

**CONTRACTOR'S GENERAL INFORMATION WORK SHEET**  
**eBID #20230056**

It is understood and agreed that the following information is to be used by the City to determine the qualifications of prospective Contractor to perform the work required. The Contractor waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Contractor.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, Engineer, Surety, bank, material or equipment manufacturer, or distributor, or any person, firm or corporation to furnish the City any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated at 2170 SW Corcoran Ave, Pt, FL, 34953 this 12 day of December, 2023  
(Location)

Name of Organization/Contractor: Brooker Equipment LLC DBA Sampson Tree Service

By: Kyle Brooker - President  
Name and Title

1. Corporation, Partnership, Joint Venture, Individual or other? Partnership, multi-member LLC
2. Firm's name and main office address, telephone, and fax numbers

Name: Brooker Equipment LLC DBA Sampson Tree Service  
Address: 2170 SW Corcoran Ave, Port St Lucie, FL, 34953

Telephone Number: 772-336-3456  
Fax Number: 772-336-3458

3. Contact person: Kyle Brooker Email: kyle@sampson-tree.com
4. Firm's previous names (if any). Brooker Construction LLC
5. How many years has your organization been in business? 7 yrs
6. Total number of staff at this location: 33 Total number of staff on the Treasure Coast: 33
7. Is the Firm a minority business: YES /  NO  
If no, is your company planning to implement such a program? Yes
8. Is the firm claiming Local Preference under City Ordinance 35.14?  YES / NO
9. List the license(s) that qualifies your firm to construct this project: ISA, MOT (Supervisors)  
City of Pt and St. Lucie County business licenses

10. **ADDENDUM ACKNOWLEDGMENT** - Bidder acknowledges that the following addenda have been received and are included in its proposal/bid:

Addendum Number	Date Issued	Addendum Number	Date Issued
1	12-6-23		
2	12-6-23		
3	12-6-23		

11. List **five (5) Tree Trimming, Forestry, Slope Mowing, & Removal Services** projects similar to this project completed by your firm in the last 5 years along with a brief description of project, location of project, client name, client phone number, email, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value. **DO NOT USE the City of Port St Lucie as a reference.**

Project Number 1

Project Name: Tree Trimming and Removal Services  
 Description: Tree Trimming and Removal Services, canal maintenance, Service Request Orders, ROW and DROW maintenance, arborist consulting, tree health monitoring  
 Location: City of Port St Lucie  
 Client Name, Phone Number & Email: City of Port St Lucie, 772-871-5204, jbezak@cityofpsl.com  
 Value of Total Contract: \$503,000  
 Date of Completion: 11-15-23 \*amendment #7 2-13-24  
 Firm's Percentage of Total Contract: 100%  
 Number of Change Orders: 0  
 Value of Change Orders: 0  
 Was Project Completed on Schedule: Yes  
 Was Project Completed within Budget? Yes

Project Number 2

Project Name: Tree trimming and Removal Services  
 Description: tree trimming, removals, stump grinding, stump removal, Service request orders, arborist consulting  
 Location: St Lucie County  
 Client Name, Phone Number & Email: St Lucie County, 772-408-7356, MierasS@stlucieco.org  
 Value of Total Contract: \$200,000  
 Date of Completion: 11-30-23  
 Firm's Percentage of Total Contract: 100%  
 Number of Change Orders: 0

Value of Change Orders:  $\emptyset$   
Was Project Completed on Schedule: Yes  
Was Project Completed within Budget? Yes

Project Number 3

Project Name: FPUA  
Description: Tree Trimming and removal services for FPUA facilities and grounds.

Location: FT Pierce, FL  
Client Name, Phone Number & Email: FPUA, 772-579-0416, jspades@fpu.com  
Value of Total Contract: \$30,000  
Date of Completion: 7-5-23  
Firm's Percentage of Total Contract: 100%  
Number of Change Orders:  $\emptyset$   
Value of Change Orders:  $\emptyset$   
Was Project Completed on Schedule: Yes  
Was Project Completed within Budget? Yes

Project Number 4

Project Name: Traditions CDD  
Description: Tree Trimming, and removal services, tree health monitoring,

Location: Traditions of Port St Lucie  
Client Name, Phone Number & Email: Tradition CDD, 772-812-1517, ashepherd@casthegroup.com  
Value of Total Contract: \$284,000  
Date of Completion: 12-31-22  
Firm's Percentage of Total Contract: 100%  
Number of Change Orders:  $\emptyset$   
Value of Change Orders:  $\emptyset$   
Was Project Completed on Schedule: Yes  
Was Project Completed within Budget? Yes

Project Number 5

Project Name: St Lucie West Service District  
Description: Tree trimming and removal services, ROW

Location: Saint Lucie West  
 Client Name, Phone Number & Email: SLW Service District, 772-267-7811, Sclawidion@shwsd.com  
 Value of Total Contract: \$22,000  
 Date of Completion: 11-15-23  
 Firm's Percentage of Total Contract: 100%  
 Number of Change Orders: 0  
 Value of Change Orders: 0  
 Was Project Completed on Schedule: Yes  
 Was Project Completed within Budget? Yes

12. Status of current contracts. Please provide the name & number of current contracts as well as a sample list of the projects currently underway.

City of Port St Lucie - John Dunton 772-330-2375  
St Lucie County R&D - Shannon 772-408-7356  
FPUA - Joel 772-579-0416  
SLW Service District - Gerard 772-267-7811

13. How will the Contractor be able to meet the project timeline and budget given the current workload, work force and equipment?

Up to 3 crews, 2 backyard lifts, bucket truck, 3 grapples truck, 2 chippers, 3 slope machines, 2 mulchers are and can be dedicated to the contract with varying amount of no less than 2 employees per crew to 10+ employees per crew can be allocated to provide contract work. In emergency or unexpected priority up to 5 crews can be allocated to projects.

14. List the number of personnel that will be assigned to the project and include job titles and their licenses or certifications.

Provided in attachment to this packet (4A)

Employee	Years Employed	Cert	Position	Experience on City jobs Y or N
Abraham, Ulrick	2023		Groundsmen	Y
Brooker, Brandon	2022	Intermediate MOT	Supervisor/slope mower/Mulching	Y
Brooker, Kyle	2021	Advanced MOT	Co-Owner/President	Y
Brooker, Susan	2021		Owner/Veteran	Y
Cain, Brian	2023		Class B	Y
Chavies, Amelia	2023		Groundsmen	Y
Clark, William	2023		Class A/Grapple	Y
Clements, Hunter	2023	Intermediate MOT	Supervisor	Y
Estiverne, Enock	2023		Groundsmen	Y
Gonzales, Reyes	2021		Lift Operator	Y
Gonzalez, Ashley	2015		Office Admin	Y
Grehan, Sean	2022	Intermediate MOT	Supervisor	Y
Haiges, Pete	2022		Class A/Grapple	Y
Harrison, Jacob	2023		Trimmer 6 yr experience	Y
Jean Pierre, Renel	2023		Groundsmen	Y
Kikivarakis, Jeffrey	2023	Intermediate MOT	Supervisor	Y
Matias Bartolon, Neyda	2023		Groundsmen	Y
Mercado, Rogelio	2023		Lift Operator	Y
Money, Sebastian	2023		Slope Mower op	Y
Ordonez Lopez, Silverio	2023		Trimmer 2 yr experience	Y
Pedro Miguel, Juan	2014		Groundsmen	Y
Roberts, Kevin	2023		Class B/Bucket truck op	Y
Rose, Rhonda	2018	Intermediate MOT	Supervisor	Y
Saint Louis, Charlot	2021		Groundsmen	Y
Sampson, Richard	1989	Arborist, electrical awarness	Arborist	Y
Santana, Ricardo	2020		Stump Grinding	Y
Say, Baldemar Lopez	2013		Trimmer 10+ yr	Y
Scott, Bruce	2017		Mechanic	Y
Soliz, Darinel	2020		Groundsmen	Y
Terry., Joyce	2000		Estimator/ QC	Y
Trigo., Keith	2017		Class A/Grapple	Y
Vasquez-Escalante, Rafaela	2018		Groundsmen	Y
Vicente, Pascual	2020		Ground trimmer	Y
Zentino, Vinicio	2018		Trimmer 6 year experience	Y

15. Has the Contractor or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? List the name of project, location, client, engineer, date, and reason. Use additional pages if needed.

Total Number of Projects where Failure to Complete Work Occurred: 0

Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

16. Has the Contractor or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes ( )

No (X)

If yes, please explain:

17. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

None

(N/A is not an acceptable answer - insert lines if needed)

18. List any judgments from lawsuits in the last five (5) years:

None

(N/A is not an acceptable answer - insert lines if needed)

19. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

2011 DWI - 2nd offense, 2011 DWI

(N/A is not an acceptable answer - insert lines if needed)

20. Provide a Project Management Plan.

21. Provide an Equipment List.

Kyle Beale  
Signature

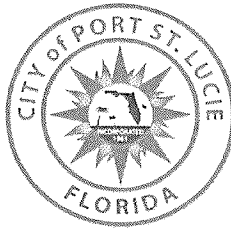
President  
Title

E-Bid #20230056

Tree Trimming, Forestry, Slope Mowing, & Removal Services

Equipment List

Qty.	Description
1	Peterbilt 55cyd <sup>3</sup> grapple
2	Peterbilt 35cyd <sup>3</sup> grapple
1	International 50' Bucket Truck
1	F550 42' Bucket Truck
4	Isuzu Crew Trucks
2	Ram 2500 Pickup
2	F550 Flatbed
1	F350 Flatbed
2	F550 Pressure washer / supervisor trucks
1	GMC 7500 Hauler
1	GMC 6500 Service truck
1	12K Equipment trailer
1	10K Equipment trailer
1	8K Equipment trailer
1	30K Equipment trailer
1	Enclosed Strip Grinding trailer
1	Alter Rower 42' backyard bucket lift
1	Palzani 55' spider lift
1	Leggers 62' spider lift
1	Chipper Box combo trailer with Wanco Arrowboard
2	Wanco Arrow Boards
1	6ton front end loader
1	7.5 ton excavator with mulcher
1	2.5 ton Slope Mulcher up to 50°
1	2.5 ton Slope Mower up to 50°
1	.5 ton Slope Mower up to 60°
1	.25 ton Slope mower up to 30°
1	Vermor 372 Stump Grinder
1	Rayco 192 Stump Grinder
1	2.5 ton Slope Stump Grinder
1	Aries 250 Shredder
225	MOT approved by MUTED Signs, Cones
115	hand held saws and trimming equipment (electric / 2 stroke)
8	John Deere Gators
3	Custom built trailers to attach to gators for hauling debris where grapples or chippers cant reach
1	Frost X24 tracked slope chopper up to 40° (ordered)



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**NOTICE TO ALL PROPOSERS:**

To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms, and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The "Cone of Silence" is in effect for this solicitation from the date the solicitation is advertised on DemandStar, until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City of Port St. Lucie Ordinance 20-15, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through Nadia Tourjee, Issuing Officer, for the procurement of these services.

All questions regarding this Solicitation are to be submitted in writing to Nadia Tourjee, Procurement Contracting Officer I with the Procurement Management Department via e-mail NTourjee@cityofpsl.com, or by phone 772-871-5224. Please reference the Solicitation number on all correspondence to the City.

All questions, comments and requests for clarification must reference the Solicitation number on all correspondence to the City. Any oral communications shall be considered unofficial and non-binding.

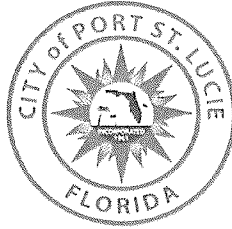
Only written responses to written communication shall be considered official and binding upon the City. The City reserves the right, at its sole discretion, to determine appropriate and adequate responses to the written comments, questions, and requests for clarification.

\*NOTE: All addendums and/or any other correspondence before bid close date (general information, question and responses) to this solicitation will be made available exclusively through the DemandStar's Website for retrieval. All notice of intent to award documentation will be published on the City Clerk's Website. Proposers are solely responsible for frequently checking these websites for updates to this solicitation.

**I understand and shall fully comply with all requirements of City of Port. St. Lucie Ordinance 20-15, Section 35.13.**

Typed Name: Kyle Braker  
Signed: Kyle Braker  
Company and Job Title: Braker Equipment LLC DBA Simpson Tree Service Kyle Braker  
Date: 12-12-23





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**e-BID #20230056**

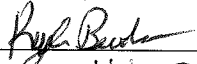
## **CONTRACTOR'S CODE OF ETHICS**

The City of Port St Lucie ("City), through its Procurement Management Department ("Procurement Management Department") is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards, and enjoys the complete confidence of the public. To achieve these purposes, Procurement Management Department requires each vendor who seeks to do business with the City to subscribe to this Contractor's Code of Ethics.

- ◆ A Contractor's bid or proposal will be competitive, consistent, and appropriate to the bid documents.
- ◆ A Contractor will not discuss or consult with other Vendors intending to bid on the same contract or similar City contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any contract awarded to it at the contracted price pursuant to the terms set forth in the contract.
- ◆ Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the contract.
- ◆ Contractor will not offer or give any gift, item, or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- ◆ Contractor will not cause, influence, or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.
- ◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.
- ◆ Contractor must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers

(including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to the following:

- Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling, and substitution methods.
- Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.
- Providing workers with an environment free of discrimination, harassment, and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

Name of Organization/Proposer Barker Equipment LLC DBA Sampson Tractor Service  
Signature   
Printed Name and Title Kyle Barker President

Date 12-12-23

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable contractor contract. In the case of any discrepancies between it and the law, regulation(s) and/or contractor contract, the law, regulatory provision(s) and/or vendor contract shall prevail.



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E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

- 1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.
3. The Contractor hereby represents that it is in compliance with the requirements of Sections 448.09 and 448.095, Florida Statutes. The Contractor further represents that it will remain in compliance with the requirements of Sections 448.09 and 448.095 Florida Statutes, during the term of this contract and all attributed renewals.
4. The Contractor hereby warrants that it has not had a contract terminated by a public employer for violating Section 448.095, Florida Statutes, within the year preceding the effective date of this contract. If the Contractor has a contract terminated by a public employer for any such violation during the term of this contract, it must provide immediate notice thereof to the City.

E-Verify Company Identification Number 2336883

Date of Authorization 12-8-23

Name of Contractor Brooker Equipment LLC

Name of Project City of PSC Public Works

Solicitation Number (If Applicable)

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on December 12, 2023 in Port St Lucie (city), FL (state).

Signature of Authorized Officer (handwritten signature)

Printed Name and Title of Authorized Officer or Agent Kyle Brooker President

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 13th DAY OF December, 2023.

NOTARY PUBLIC (handwritten signature)

My Commission Expires: Sep 23, 2025





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**NON-COLLUSION AFFIDAVIT**

**EBID#20230056**

**Tree Trimming, Forestry, Slope Mowing, & Removal Services**

State of Florida }

County of St Lucie }

Kyle Brooker, being first duly sworn, disposes and says that:  
(Name/s)

1. They are President of Brooker Equipment LLC DBA Simpson Tree Service the Proposer that  
(Title) (Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

3. Such Proposal is genuine and is not a collusive or sham Proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) Kyle Brooker

(Title) President



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STATE OF FLORIDA }  
COUNTY OF ST. LUCIE } SS:

The foregoing instrument was acknowledged before me this (Date) December 13<sup>th</sup>, 2023

by: Kyle Brooker who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did (did not) take an oath.

Commission No. HH 178618

Notary Print: Ashley Gonzalez

Notary Signature: Ashley G.



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**DRUG-FREE WORKPLACE FORM  
E-BID #20230056**

**Tree Trimming, Forestry, Slope Mowing, & Removal Services**

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

Brooks Equipment LLC DBA Simpson Tree Service does:  
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

[Handwritten Signature]  
Contractor's Signature

12-12-23  
Date

**CITY OF PORT ST. LUCIE, FLORIDA**  
**eBID No. #20230056**  
**PROJECT TITLE: Tree Trimming, Forestry, Slope Mowing, & Removal Services**

**CERTIFICATION REGARDING LOBBYING**

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: Brooker Equipment LLC DBA Simpson Tree Service

Authorized By:    
(Sign) (Print Name)

Title: President Date: 12-12-23

**\*\*\*ALL SUBCONTRACTORS ARE REQUIRED TO FILL OUT THIS FORM AND SUBMIT WITH BID PACKAGE\*\*\* This is a mandatory document. No exceptions will be made.**

**CITY OF PORT ST. LUCIE, FLORIDA**  
**eBID No. #20230056**  
**PROJECT TITLE: Tree Trimming, Forestry, Slope Mowing, & Removal Services**

***Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Primary Covered Transactions***

The Contractor certifies that, the firm or any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 49 CFR s29.110(a), by any federal department or agency;

(b) have not within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property

(c) are not presently indicted for or otherwise criminally or civilly charged by a federal, state, or local governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The Contractor certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency unless authorized by the Florida Department of Transportation."

Company Name: Broker Equipment LLC DBA Simpson Tree Service

Authorized By: Kyle Baker (Sign) Kyle Broker (Print Name)

Title: President Date: 12-12-23

**\*\*All subcontractors are required to submit this form with the prime contractor's proposal\*\* This is a mandatory document. No exceptions will be made.**





Seacoast National Bank

P.O. BOX 9012 • 815 COLORADO AVE., STUART, FL 34995-9012

No. 1194465

69-515  
670

DATE December 12, 2023

PAY TO THE ORDER OF \*City of Port St Lucie\*  
ONE THOUSAND DOLLARS AND ZERO CENTS

\$ \*\*\*\*\*1,000.00

Remitter: Sampson Tree Service

CASHIER'S CHECK



AUTHORIZED SIGNATURE

MP

RR# 48 TLR -EFL

⑆1194465⑆ ⑆067005158⑆

6001486⑆

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Brooker Equipment, LLC</b>	
<b>2</b> Business name/disregarded entity name, if different from above <b>Sampson Tree Service</b>	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See Instructions. <b>2170 SW CORNANT AVE</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>PORT ST. LUCIE, FL 34953</b>	
<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
or												
<b>Employer identification number</b>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;">8</td> <td style="border: 1px solid black; width: 25px; height: 25px;">1</td> <td style="border: 1px solid black; width: 25px; height: 25px;">1</td> <td style="border: 1px solid black; width: 25px; height: 25px;">1</td> <td style="border: 1px solid black; width: 25px; height: 25px;">4</td> <td style="border: 1px solid black; width: 25px; height: 25px;">0</td> <td style="border: 1px solid black; width: 25px; height: 25px;">5</td> <td style="border: 1px solid black; width: 25px; height: 25px;">8</td> </tr> </table>	8	1	1	1	4	0	5	8				
8	1	1	1	4	0	5	8					

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>12-13-23</b>
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*





# CITY OF PORT SAINT LUCIE BUSINESS TAX RECEIPT

PLEASE POST IN CONSPICUOUS PLACE OR KEEP ON PERSON

Term : 10/01/2023 — 09/30/2024

## 2023 - 2024

Business Address: 2170 SW CONANT AVE

BTR#: 106660

Date Made: 12/08/2023

Business Name: SAMPSON TREE SERVICE

Mailing Address: 2170 SW CONANT AVE

PORT ST LUCIE FL 34953

Business Tax Authority

Category: Category 2 LAWN SERVICE / LANDSCAPING \$0.00  
Additional Data: FEE EXEMPT - VETERAN TREE TRIMMING SERVICE AND EXCAVATION

Category: Category 5 MERCHANT \$0.00  
Additional Data: FEE EXEMPT - VETERAN SALE OF GREEN CLIMBERS EQUIPMENT

Category: Category 2 RENTAL BUSINESS \$0.00  
Additional Data: FEE EXEMPT - VETERAN GREEN CLIMBER

Category: Category 1 NON STRUCTURAL - NO REGULATED TRADES TO BE PERFORMED \$0.00  
Additional Data: FEE EXEMPT - VETERAN DEBRIS HAULING

Total Tax Paid: \$0.00

### THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax and provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses/competency cards are valid for the current fiscal year as required by law.



**2023 - 2024**

**St. Lucie County Local Business Tax Receipt**

Facilities or machines #	Rooms #	Seats #	Employees #27	Receipt #1029556
Type of business 7299	MISC/PUBLIC SERVICE (TREE CARE/REMOVAL (NO EXCAVATION))			Expires SEPTEMBER 30, 2024
DBA name Sampson Tree Service	Business Brooker Construction LLC dba Sampson Tree Service			
Mailing address: Brooker Construction LLC dba Sampson Tree Service	Business location: 2170 SW Conant AVE		Port St. Lucie, FL 34953	
2170 SW Conant AVE	Port St. Lucie, FL 34953			
RENEWAL	City of Pt St Lucie	G21000158946		VETERAN HONORABLY DISCHAR
Original tax:	Paid 07/20/2023 0.00		0025-20230720-044953	
Penalty:				
Collection cost:				
Total:				

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent for the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector is entitled to a collection fee of \$1 to \$5. This fee is based on the amount of Local Business Tax, which will be collected from delinquent taxpayers after September 30 of the business year.

This receipt is a Local Business Tax only. It does not permit the local business taxpayer to violate any existing regulatory or zoning laws of the state, county or city. It also does not exempt the local business taxpayer from any other taxes, licenses or permits that may be required by law.

Pursuant to Florida law, Local Business Taxes are subject to change.

Brooker Construction LLC dba  
Sampson Tree Service  
2170 SW Conant AVE  
Port St. Lucie, FL 34953



**2023 - 2024**

**St. Lucie County Local Business Tax Receipt**

Facilities or machines #	Rooms #	Seats #	Employees #	Receipt #1029555
Type of business 5999 MISC RETAIL (EQUIPMENT SALES/RENTAL)				Expires SEPTEMBER 30, 2024
DBA name Sampson Tree Service			Business Brooker Construction LLC dba Sampson Tree Service	
Mailing address: Brooker Construction LLC dba Sampson Tree Service 2170 SW Conant AVE Port St. Lucie, FL 34953			Business location: 2170 SW Conant AVE Port St. Lucie, FL 34953	
RENEWAL	City of Pt St Lucie			VETERAN HONORABLY DISCHAR
Original tax:			G21000158946	
Penalty:				
Collection cost:				
Total:	Paid 07/20/2023 0.00		0025-20230720-044953	

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

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Pursuant to Florida law, Local Business Taxes are subject to change.

Brooker Construction LLC dba  
Sampson Tree Service  
2170 SW Conant AVE  
Port St. Lucie, FL 34953



**2023 - 2024**

**St. Lucie County Local Business Tax Receipt**

Facilities or machines #	Rooms #	Seats #	Employees #27	Receipt #1029554
Type of business 7299 MISC/PUBLIC SERVICE (DEBRIS REMOVAL)				Expires SEPTEMBER 30, 2024
DBA name Sampson Tree Service	Business Brooker Construction LLC dba Sampson Tree Service			
Mailing address: Brooker Construction LLC dba Sampson Tree Service 2170 SW Conant AVE Port St. Lucie, FL 34953	Business location: 2170 SW Conant AVE Port St. Lucie, FL 34953			
RENEWAL	City of Pt St Lucie			VETERAN HONORABLY DISCHAR
Original tax:		G21000158946		
Penalty:				
Collection cost:				
Total:	Paid 07/20/2023 0.00	0025-20230720-044953		

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Pursuant to Florida law, Local Business Taxes are subject to change.

Brooker Construction LLC dba  
Sampson Tree Service  
2170 SW Conant AVE  
Port St. Lucie, FL 34953

# Certificate of Attendance

The Florida Chapter of the International Society of Arboriculture as Sponsors of

## Electrical Hazard Awareness Training

with Dr. John Ball

certifies to all that

**Richard Sampson**

has completed 6 hours of continuing education by attending electrical hazard recognition, line clearance pruning practices, and emergency response workshop held in Plant City, Florida on April 23, 2021, in partial fulfillment of the OSHA/ANSI training requirements for the incidental and line-clearance arborist.

April 23, 2021

Date

Norman D. Casey

Chief Executive Officer



# The International Society of Arboriculture

Hereby Announces That

*Richard A. Sampson*

Has Earned the Credential

**ISA Certified Arborist ®**

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council



TM

*Caitlyn Pollhan*

Caitlyn Pollhan  
CEO & Executive Director

14 February 2009

30 June 2024

FL-6012A

Issue Date

Expiration Date

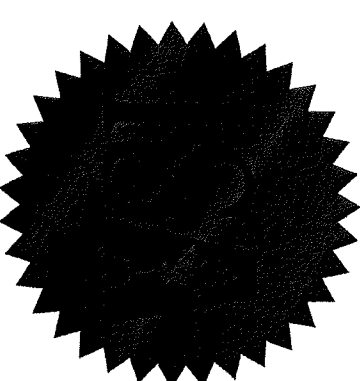
Certification Number



ANSI National Accreditation Board  
ACCREDITED  
ISO/IEC 17024  
PERSONNEL CERTIFICATION  
BODY

#0847

ISA Certified Arborist





*Kyle Brooker*

---

**Certificate:**

**614623**

Has Completed a FDOT Approved Temporary Traffic  
Control: Advanced Course.

**Issued: 09/20/2023**

**Training Provider:**

**Expires: 09/07/2027**

**Instructor: J. M**



Metro Florida Safety Council  
Tri-County  
Dade, Broward, Palm Beach, FL 33441  
Ph: 954-603-1900

Verify this Certificate at [www.motadmin.com](http://www.motadmin.com).



# CERTIFICATE OF COMPLETION

*SEAN GREHAN*

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Intermediate Course

Training Provider:



Access Safety Compliance Training

11481 SW Rossano Ln.

Port St. Lucie FL 34987

Phone: 561-350-8913

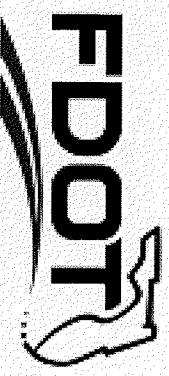
Verify this Certificate by visiting [www.motadmin.com](http://www.motadmin.com)

10/13/2023  
Issue Date

10/03/2027  
Expiration Date

L. R  
Instructor

615705  
Certificate No.



# CERTIFICATE OF COMPLETION



*RHONDA ROSE*

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Intermediate Course

Training Provider:



Access Safety Compliance Training

11481 SW Rossano Ln.

Port St. Lucie FL 34987

Phone: 561-350-8913

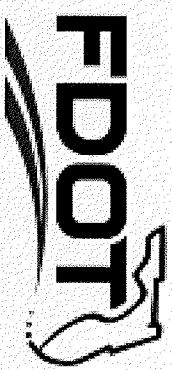
Verify this Certificate by visiting [www.motadmn.com](http://www.motadmn.com)

10/13/2023  
Issue Date

10/03/2027  
Expiration Date

L. R  
Instructor

615704  
Certificate No.



# CERTIFICATE OF COMPLETION

*JERRY KAWARAS*

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Intermediate Course

Training Provider:



Access Safety Compliance Training

11481 SW Rossano Ln.

Port St. Lucie FL 34987

Phone: 561-350-8913

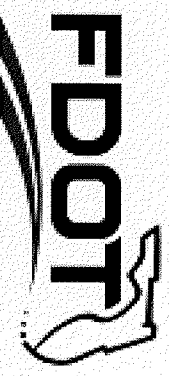
Verify this Certificate by visiting [www.motadmin.com](http://www.motadmin.com)

10/13/2023  
Issue Date

10/03/2027  
Expiration Date

L. R  
Instructor

615703  
Certificate No.



# CERTIFICATE OF COMPLETION

## HUNTER CLEMENTS

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Intermediate Course

Training Provider:



Access Safety Compliance Training

11481 SW Rossano Ln.

Port St. Lucie FL 34987

Phone: 561-350-8913

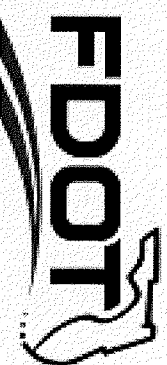
Verify this Certificate by visiting [www.motadmin.com](http://www.motadmin.com)

10/13/2023  
Issue Date

10/03/2027  
Expiration Date

L R  
Instructor

615702  
Certificate No.



# CERTIFICATE OF COMPLETION

**BRANDON BROOKER**

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Intermediate Course

Training Provider:



Access Safety Compliance Training

11481 SW Rossano Ln.

Port St. Lucie FL 34987

Phone: 561-350-8913

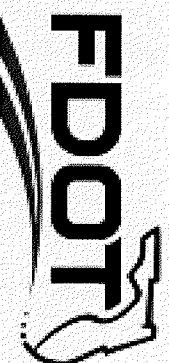
Verify this Certificate by visiting [www.motadmin.com](http://www.motadmin.com)

10/13/2023  
Issue Date

10/03/2027  
Expiration Date

L. R  
Instructor

615701  
Certificate No.





## FLORIDA DRUG-FREE WORKPLACE PROGRAM

**Brooker Equipment DBA Sampson Tree Service  
2170 SW Conant Ave  
Port Saint Lucie, FL 34953**

### 1. STATEMENT OF POLICY

**December 17, 2021**

As part of our commitment to safeguard the wellbeing of our employees and to provide a safe environment for everyone, Sampson Tree Service has established a drug-free workplace policy.

The ultimate goal of this policy is to balance our respect for individual privacy with our need to keep a safe, productive, drug-free environment. We encourage those who use illegal drugs or abuse alcohol to seek help in overcoming their problem. Employees who do so will be able to retain their job positions in good standing.

While this company understands that employees and applicants under a physician's care are required to use prescription drugs, abuse of prescribed medications will be dealt with in the same manner as the abuse of illegal substances.

All employees are given a one-time notice as of the above date that it is a violation of company policy for any employee to report to work under the influence of illegal drugs and/or to possess in his or her body, illegal drugs in any detectable amount. Employees are subject to drug testing under the standards of this policy on March 17, 2021 (Testing Date), which is 60 days from the above implementation date.

Thereafter, Sampson Tree Service will include notice of drug testing on employment vacancy announcements for positions for which drug testing is required. A notice of the drug-testing policy will be posted in an appropriate and conspicuous location on Sampson Tree Service's premises, and copies of the policy must be made available for inspection by the employees or job applicants of the employer during regular business hours in the employer's personnel office or other suitable locations.

#### **a. Types of drug/alcohol testing required.**

i. **Job applicant drug testing.** Sampson Tree Service requires job applicants to submit to a drug/alcohol test and may use a refusal to submit to a drug/alcohol test or a positive confirmed



drug/alcohol test as a basis for rejecting to hire a job applicant. A job applicant is a person who has applied for a position with Sampson Tree Service and has been offered employment conditioned upon successfully passing a drug/alcohol test and may have begun work pending the results of the drug/alcohol test.

ii. **Reasonable-suspicion drug testing.** Sampson Tree Service requires an employee to submit to reasonable-suspicion drug testing. Reasonable-suspicion drug testing is drug testing based on a belief that an employee is using or has used drugs/alcohol in violation of the drug-free workplace policy. Reasonable suspicion may be drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon:

- A. Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug.
- B. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
- C. A report of drug use, provided by a reliable and credible source.
- D. Evidence that an individual has tampered with a drug test during his or her employment with the current employer.
- E. *Information that an employee has caused, contributed to, or been involved in an accident while at work.*
- F. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on Sampson Tree Service 's premises or while operating Sampson Tree Service's vehicle, machinery, or equipment.

iii. **Routine fitness-for-duty drug testing.** Sampson Tree Service requires an employee to submit to a drug test if the test is conducted as part of a routinely scheduled employee fitness-for-duty medical examination that is part of the established policy or that is scheduled routinely for all members of an employment classification or group.

iv. **Follow-up drug testing.** If the employee in the course of employment enters an employee assistance program for drug/alcohol-related problems, or a drug/alcohol rehabilitation program, Sampson Tree Service requires the employee to submit to a drug/alcohol test as a follow-up to the program, unless the employee voluntarily entered the program. In those cases, Sampson Tree Service has the option to not require follow-up testing. If follow-up testing is required, it must be conducted at least once a year for a 2-year period after completion of the program. Advance notice of a follow-up testing date must not be given to the employee to be tested.

**b. The actions that Sampson Tree Service may take against an employee or job applicant on the basis of a positive confirmed drug/alcohol test result.**

i. Positive Test - Denial of Florida workers' compensation benefits. Upon a positive confirmed drug/alcohol test result, Sampson Tree Service will deny an employee workers' compensation medical or indemnity benefits under Florida Chapter 440.

ii. Refusal of Test - Denial of Florida workers' compensation benefits. If an injured employee refuses to submit to a drug/alcohol test, the employee forfeits eligibility for Florida workers' compensation medical and indemnity benefits.

iii. Positive Test – Termination of employment. Upon a positive confirmed drug/alcohol test

result, Sampson Tree Service may terminate the employee's employment.

## **2. EXISTANCE OF 440.102**

This policy is implemented pursuant to the drug-free workplace program requirements under Florida Statute 440.102 and Administrative Rule 59A-24 of the State of Florida Agency for Health Care Administration.

## **3. CONFIDENTIALITY**

a. Except as otherwise provided in this section, all information, interviews, reports, statements, memoranda, and drug test results, written or otherwise, received or produced as a result of a drug-testing program are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution, and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with this section or in determining compensability under Florida Chapter 440 (workers' compensation).

b. Company, laboratories, medical review officers, employee assistance programs, drug rehabilitation programs, and their agents may not release any information concerning drug test results obtained pursuant to this section without a written consent form signed voluntarily by the person tested, unless such release is compelled by an administrative law judge, a hearing officer, or a court of competent jurisdiction pursuant to an appeal taken under this section or is deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding. The consent form must contain, at a minimum:

1. The name of the person who is authorized to obtain the information.
2. The purpose of the disclosure.
3. The precise information to be disclosed.
4. The duration of the consent.
5. The signature of the person authorizing release of the information.

c. Information on drug test results shall not be used in any criminal proceeding against the employee or job applicant. Information released contrary to this section is inadmissible as evidence in any such criminal proceeding.

d. This subsection does not prohibit Sampson Tree Service, agent of Sampson Tree Service, or laboratory conducting a drug test from having access to employee drug test information or using the information when consulting with legal counsel in connection with actions brought under, or related to this section, or when the information is relevant to its defense in a civil or administrative matter.

## **4. REPORTING USE OF PRESCRIPTION OR NONPRESCRIPTION MEDICATIONS**

a. An employee or job applicant may confidentially report the use of prescription or nonprescription medications to a medical review officer, both before and after a drug/alcohol test, by contacting the medical review officer directly; Sampson Tree Service will provide the contact information.

b. Prescription or nonprescription medication is a drug or medication obtained with a

prescription from an authorized health care provider or a medication that is authorized by federal or state law for general distribution and use without a prescription in the treatment of human diseases, ailments, or injuries.

c. A medical review officer (MRO) is a licensed physician employed with or contracted with Sampson Tree Service, who has knowledge of substance abuse disorders, laboratory testing procedures, and chain of custody collection procedures; who verifies positive, confirmed test results; and who has the necessary medical training to interpret and evaluate an employee's positive test result in relation to the employee's medical history or any other relevant biomedical information.

## 5. LIST OF COMMON MEDICATIONS THAT MAY AFFECT A DRUG/ALCOHOL TEST

The following is a list of the most common medications, which may alter or affect a drug test, and is not intended to be all-inclusive:

Alcohol	All liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contact Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof).
Amphetamines	Obetrol, Biphedamine, Desoxyn, Dexedrine, Didrex, Ionamine, Fastin.
Cannabinoids	Marinol (Dronabinol, THC).
Cocaine	Cocaine HCl topical solution (Roxanne).
Phencyclidine	Not legal by prescription.
Methaqualone	Not legal by prescription.
Opiates	Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, Tussi-organidin, etc.
Barbiturates	Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Butalbital, Phrenilin, Triad, etc.
Benzodiazepines	Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.
Methadone	Dolophine, Metadose.
Propoxyphene	Darvocet, Darvon N, Dolene, etc.

## 6. CONSEQUENCES OF REFUSING DRUG/ALCOHOL TESTING

- a. Job applicant drug/alcohol testing. Sampson Tree Service may refuse to hire a job applicant who refuses to submit to a drug/alcohol test.
- b. Employee drug/alcohol testing.
  - i. If an injured employee refuses to submit to a drug/alcohol test, the employee forfeits eligibility for Florida workers' compensation medical and indemnity benefits.
  - ii. If an injured employee refuses to submit to a drug/alcohol test, the employee may be terminated from employment with Sampson Tree Service.

## 7. EMPLOYEE ASSISTANCE PROGRAM

*If your company does not offer an Employee Assistance Program, delete this section and use the version of section 7 below.*

Sampson Tree Service maintains an Employee Assistance Program ("EAP"). The purpose of an EAP is to provide help to employees and their families who suffer from alcohol abuse, drug abuse or other mental health issues. Employees may access these services without Company's involvement.

It is the responsibility of an employee to seek assistance from an EAP before alcohol and drug problems lead to disciplinary actions. Once a violation of this policy occurs, subsequently seeking treatment through an EAP on a voluntary basis will not necessarily lessen disciplinary action and may, in fact, have no bearing on the determination of appropriate disciplinary action.

Sampson Tree Service's EAP will provide appropriate assessment, evaluation and counseling and/or referral for treatment of drug and/or alcohol abuse. Employees may be granted leave with a conditional return to work, contingent upon successful completion of the agreed-upon treatment regimen, which may include follow-up testing.

The cost of seeking assistance from the program will be the responsibility of the employee and subject to provisions of Company's health insurance plan, if any. Please consult the provider concerning any costs that may be your responsibility.

## 7. DRUG REHABILITATION PROGRAMS

*If your company offers an Employee Assistance Program, delete this section and use the version of section 7 above.*

Although Sampson Tree Service does *not* maintain an Employee Assistance Program (EAP), Sampson Tree Service does have a list of local providers of drug and alcohol treatment and family services that an employee may access without [Company]'s involvement.

It is the responsibility of an employee to seek assistance *before* alcohol and drug problems lead to disciplinary actions. Once a violation of this policy occurs, subsequently seeking treatment on

a voluntary basis will not necessarily lessen disciplinary action and may, in fact, have no bearing on the determination of disciplinary action.

A medical provider can give an appropriate assessment, evaluation and counseling and/or referral for treatment of drug and alcohol abuse. Employees may be granted leave with a conditional return to work, depending on successful completion of the agreed-upon treatment regimen, which may include follow-up testing.

The cost of seeking assistance will be the responsibility of the employee and is subject to provisions of Company's health insurance plan, if any. Please consult the provider for specifics concerning this issue.

## **8. CHALLENGES TO TEST RESULTS**

a. An employee or job applicant who receives a positive confirmed test result may contest or explain the result to Sampson Tree Service's designated medical review officer (MRO) within five (5) working days after receiving written notification of the test result. If an employee's or job applicant's explanation or challenge of the positive test is unsatisfactory to the MRO, the MRO shall report a positive test result back to the employer; and that a person may contest the drug test result according to the law/rules adopted by the Florida Agency for Health Care Administration.

b. The terms "confirmation test," "confirmed test," or "confirmed drug test" mean a second analytical procedure used to identify the presence of a specific drug or metabolite in a specimen, which test must be different in scientific principle from that of the initial test procedure and must be capable of providing requisite specificity, sensitivity, and quantitative accuracy.

c. Confirmation testing shall be done in accordance with the following:

(i) If an initial drug test is negative, Sampson Tree Service may in its sole discretion seek a confirmation test.

(ii) Only licensed or certified laboratories may conduct confirmation drug tests.

(iii) All positive initial tests shall be confirmed using gas chromatography/mass spectrometry (GC/MS) or an equivalent or more accurate scientifically accepted method approved by the Florida Agency for Health Care Administration or the United States Food and Drug Administration as such technology becomes available in a cost-effective form.

(iv) If an initial drug test of an employee or job applicant is confirmed as positive, Sampson Tree Service's designated medical review officer shall provide technical assistance to the Sampson Tree Service and to the employee or job applicant for the purpose of interpreting the test result to determine whether the result could have been caused by prescription or nonprescription medication taken by the employee or job applicant.

## **9. EMPLOYEE RESPONSIBILITY TO NOTIFY LABORATORY**

An employee or job applicant is responsible for notifying the testing laboratory of any administrative or civil action brought pursuant to Florida Statute 440.102 (West 2015).

## **10. DRUGS THAT MAY BE TESTED**

Sampson Tree Service may test for any or all the following drugs and alcohol:  
Alcohol  
Amphetamines  
Cannabinoids  
Cocaine  
Phencyclidine HCl  
Methaqualone HCl  
Opiates  
Barbiturates  
Benzodiazepines  
Synthetic Narcotic

## 11. COLLECTIVE BARGAINING AGREEMENTS

's employees are not subject to any collective bargaining agreement; however, if one becomes Sampson Tree Service applicable, there may be a right to appeal actions taken by Sampson Tree Service due to an employee's confirmed drug test or refusal to take a drug/alcohol test with the Public Employees Relations Commission or applicable court.

## 12. MEDICAL REVIEW OFFICER CONSULTATIONS

Employees and job applicants may consult with a medical review officer for technical information, regarding prescription or nonprescription medication.

Company's medical review officer contact information is as follows:

Name: Dr. Seth Portnau / Total Compliance Network  
Address: 5646 West Atlantic Blvd, Margate, FL 33063  
Telephone: 1-800-881-4826  
Email:  
Fax: 954-677-1201

## Drug-Free Workplace Program Acknowledgement

I hereby acknowledge that I have received and read Sampson Tree Service Florida Drug-Free Workplace Program, a summary of the drugs which may alter or affect a drug test and a list of local Employee Assistance Program providers or local drug and alcohol treatment programs. I have had an opportunity to have all aspects of this material fully explained. I also understand that I must abide by the Program as a condition of initial and/or continued employment, and any violation may result in disciplinary action up to and including termination.

I also understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol in my body. I understand that submission to such testing is a condition of employment with Sampson Tree Service , and disciplinary action up to and including termination may result if:

- 1) I refuse to consent to testing.
- 2) I refuse to execute all forms of consent and release of liability that are usually and reasonably associated with such examinations.
- 3) I refuse to authorize release of the test results to the company.
- 4) The tests establish a violation of [Company]'s Drug-Free Workplace Policy.
- 5) I otherwise violate the policy.


I understand that if I am injured in the course and scope of my employment and test positive or refuse to be tested, I forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the remedies provided in Florida Statute 440.102(5).

I also recognize that the Drug-Free Workplace Policy and related documents are not intended to constitute a contract between Sampson Tree Service and me.

**The undersigned further states that he/she has read and understands the above acknowledgement and signs below of his/her own free will.**

  
\_\_\_\_\_  
**SIGNATURE**

  
\_\_\_\_\_  
**DATE**

  
\_\_\_\_\_  
**WITNESS**

  
\_\_\_\_\_  
**DATE**

**NOTIFICATION OF POSITIVE DRUG TEST**

Dear \_\_\_\_\_:

On [Date \_\_\_\_\_] you were drug tested according to requirements in Sampson Tree Service drug-free workplace program. Based on the State of Florida drug testing standards, your urine/blood specimen was tested twice in a controlled laboratory environment, which includes confirmation testing.

We have received the drug test result from our company's medical review officer (MRO), and the result indicates that you have tested positive (failed the test) for the following substance(s):

- |                                |                           |
|--------------------------------|---------------------------|
| _____ Cannabinoids (marijuana) | _____ Alcohol             |
| _____ Amphetamines             | _____ Cocaine             |
| _____ Phencyclidine (PCP)      | _____ Methaqualone        |
| _____ Opiates                  | _____ Barbiturates        |
| _____ Benzodiazepines          | _____ Synthetic Narcotics |

In keeping with our company drug-free workplace policy, the following disciplinary procedure(s) will take place immediately:

If you disagree with the test result or have some other related concern, you have the right to submit information explaining or contesting the test result, and explaining why the positive test result does not constitute a violation of our drug-free workplace policy, within five working days after receiving this notice. You also have the right, within 180 days of your challenge, to have your original specimen retested at another Agency for Health Care Administration certified laboratory. Arrangements and cost will be your responsibility. Other challenge rights to which you may be entitled are included in your copy of our drug-free workplace policy previously distributed to you.

Our company Medical Review Officer (MRO) is \_\_\_\_\_, M.D.  
Phone: \_\_\_\_\_. You may contact the MRO to ask questions or discuss your drug test result.

Sincerely,



**CERTIFICATION OF EMPLOYER WORKPLACE SAFETY PROGRAM PREMIUM CREDIT**

Employer Name: Brooker Equipment DBA Sampson Tree Service

Name of Contact Person: Kyle Brooker Telephone #: 772-336-3456

Policy #: 0196-54022-000 Effective Date of Policy: 2021

I am submitting a copy of my workplace safety program which meets the requirements of Section 440.1025, Florida Statutes. I certify that this safety program has been implemented in my workplace and is being maintained as submitted to my carrier.

This is to certify that my workplace safety program meets or exceeds the following provisions as provided for in Section 440.1025, Florida Statutes:

- |   |                             |
|---|-----------------------------|
| 1) Written safety policy and safety rules | 5) First aid                |
| 2) Safety inspections                     | 6) Accident investigation   |
| 3) Preventive maintenance                 | 7) Necessary record keeping |
| 4) Safety training                        |                             |

I am aware that I may be subject to an on-site inspection by my carrier, for the purpose of validating the accuracy of this information.

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage is guilty of a felony of the third degree, punishable as provided in Section 775.082, s. 775.083, or s. 775.084, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing Certification of Employer Workplace Safety Program Premium Credit, and that the facts stated in it are true.

Brooker Equipment, LLC  
DBA Sampson Tree Service  
Employer Name

12/12/2023  
Date

Kyle Brooker  
Officer/Owner Signature\*

owner / president  
Title

\* Application must be signed by an officer or owner.

**NOTICE TO EMPLOYER:** If you have a Drug-Free Workplace Program established and maintained in accordance with Florida law, and you would like to apply for the 5% premium credit that is available, please complete this form and forward it to your insurer. Re-certification is required annually.

**APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM**

Name of Employer: Brooker Equipment, LLC DBA Sampson Tree Service

Date Program Implemented: 2021

**Testing:**

Procedures for drug testing have been established and/or drug testing has been conducted in the following areas:

- Job applicant
- Reasonable suspicion
- Routine fitness for duty
- Follow-up testing to Employee Assistance Program

**Notice of Employer's Drug Testing Policy:**

- Copy to all employees prior to testing
- Posted on employer's premises
- Copy to job applicants prior to testing
- Show notice of drug testing on vacancy announcements
- Copies available in personnel office or other suitable locations
- General notice given 60 days prior to testing
- No notice required because the employer had a drug testing program in place prior to July 1, 1990

**Education:**

- Resource file on providers
- Employee Assistance Program
- Education

Name of Medical Review Officer: Dr. Seth Portney Total Compliance Network

- A. Name of approved Agency for Health Care Administration Lab or United States Department of Health and Human Services Certified Laboratory: QUEST Diagnostics
- B. Phone No.: (800) 881-4826 Fax: 954-677-1201
- C. Address: 5646 West Atlantic Blvd Margate FL 33063

Your certification is subject to physical verification by the insurer. Your policy is subject to additional premium for reimbursement of premium credit, and cancellation provisions of the policy if it is determined that you misrepresented your compliance with Florida law. Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage is guilty of a felony of the third degree, punishable as provided in Section 775.082, s. 775.083, or s. 775.084, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing Application for Drug-Free Workplace Premium Credit Program, and that the facts stated in it are true.

Brooker Equipment, LLC  
DBA  
Sampson Tree Service

Employer Name

12/12/2023

Date

[Signature]

Officer/Owner Signature\*

Owner / President

Title

\* Application must be signed by an officer or owner.



December 11, 2023

Subject: EBID 20230056

Property: City of Port St Lucie ROW/DROW

To whom it may concern,

Bid requirement of ROW Herbicide Certificate. We have tried to secure our ROW Herbicide Cert and could not get an earlier date for the exam. The IFAS extension office only offers the exam on the second and last Friday of each month. We have secured a test spot for the 29<sup>th</sup> of December 2023.

After the test it is up to 3 weeks to secure the Certificate from the State of FL. We will diligently work on obtaining this as it was not required in the previous contract. We hope that it will not be a disqualification due to not having the certification at time of submittal. We will provide the Certification prior to Feb 1<sup>st</sup>, 2024, if awarded. We look forward to working with the city personnel and providing professional service to the City and communities.

*Kyle Becher*  
Sampson Tree Service  
President  
12-12-23



December 11,2023

Subject: EBID 20230056 Project Management Plan

Property: City of Port St Lucie ROW/DROW

To whom it may concern,

Hardwoods – One to two crews will be assigned to hardwood trimming inside the ROW starting Oct 1<sup>st</sup>. Providing approved ANSI A300 pruning techniques and approved FLDOT MOT starting at west side of city working east. Documenting – tree health, species counts and locations, reporting safety hazards, trees that may be in decline or suffering from a disease. Finishing on west end of city in mid-January prior to blooming of the hardwoods/ornamentals.

Palms – One to two crews will be assigned to palm tree trimming inside the ROW starting March 1<sup>st</sup>. Providing approved 9-3 trimming techniques (removing seed pods) and approved FLDOT MOT starting at west side of city working east. Documenting – tree health, species counts and locations, reporting safety hazards, trees that may be in decline or suffering from a disease. Finishing on west end of city in June prior to storm season.

Service Request Orders – One to two crews will be assigned depending on workload and priority of hazards throughout contract. Office staff calls and confirms with each resident schedule and with the city each working day. Before and after pictures required for each project. We as the contractor are required and expected to uphold all city requirements as SR's are per the direction of the city and not the resident. Work to ensure native species are saved whenever possible. Report hazards as they may be uncovered during working operations in DROW/ROW from illegal dumping, planting of non-natives by residents on canals/greenways, building of structures (fences, sheds). Discharge from piping causes washouts or possible water contamination. Damaged or broken culverts and headwalls. Washouts pose a risk to personnel, community, property.

Slopes/Canals – We are dedicated to providing quality service with new technology to ease labor costs and improve efficiency of canal maintenance throughout the city. Treatment of all pipers removed and girdled any that are left beyond cut back unless otherwise told to disregard due to safety concerns or any other direction that may come as each job location may be drastically different than the other locations.

Emergency Call outs/Storms – We have a crew on standby rotation 24/7/365. We understand that commitment to the city means the city comes first and must be maintained regardless of storm impact location. Our crews are local and do not travel for storm work as storms can happen back-to-back and we need to be in the city to help maintain or clear with short notice. We have no commitments to

other areas or clients as EMS, Police, City Services are the priority after such an event and Sampson Tree Service will be on standby to assist in any restoration or clean up.

We strive to adapt to new methods (approved by the city prior to implementation) providing more efficient methods to perform required work. Through new technologies, keeping up with the adapting diseases that plague our palm trees in our area by working with the IFAS dept closely as new techniques are established to help prevent and mitigate generational damage to the city trees and assets.

We have 7 crews and can allocate them to the needs of our clients, by managing the proper personnel equipment and proper amount of personnel for the work load as each project may require 2 employees to 20.

