER to discuss the review comments and details of the Flow Testing Plan and the Hydrant Inspection Plan. Such items as field work logistics, contact information for key personnel, and protocols for what to do in certain situations will be reviewed and incorporated in the respective plans.

Task 2: Hydrant Inspections

- Inspect fifty percent (50%) of hydrants within the first program year; inspect the remaining fifty percent (50%) of the hydrants in the second program year.
- This hydrant inspection task includes the following Services:
 - Accessibility inspection for fire services personnel
 - Evaluate FH location and spacing
 - Evaluate FH operability
 - Inspect for accessibility, leaks, and worn threads;
 - Lubricate hydrant, as necessary, to ensure ease of operation;
 - Apply anti-seize lubricant compound to hydrant caps;
 - Replace hydrant cap gaskets as needed;
 - With caps on all outlets, open the hydrant operating nut not less than five full 360-degree turns to ensure proper functioning and to distribute lubrication;
 - Flush the hydrant at a low flow rate, not less than 1 minute, or until water runs clear, whichever is longer;
 - Verify operation of weep holes and drainage of barrel (after all operations);
 - Locate and verify operability of the hydrant isolation valve; and,
 - Establish a 3-foot clear zone radius around each hydrant, as needed, to improve accessibility.
- Photograph each hydrant to provide a record of the hydrant condition observed in the field;
- Provide a laptop with a software application utilizing a mobile data collection device to use in the field while inspecting the hydrants. The mobile data collection device will allow field data

collection directly to databases that include the OWNER'S hydrant IDs.

- Provide OWNER with a database of the hydrant inspection results including such items as:
 - Oconee County Hydrant ID No.;
 - Location (Road / Coordinates);
 - Summary of existing conditions;
 - Summary of maintenance performed;
 - Summary of future maintenance required;
 - Operability;
 - Isolation valve operability;
 - Accessibility for Fire Services;
 - Photograph;
 - GPS location – accurate within 1 meter; and,
 - Elevation – collected in the field with GPS instruments and verified using existing GIS.
- In coordination with Owner's Representative, submit FH ID No., location, and information on inoperable FH for repair and / or replacement, as necessary.

Task 3: Hydrant Flow Testing

- Perform flow test on fifty percent (50%) of the hydrants in the first year of the program. The remaining fifty percent (50%) of the hydrants will be addressed in the second year of the program.
- Provide a staff of at least two individuals for recording the hydrant flow (via pitot pressure), static pressure, and residual pressure using the mobile application described under Hydrant Inspections. If the residual reading is less than 10 psi below the static reading, the test will be performed again using multiple flushing devices (one on each side of the flow hydrant). Actual pitot pressure will be converted to a flow rate and this flow will be used to determine the available flow at each flow hydrant for a residual pressure of 20 psi. In addition to analog gauges, CONTRACTOR will provide electronic pressure data loggers that will continuously collect data during the hydrant flow testing.
- The CONTRACTOR must support field work activities and provide in-office coordination assistance as needed. Assistance may include addressing field questions or issues, equipment problems, and revising plans due to broken hydrants or different conditions than expected.
- Submit a database file (which shall be embedded into an ArcView GIS shapefile) that displays the flow hydrant ID (OWNER GIS Asset ID), residual hydrant ID (OWNER GIS Asset ID), recorded pitot pressure, recorded static and residual pressures, calculated flow rate, and calculated predicted available flow for a residual pressure of 20 psi. When the flow and residual hydrants are at substantially different elevations, the static and residual pressures will be adjusted with respect to the flow hydrant for the elevation differential.

Task 4: Hydrant Painting

- Perform hydrant painting for all hydrants inspected during the program year. Paint hydrant bonnets to illustrate flow availability for all hydrants flow tested during the program year.
- Prepare the hydrant surface for painting in accordance with SSPC – SP2, Hand Tool Cleaning

(The Society for Protective Coatings – Surface Preparation Standard 2).

- A spray paint primer such as Rust-Oleum 1600 System Multi-Purpose Enamel Spray Primers Industrial Choice will be applied when bare metal has been exposed on the hydrant. Hydrants shall be painted above the traffic flange unless otherwise indicated by the hydrant inspection results.
- Paint the hydrant body and caps with a durable paint such as Rust-Oleum 1600 System Multi-Purpose Enamel Sprays Industrial Choice. Each fire hydrant should receive an ample coat of reflective silver paint that conveys high reflectivity during all hours of the day. The OWNER requests consideration of the application of reflective enhancement material such as reflective glass beads (TranSafe glass traffic beads (<http://www.transafeproducts.com>), or equal) or durable reflective silver tape at compatible points on the hydrant barrel to promote reflectivity.
- Hydrant bonnets will be painted based on AWWA recommended color codes as shown in Table 1. Precautions will be taken to ensure that the remainder of the hydrant is protected from overspray and drips during this process.
- As a visual aid for the Fire Department after hours, (1) one reflective, blue, raised pavement marker shall be installed within 6-inches of the edge line (white line) or curb of the pavement. Provide 3M Model 290 (or equal) installed on the asphalt or concrete roadway in accordance with published GDOT standards.

Table 1: AWWA Recommended Color Codes

Class	Flow	Color of Bonnet
AA	1,500 gpm or greater	Blue
A	1,000 gpm or greater	Green
B	500 – 1,000 gpm	Orange
C	Less than 500 gpm	Red

Task 5: Project Update Meetings

Up to four (4) project update meetings shall be conducted during each year of the program to update OWNER’S personnel on the progress of the field work. CONTRACTOR shall prepare and distribute meeting minutes to OWNER and other parties in attendance.

Assumptions:

The following assumptions are integral to the requested Scope of Work:

- There are approximately 2,600 hydrants to be flow tested and inspected. Each year of the testing program will include hydrant inspections and flow testing for approximately 50% (1,300) of the hydrants. Approximately 50% or 1,300 of the hydrants should be painted per year.
- The OWNER will provide personnel ready to assist in the event a system disruption (such as hydrant failure) occurs during the field work. Work will be conducted between 8:00 AM and

5:00 PM, Monday through Friday, unless otherwise authorized by OWNER.

- The CONTRACTOR will provide all labor, equipment, tools, consumable products, oils, and incidentals of every type to complete the work. The CONTRACTOR will include CONTRACTOR'S costs for the work in the line items in the Cost Proposal found in Attachment C for which the work pertains.
- Payment to CONTRACTOR will be made at the unit rate or lump sum price provided in the line items contained in the Cost Proposal found in Attachment C.

Section 2: Procurement Process

Acknowledgement of RFP:

Each potential Respondent should provide the Owner an acknowledgement that it has received the RFP. Such acknowledgement shall identify and provide full contact information for the Respondent's single point of contact for the receipt of any future documents, notices, and addenda associated with this RFP.

Communications and Owner Contact:

The Owner Contact shown below will serve as the sole point of contact for this RFP and shall administer the procurement process. All communications shall be submitted by email, and shall specifically reference this RFP.

Ms. Karen Barnett, CPPB
Purchasing Officer
Oconee County
Finance Department, Suite 203
23 North Main Street
Watkinsville, Georgia 30677
Phone: (706) 769-2944
Email: kbarnett@oconee.ga.us

No oral communications from the Owner Contact or other individual is binding. With the exception of the Owner Contact, no contact with Owner's staff, board members, or any public official concerning the Project during the procurement process is allowed. Violation of this provision may result in disqualification of Respondent.

The Owner Contact may designate alternate contacts, such as an Owner Representative or other County staff, to address specific inquiries.

Procurement Schedule:

The current procurement schedule is as follows:

Issue RFP	December 7, 2017
Submit SOQ/P:	February 1, 2018

Interviews (if required): February 12, 2018

Submission Requirements and Due Date:

Email one (1) pdf version of the Response, no later than February 1, 2017 at 5:00 p.m. local time, addressed to the Owner Contact as listed above.

Proposals sent by facsimile will not be accepted. Hard copies of proposals will be accepted at the above designated address and prior to the time indicated.

The Owner may choose not to accept a submittal of a Respondent who is in default on the payment of taxes, licenses or other monies due to the County.

Each Respondent assumes full responsibility for timely submittal of its Response at the required location. Any proposal received after the submittal deadline will be deemed non-responsive and returned. Please allow sufficient time to clear Courthouse Security check-point if hard copy delivery of proposal is contemplated.

The Respondent shall furnish and sign all information required by the RFP documents. An authorized agent of the company must sign documents.

Submission Format:

The Response should not exceed twenty (20) pages sized 8.5 X 11-inches, excluding resumes, attachments and cost proposal. If 11 x 17 sheets are used, each side will count as two (2) pages.

Submission Content:

Cover Letter:

Project Team and Qualifications: Provide firm or team description for the Respondent which describes history, types of company(s), business location and licensure (provide current business license number and expiration date), Owners served and durations.

Project Approach: The SOQ must describe the Respondent's recommended approach for efficiently performing the work. The OWNER desires this Work to be the launching point for an asset management system. Value added concepts and ease of use concerning the data storage / reporting tools will be highly appreciated by the OWNER.

Project Experience: The SOQ must describe the experience of the firm(s) and project team members on projects similar to the tasks described in the RFQ/P. The Respondent shall submit descriptions of reference projects to demonstrate relevant experience.

Experience: Hydrant Flow Testing: Within the past ten (10) years, the Respondent should have successfully completed at least five (5) similar or comparable projects for municipal or private water agencies in the Southeastern United States. Hydrant flow testing experience may include related work on distribution hydraulic modeling and master planning projects.

Experience: Hydrant Inspection: Within the past ten (10) years, the Respondent should have

successfully completed at least three (5) similar or comparable projects for municipal or private water agencies in the Southeastern United States.

For each category of Project Experience, the Respondent will highlight relevant projects. Each project description shall contain at least the following information:

- Name of Owner;
- Owner contact including phone and email address;
- Role of Respondent firm(s);
- Contract value;
- Year completed or expected;
- Description of relevance to this RFQ/P; and,
- Key team members for this Project with a clear description of role and responsibilities.

Resumes: The Respondent's key team members, including the Project Manager, shall be listed and qualifications provided in resumes, not exceeding two (2) pages each. Team members shall note prior clients, nature of responsibilities, duration of services provided (include year started/finished), metrics of systems managed such as number of hydrants. Resumes can be provided in the Appendix.

Cost Proposal:

A Cost Proposal is provided in Attachment C for the requested services.

Cost Proposals will remain valid for sixty (60) days from date of submission. The Owner retains the right to review and negotiate costs with the selected Respondent(s) beyond the initial term or prior to each renewal period.

Section 3: Response Evaluation and Selection:

Evaluation Criteria:

The selection committee will evaluate and rank the Responses that best satisfy the Project requirements by applying the comparative evaluation criteria below.

Criteria / Description	Value
Team and Qualifications:	20%
Project Approach	30%
Experience:	25%
Cost Proposal:	25%

Selection:

The Owner may request additional information from one or more Respondents in order to complete the evaluation process. At its option, the Owner may invite one or more Respondents to make a presentation or discuss their proposal. After the evaluation process is complete, the Owner will notify all Respondents. The top ranked Respondent will be selected for contract award or offered the

opportunity to negotiate the final terms of the Contract. If the Owner determines that the top-ranked Respondent's proposed final terms of the Contract are not advantageous to the Owner, the Owner may choose to select or negotiate with the next-ranked Respondent.

Section 4: Required Forms and Submissions:

Mandatory Forms

Attachment A: Please note and respond as applicable on County insurance Requirements

Attachment B: Respondents are required to complete and include the forms in Attachment B:

1. Addendum Acknowledgement (if applicable)
2. W-9
3. Contractor's Affidavit (E-Verify)
4. Sub-Contractor's Affidavit
5. Drug Free Certificate
6. Systematic Alien Verification for Entitlements (SAVE) Affidavit

Georgia Security and Immigration Compliance Act:

Failure to provide the completed and notarized affidavit with the Contractor's proposal may result in disqualification.

Respondents submitting must provide the following information in the submittal to indicate compliance with the Georgia Security and Immigration Compliance Act. The form is provided.

1. A statement that indicates the Contractor will conduct itself in compliance with O.C.G.A. §13-10-91 and Rule 300-10-.02 in the execution of the contract.
2. By completing the affidavit that is provided with this solicitation, the Contractor is attesting to the following:
 - a. The affiant has registered with and is authorized to use the federal work authorization program;
 - b. The user identification number and date of authorization for the affiant;
 - c. The affiant is using and will continue to use the federal work authorization program throughout the contract period;
 - d. Any employee, Contractor, or Subcontractor of such Contractor shall also be required to satisfy the requirements set forth in this paragraph; and,
 - e. Upon contracting with a new Subcontractor, a Contractor shall notify Oconee County and shall deliver a completed Subcontractor Affidavit to Oconee County within five (5) working days of entering into a contract or agreement of hire with the Subcontractor before beginning work.

County Public Benefit Application Affidavit (SAVE)

Contractors responding must provide affidavits of citizenship / alien status for "public benefits" as set forth in O.C.G.A. §50-36-1. Also, O.C.G.A. §50-36-1(e), which became effective January 1, 2012, requires applicants for "public benefits" to provide at least one "secure and verifiable

document” of identification, such as a photocopy of a valid driver’s license. The form is provided for completion.

Contract Duration

Duration of contract: Initial term of two (2) calendar years, with one, two- (2) year term renewal. Contract may be terminated by either party with ninety (90) day’s written notice. Written notice of renewal shall be given approximately thirty (30) days prior to the expiration date of each agreement period.

Open Records

1. All materials submitted in connection with this RFP will be public documents and subject to the Open Records Act and all other laws of the State of Georgia, the United States of America, and the open records policies of the Oconee County Board of Commissioners. All such materials shall remain the property of Oconee County and will not be returned to the Respondent.
2. If the Contractor’s submittal contains trade secrets, then an affidavit shall be provided along with the documents to ensure they are redacted from open record requests. Be sure that each page is marked “trade secret’

Attachment C – Cost Proposal Form: The CONTRACTOR shall provide its pricing rate per individual fire hydrant location (except where indicated otherwise) in accordance with all specifications for the work described herein. Provide amounts in US Dollars (\$) for the length of the 2-year Contract Duration. Respondent will also provide an “estimated” escalation factor, expressed in %, for a (2) two-year renewal. The word “provide” shall mean furnish and install.

Cost Proposal

<u>Item</u>	<u>Description</u>	<u>Lump Sum (LS) or Unit Price</u>
1.	Mobilization, Data Acquisition and Project Mgmt.	_____ / LS
2.	Fire Hydrant Inspection and Maintenance	<u>N/A</u>
a.	GPS Location	_____ / FH
b.	Inspect and Verify Operability	_____ / FH
c.	Flush and Flow Test	_____ / FH
d.	Lubricate	_____ / FH
e.	Clean and Paint	_____ / FH
	Subtotal, Items 2a. through e.	_____ / FH
3.	Provide All Gaskets	_____ / FH
4.	Establish 3-Foot Clearance Zone	_____ / FH
5.	Provide (1) One Blue Raised Pavement Marker	_____ / FH
6.	Renewal Escalation for Two-Year Extension	_____ % / FH

Name of Respondent (Firm(s)): _____

Authorized Signature: _____

Printed Name: _____ Title: _____

Date: _____



Oconee County Board of Commissioners

Request for Qualifications and Proposal

Attachment A: Please note and respond as applicable on County insurance Requirements

Oconee County Insurance Requirements

The following recommended minimum insurance limits apply to vendors doing business with the Oconee County Board of Commissioners. The Standard Insurance Limits are recommended for all procurements of goods and ancillary services. The specific requirements for vendors providing high risk services supersede the Standard Insurance Limits. Coverage types and limits are recommended minimums and should be increased as appropriate based on contract value and potential risks to the County.

To achieve the appropriate coverage levels, a combination of a specific policy written with an umbrella policy covering liabilities above stated limits is acceptable.¹

Important:

All policies shall contain a provision that coverage afforded under the policies shall not be canceled, changed, allowed to lapse, or allowed to expire until thirty (30) calendar days after written notice has been given to the certificate holder on the certificate of insurance. All such coverage shall remain in full force and effect during the initial term of the agreement and any renewal or extension thereof.

All policies must be issued by an insurance company licensed to do business in the State of Georgia, with a minimum AM Best rating of A-, and signed by an authorized agent.

¹ For example: If appropriate limits are \$2 million per occurrence and \$2 million aggregate, acceptable coverage would include a specific policy covering \$1 million per occurrence and \$1 million aggregate written with an umbrella policy for an additional \$1 million.

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- Certificate Holder should read:
Oconee County Board of Commissioners
23 North Main Street
Watkinsville, Georgia 30677
 - Certificates of Insurance, and any subsequent renewals, must reference specific bid/contract by projected name and project/bid number.
 - Contractor shall incorporate a copy of the insurance requirements as herein provided in each and every subcontract with each and every Subcontractor in any tier, and shall require each and every Subcontractor of any tier to comply with all such requirements. Contractor agrees that if for any reason Subcontractor fails to procure and maintain insurance as required, all such required Insurance shall be procured and maintained by Contractor at Contractor's expense.
 - No Contractor or Subcontractor shall commence any work of any kind under this Contract until all insurance requirements contained in this Contract have been complied with and until evidence of such compliance satisfactory to Oconee County as to form and content has been filed with Oconee County.

- Compliance by the Contractor and all subcontractors with the foregoing requirements as to carrying insurance shall not relieve the Contractor and all Subcontractors of their liability provisions of the Contract.
- The Contractor and all Subcontractors are to comply with the Occupational Safety and Health Act of 1970, Public Law 91-956, and any other laws that may apply to this Contract.
- The Contractor shall at a minimum apply risk management practices accepted by the contractors' industry.

A. STANDARD INSURANCE LIMITS FOR GOODS AND ANCILLARY SERVICES

Workers Compensation (WC):	Statutory Limits – required in all contracts
Bodily injury by Accident – each employee	\$ 100,000
Bodily injury by Disease – each employee	\$ 100,000
Bodily Injury by Disease – policy limit	\$ 500,000
 Commercial General Liability (CGL):	
Each Occurrence Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000
 Automobile Liability	
Combined Single Limit	\$ 1,000,000

B. HIGH RISK INSURANCE LIMITS

1. Ambulance Service:

Workers Compensation (WC):	Required for all Contracts
	NO EXEMPTIONS

Commercial General Liability (CGL):

Each Occurrence Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000

Automobile Liability

Combined Single Limit	\$ 3,000,000
Professional liability	\$ 3,000,000

Additional Insured: The vendor shall add the “Oconee County Board of Commissioners, its officers, employees and agents” as an additional insured under the commercial general, automobile, and professional liability policies.

2. Asbestos Abatement:

Workers Compensation (WC): **Required for all Contracts**
NO EXEMPTIONS

Commercial General Liability (CGL):

Each Occurrence Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000

Automobile Liability

Combined Single Limit	\$ 1,000,000
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Contractor’s Pollution Liability (with 1 year extended reporting period)

Each Occurrence	\$ 3,000,000
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Additional Insured: The vendor shall add the “Oconee County Board of Commissioners, its officers, employees and agents” as an additional insured under the commercial general, automobile, and contractor’s pollution liability policies.

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3. **Building Remodeling and Construction:** This includes all aspects of building work, including, but not limited to, ducts, electrical, HVAC, painting, plumbing, roofing, etc.

Workers Compensation (WC):

Required for all Contracts

NO EXEMPTIONS

Commercial General Liability (CGL):

Each Occurrence Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000 (per project)
Products/Completed Ops. Aggregate Limit	\$ 2,000,000

Automobile Liability

Combined Single Limit	\$ 1,000,000
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Property Coverage or Builders Risk Policy

Equal to or greater than the existing building limit if performing renovations.

If hazardous substances are involved:

Contractor's Pollution Liability (with 1 year extended reporting period)

Each Occurrence	\$ 1,000,000
Aggregate	\$ 2,000,000

Other specific coverage requirements / levels may exist depending on project size, scope, and type.

Additional Insured: The vendor shall add the "Oconee County Board of Commissioners, its officers, employees and agents" as an additional insured under the commercial general, automobile, and contractor's pollution liability policies.

4. **Consulting Services:**

Workers Compensation (WC):

Required for all Contracts

NO EXEMPTIONS

Commercial General Liability (CGL):

Each Occurrence Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000

Automobile Liability

Combined Single Limit	\$ 1,000,000
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Professional Liability Type and limits defer by consulting type

Additional Insured: The vendor shall add the "Oconee County Board of Commissioners, its officers, employees and agents" as an additional insured under the commercial general, automobile, and professional liability policies.

5. **Custodial Services:**

Workers Compensation (WC): **Required for all Contracts**

NO EXEMPTIONS

Commercial General Liability (CGL):

Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000

Automobile Liability

Combined Single Limit	\$ 1,000,000
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Additional Insured: The vendor shall add the "Oconee County Board of Commissioners, its officers, employees and agents" as an additional insured under the commercial general, automobile and professional liability policies.

6. **Elevator Maintenance** (includes all passenger and freight elevators):

Workers Compensation (WC): **Required for all Contracts**

NO EXEMPTIONS

Commercial General Liability (CGL):

Each Occurrence Limit \$ 1,000,000

Personal & Advertising Injury Limit \$ 1,000,000

General Aggregate Limit \$ 2,000,000

Products/Completed Ops. Aggregate Limit \$ 2,000,000

Automobile Liability

Combined Single Limit \$ 1,000,000

Additional Insured: The vendor shall add the "Oconee County Board of Commissioners, its officers, employees and agents" as an additional insured under the commercial general and automobile liability policies.

7. **Food Service:**

Workers Compensation (WC): **Required for all Contracts**

NO EXEMPTIONS

Commercial General Liability (CGL):

Each Occurrence Limit \$ 1,000,000

Personal & Advertising Injury Limit \$ 1,000,000

General Aggregate Limit \$ 2,000,000

Products/Completed Ops. Aggregate Limit \$ 2,000,000

Liquor Liability (When applicable) \$ 1,000,000

Automobile Liability

Combined Single Limit \$ 1,000,000

Additional Insured: The vendor shall add the "Oconee County Board of Commissioners, its officers, employees and agents" as an additional insured under the commercial general, automobile, and liquor liability policies.

8. Information Technology: See Standard Insurance Limits and Professional Liability insurance which includes Errors and Omissions coverage.

9. Landscaping / Lawn Care:

Workers Compensation (WC): **Required for all Contracts**

NO EXEMPTIONS

Commercial General Liability (CGL):

Each Occurrence Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000

Automobile Liability

Combined Single Limit	\$ 1,000,000
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If herbicide, fungicide, pesticide or other chemical application is involved:

Environmental Impairment Liability (with 1 year extended reporting period)

Each Occurrence	\$ 1,000,000
Aggregate	\$ 2,000,000

Additional Insured: The vendor shall add the "Oconee County Board of Commissioners, its officers, employees and agents" as an additional insured under the commercial general, automobile, and environmental impairment liability policies.

10. **Medical/Therapist Services** (including optical and laboratory): This includes all contracted medical services, including but not limited to, assisted physician services, laboratory equipment maintenance, and patient testing.

Workers Compensation (WC): **Required for all Contracts**

NO EXEMPTIONS

Commercial General Liability (CGL):

Each Occurrence Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000

Automobile Liability

Combined Single Limit	\$ 1,000,000
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Professional liability (malpractice) \$ 3,000,000

Additional Insured: The vendor shall add the "Oconee County Board of Commissioners, its officers, employees and agents" as an additional insured under the commercial general, automobile, and professional liability policies.

11. Pest Control:

Workers Compensation (WC): **Required for all Contracts**

NO EXEMPTIONS

Commercial General Liability (CGL):

Each Occurrence Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000

Automobile Liability

Combined Single Limit	\$ 1,000,000
Environmental Impairment Liability (with 1 year extended reporting period)	
Each Occurrence	\$ 1,000,000
Aggregate	\$ 2,000,000

Additional Insured: The vendor shall add the "Oconee County Board of Commissioners, its officers, employees and agents" as an additional insured under the commercial general, automobile, and professional environmental impairment liability policies.

12. **Recreational Services:** This includes a broad range of contracted services, including, but not limited to, golf course management, amusement services, pyrotechnic display, camps and clinics not sponsored by the agency.

Workers Compensation (WC): **Required for all Contracts**
NO EXEMPTIONS

Commercial General Liability (CGL):

Each Occurrence Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000

Automobile Liability

Combined Single Limit	\$ 1,000,000
Umbrella Liability	\$ 2,000,000

Additional Insured: The vendor shall add the "Oconee County Board of Commissioners, its officers, employees and agents" as an additional insured under the commercial general and automobile liability policies.

13. **Refuse Transportation and Disposal:** See the "Solid Waste Collection and Disposal Services of Oconee County, Georgia" for insurance requirements. Document available upon request.

Additional Insured: The vendor shall add the "Oconee County Board of Commissioners, its officers, employees and agents" as an additional insured under the commercial general and contractor's pollution liability policies.

14. Security:

Workers Compensation (WC):	Required for all Contracts
	NO EXEMPTIONS
Commercial General Liability (CGL):	
Each Occurrence Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000
Automobile Liability	
Combined Single Limit	\$ 1,000,000
Professional Liability Insurance	\$ 3,000,000

Additional Insured: The vendor shall add the "Oconee County Board of Commissioners, its officers, employees and agents" as an additional insured under the commercial general and professional liability policies.

15. Staffing Services:

Workers Compensation (WC):	Required for all Contracts
	NO EXEMPTIONS
Commercial General Liability (CGL):	
Each Occurrence Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000

Automobile Liability

Combined Single Limit

\$ 1,000,000

Additional Insured: The vendor shall add the "Oconee County Board of Commissioners, its officers, employees and agents" as an additional insured under the commercial general and automobile liability policies.



Oconee County Board of Commissioners

Request for Qualifications and Proposal

Respondents are required to complete and include the forms in Attachment B:

1. Addendum Acknowledgement (if applicable)
2. W-9
3. Contractor's Affidavit (E-Verify)
4. Sub-Contractor's Affidavit
5. Drug Free Certificate
6. Systematic Alien Verification for Entitlements (SAVE) Affidavit



RFQP #1801-11

**ISO Fire Hydrant Flow Testing & Inspection Program
Addenda Acknowledgement**

The Respondent has examined and carefully studied the Request Qualifications and Proposal and the following Addenda, receipt of all of which is hereby acknowledged:

Addendum No./Date _____

Addendum No./Date _____

Addendum No./Date _____

Addendum No./Date _____

Authorized Representative (Signature)

Date

Authorized Representative Name/Title
(Print or Type)

Email

Respondents must acknowledge any issued addenda. Proposals which fail to acknowledge the Contractor's receipt of any addendum may result in the rejection of the proposal if the addendum contains information that substantively changes the Owner's requirements.

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do NOT
send to the IRS.

Please print or type	Name (If a joint account or you changed your name, see Specific Instructions on page 2.)	
	Business name, if different from above. (See Specific Instructions on page 2.)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		

Part I Taxpayer Identification Number (TIN)	List account number(s) here (optional)				
<p>Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2. 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 2.</p> <p>Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.</p>	Part II For Payees Exempt From Backup Withholding (See the instructions on page 2.)				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Social security number</td> </tr> <tr> <td style="text-align: center;"> + </td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;">OR</td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Employer identification number</td> </tr> <tr> <td style="text-align: center;"> + </td> </tr> </table>		Social security number	+	OR	Employer identification number
Social security number					
+					
OR					
Employer identification number					
+					

Part III 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.

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 2.)

Sign Here	Signature ▶	Date ▶
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Purpose of form. A person who is required to file an information return with the IRS must get 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.

Use Form W-9, if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

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

If you are a foreign person, IRS **prefers** you use a Form W-8 (certificate of foreign status). After December 31, 2000, foreign persons **must** use an appropriate Form W-8.

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.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive **will** be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. You must enter your individual name as shown on your social security card. You may enter your business, trade, or "doing business as" name on the **business name** line.

Other entities. Enter your business name as shown on required Federal tax documents. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or "doing business as" name on the business name line.

Part I—Taxpayer Identification Number (TIN)

You must enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester. Other payments are subject to backup withholding.

Note: Writing "Applied For" means that you have already applied for a TIN OR that you intend to apply for one soon.

Part II—For Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are **not** exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester a completed Form W-8 (certification of foreign status).

Part III—Certification

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to

persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "doing business as" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.





RFQP #1801-11

**ISO Fire Hydrant Flow Testing & Inspection Program
Georgia Security & Immigration Compliance (GSIC) Act Affidavit**

As per the Georgia Senate Bill 529 and Senate Bill 447, the Georgia Department of Labor has promulgated new rules for the implementation of Section 2. O.C.G.A. §13-10-91 and Chapter 300-10-01-.02 state that no Georgia Public Employer shall enter into a contract for *the physical performance of services within the State of Georgia* unless the Contractor registers and participates in a federal work authorization program to verify the work eligibility information of all of its new employees.

The Employment Eligibility Verification “E-Verify” site operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security is the electronic federal work authorization program to be utilized for these purposes.

The website is <https://e-verify.uscis.gov/enroll/>

By executing the attached Contractor Affidavit, Contractor verifies its compliance with O.C.G.A. §13-10-91 stating affirmatively that the individual, firm or corporation which is contracting with the Oconee County Board of Commissioners has registered and is participating in this federal work authorization program in accordance with the applicability provisions and deadlines established in this Statute.

Contractor further agrees that should it employ or contract with any Sub-Contractor(s) for the physical performance of services pursuant to the contract with the Oconee County Board of Commissioners, Contractor will secure from the Sub-Contractor(s) verification of compliance with O.C.G.A. §13-10-91 on a Sub-Contractor Affidavit and shall provide a copy of each such verification to the Oconee County Board of Commissioners at the time the Sub-Contractor(s) is retained to perform such services.

PLEASE COMPLETE THE ATTACHED AFFIDAVIT AND RETURN IT TO:

Karen T. Barnett, CPPB
Oconee County Purchasing Officer
23 N. Main Street, Suite 206
Watkinsville, GA 30677
Fax: (706) 310-3574
Email: kbarnett@oconee.ga.us



RFQP #1801-11

**ISO Fire Hydrant Flow Testing & Inspection Program
Immigration and Security Form**

Georgia Security & Immigration Compliance (GSIC) Act Affidavit

Contractor's Name:	
County Solicitation Number	RFQP#1801-11

CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the Contractor identified above has registered with and is participating in a federal work authorization program*, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the County, Contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91 on the attached Subcontractor Affidavit. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the County at the time the subcontractor(s) is retained to perform such service.

EEV / E-Verify TM Company Identification Number

BY: Authorized Officer or Agent
(Contractor Name)

Date of Authorization

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE _____ DAY OF _____ 20____

[NOTARY SEAL]

Notary Public

My Commission Expires:

*any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603



RFQP #1801-11

**ISO Fire Hydrant Flow Testing & Inspection Program
Immigration and Security Form
Georgia Security & Immigration Compliance (GSIC) Act Affidavit**

Contractor's Name:	
Subcontractor's (Your) Name:	
County Solicitation Number:	RFQP#1801-11

SUBCONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned Subcontractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the which is engaged in the physical performance of services under a contract with the Contractor identified above on behalf of the County identified above has registered with and is participating in a federal work authorization program*, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

EEV / E-Verify TM Company Identification Number

BY: Authorized Officer or Agent
(Subcontractor Name)

Date of Authorization

Title of Authorized Officer or Agent of Subcontractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE _____ DAY OF _____ 20____

[NOTARY SEAL]

Notary Public

My Commission Expires:

*any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603



RFQP #1801-11

**ISO Fire Hydrant Flow Testing & Inspection Program
Drug-Free Workplace**

I hereby certify that I am a principle and duly authorized representative of:

Whose address is:

And it is also that:

1. The provisions of Section § 50.24.1 through § 50.24.6 of the Official Code of Georgia Annotated, relating to the "Drug Free Workplace Act" have been complied with in full; and,
2. A drug free workplace will be provided for the CONTRACTOR'S employees during the performance of the contract; and,
3. Each subcontractor hired by the CONTRACTOR shall be required to ensure that the subcontractor's employees are provided a drug free workplace. The CONTRACTOR shall secure from that subcontractor the following written certification: "As part of the subcontracting Agreement with _____,

certifies to the CONTRACTOR that a drug free workplace will be provided for the subcontractor's employees during the performance of this contract pursuant to paragraph (7) of subsection (b) of the Official Code of Georgia Annotated Section § 50.24.3"; and,

4. It is certified that the undersigned will not engage in unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

Date

Signature

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL

**Affidavit Verifying Status
for County Public Benefit Application
(SAVE AFFIDAVIT)
O.C.G.A. § 50-36-1(e)(2)**

By executing this affidavit under oath, as an applicant for a Business Occupation Tax Certificate, Alcohol License or other public benefit as referenced in O.C.G.A. § 50-36-1, from Oconee County, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) ____ I am a United States citizen.
- 2) ____ I am a legal permanent resident of the United States.
- 3) ____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal:
immigration agency is: _____
My card number is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-2, and face criminal penalties as allowed by such criminal statute.

Executed in _____(city), _____(state).

Signature of Applicant: _____

Date: _____

Printed Name: _____

Date of Birth: _____

Subscribed and Sworn to before me, this
____ day of _____, 20____.

Notary Public

My Commission Expires: _____