

<p>RETURN TO: Purchasing Program Manager Fort Pierce Utilities Authority</p> <p>DELIVER/MAIL TO: 206 South 6th Street Fort Pierce, FL 34950</p> <p>COMMON CARRIER: 206 South 6th Street Fort Pierce, FL 34950</p>	<p>Fort Pierce Utilities Authority (FPUA)</p> <p>INVITATION TO BID and BIDDER ACKNOWLEDGMENT</p>
<p>Contact: Nancy J. Palka PurchasingManager@fpua.com (772) 466-1600 x3272</p>	<p>Bid No: ITB 25-17</p>
<p>Pre-Bid Conference Date: N/A</p>	<p>Bid Title: WET LIME RESIDUAL HAULING</p>
<p>Pre-Bid Conference Location: N/A</p>	<p>Bid Opening Event Date and Time: THURSDAY, FEBRUARY 20, 2025 @ 11:30AM EST Bid Openings shall <u>ONLY</u> be conducted via a Zoom Meeting, see instructions, go to SECTION IV – Special Terms and Conditions and Additional Instructions to Bidders – Item No. 13.</p>
<p>Sealed Bid Due Deadline Date & Time: THURSDAY, FEBRUARY 20, 2025 @ 11:00 AM EST</p>	<p>If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this department as soon as possible.</p>
<p>Bidder Name: <u>Accurate Septic Services, Inc.</u></p> <p>Mailing Address: <u>4120 Selvitz Rd.</u> <u>Fort Pierce FL 34981</u></p> <p><u>772-489-4411</u></p>	<p><i>I hereby certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the Bidder.</i></p> <p>X <u>John L. Baker, Pres.</u> Authorized Signature (Manual)</p>
<p>Phone Number: <u>772-489-7778</u></p>	<p>Typed or Printed Name: <u>John L. Baker</u></p>
<p>Fax Number: <u>receptionist@AccurateSeptic.NET</u></p>	<p>Title: <u>President</u></p>
<p>E-Mail Address:</p>	<p>Delivery in <u>1</u> days, After receipt of order</p>
<p>Delivery: FOB Destination</p>	<p>Payment Terms: Net 45 Days</p>
<p>Bid Security is attached, when required, in the amount of \$ <u>N/A</u></p>	<p>If returning as a "No Bid," please state reason:</p>



BID RESPONSE FORM

Bid Item

WET LIME RESIDUAL HAULING

Bid Number

ITB 25-17

Due Date and Time

Thursday, February 20, 2025 @ 11:00 AM EST

The offeror agrees to furnish and deliver to the Fort Pierce Utilities Authority at the place specified, the following items or services in accordance with specifications and scope of work herein at the prices quoted below:

Quantity Up To Annually	Description	Unit Price	Total Price
15,000 TONS	Wet lime residuals removal and hauling per ton	\$22.00 * 15K = \$330,000.00 Per Ton	

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
None.	

Vendor Accurate Septic Services, Inc.

Address 4120 Selvitz Road

City, State, Zip Code Fort Pierce FL 34981

Email Address John@AccurateSeptic.net

Typed Name, Title John L. Baker, President

Signature John L. Baker Pres Date 1-31-25

Telephone # 772-216-4353 Fax # 772-489-7778
Office - 772-489-4411

Is this business registered with the State of Florida as a minority-owned, disadvantaged business?

Yes / No

ACCURATE SEPTIC SERVICES, INC.

4120 Selvitz Rd.

Ft. Pierce, Fl. 34981

772.489.4411/489.7778 Fax

February 17, 2025

Work History, References last 5 years. *2 letter of understanding.*

- 1- Current FPUA lime hauler.
AS the current Hauler we understand the Process & scope of the Bid/work. (Signature)
- 2- City of PSL Utilities Current and past lime hauler.

Sincerely

John L. Baker

John L. Baker,
President

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Accurate Septic Services Inc	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► 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. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 4120 Selvitz Rd	Requester's name and address (optional)
	6 City, state, and ZIP code Port St Lucie, FL 34986	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the 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.

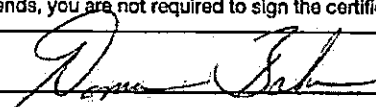
Social security number								
			-				-	
or								
Employer identification number								
6	5	-	0	8	1	6	9	4

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ► 	Date ► 2/7/2025
-----------	--	------------------------

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.

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.

IRS FORM W-9 – TAXPAYER ID NUMBER AND CERTIFICATION

LOCAL VENDOR PREFERENCE

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Accurate Septic Services, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

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.

☐ Other (see instructions) ► _____

4 Address (number, street, and apt. or suite no.) See instructions.

4120 Selwitz Road

5 City, state, and ZIP code

Fort Pierce FL 34981

6 List account number(s) here (optional)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

Requester's name and address (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.

Social security number

____ - ____ - ____

or

Employer identification number

65-0816942

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.

Sign
Here

Signature of
U.S. person ►

[Signature]

Date ► 2/17/25

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.

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.

Cat. No. 10231X

Form **W-9** (Rev. 10-2018)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown Insurance Services, Inc. 100 Rialto Place, Suite 900 Melbourne FL 32901		CONTACT NAME: Sheila Julian PHONE (A/C, No, Ext): (321) 757-8686 FAX (A/C, No): (321) 757-8687 E-MAIL ADDRESS: Sheila.Julian@bbrown.com	
INSURED Accurate Septic Services, Inc. 4120 Selvitz Road Fort Pierce FL 34981		INSURER(S) AFFORDING COVERAGE INSURER A: Southern-Owners Insurance Company INSURER B: Auto-Owners Insurance Company INSURER C: LUBA Casualty Insurance Company INSURER D: Evanston Insurance Company INSURER E: INSURER F:	
		NAIC # 10190 18988 12472	

COVERAGES**CERTIFICATE NUMBER:** 24-25 GLAU UMB WC**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			104682-72071529	11/04/2024	11/04/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			48-630-355-05	11/04/2024	11/04/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			48-630-355-04	11/04/2024	11/04/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N Y	N/A		WC307-0127096-2024A	11/04/2024	11/04/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Pollution Liability			ECPENV05927	11/04/2024	11/04/2025	Each Pollution Condition \$1,000,000 Aggregate \$2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

FL 34956

© 1988-2015 ACORD CORPORATION. All rights reserved.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE PLUMBING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

BAKER, JOHN L

ACCURATE SEPTIC SERVICES, INC.
4120 SELVITZ RD
FORT PIERCE FL 34981

LICENSE NUMBER: CFC1428653

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 08/02/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



ACCURATE SEPTIC SERVICES, INC.



ORIGINAL

4120 Selvitz Rd.
Ft. Pierce, Fl. 34981
772.489.4411/489.7778 Fax

WORK HISTORY

To whom it may concern:

Accurate Septic Services, Inc. is the current hauling vendor for the wet lime residuals hauling. For the past 8 plus years. We also provide similar hauling services in tankers for the City of Port Saint Lucie, Martin County and the City of Stuart for over 10 years.

Regards,

A handwritten signature in black ink that reads "John L. Baker, Pres.". The signature is written in a cursive, flowing style. The name "John L. Baker" is followed by a comma and the word "Pres.". The signature is positioned above a horizontal line.

John Baker, President
Accurate Septic Services, Inc



DRUG-FREE WORKPLACE FORM

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

Accurate Septic Services, Inc. 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 proposed 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 bid, 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 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.

Bidder's Signature: _____

Date: _____



**AFFIDAVIT
DECLARATION UNDER PENALTY OF PERJURY
287.138(4)(a) AFFIDAVIT**

Pursuant to section 287.138(4)(a), Florida Statutes, I hereby declare the following:

I, John L. Baker, an officer or authorized representative for Accurate Septic Services, Inc. (entity name), declare that Accurate Septic Services, Inc. (entity name) (a) is not an entity owned by the government of a foreign country of concern; (b) is not an entity in which a government of a foreign country of concern has a controlling interest; or (c) is not an entity organized under the laws of or has its principal place of business in a foreign country of concern, as defined in section 287.138, Florida Statutes.

I declare under penalty of perjury that the foregoing statements are true and correct.

John L. Baker
Signature
John L. Baker
Name
President
Title

The foregoing Affidavit was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 12 day of February, 20 25, by John L. Baker, who is either (a) ☒ personally known to me, or (b) ☐ has produced _____ as identification.

NOTARY SEAL



KARINA ALFARO
Commission # HH 411051
Expires June 15, 2027

Karina Alfaro
Notary Signature
Karina Alfaro
Printed Name of Notary

NOTE: THIS FORM MUST BE SUBMITTED WITH BID DOCUMENTS



**AFFIDAVIT
DECLARATION UNDER PENALTY OF PERJURY
787.06(13) AFFIDAVIT**

Pursuant to section 787.06(13), Florida Statutes, I hereby declare the following:

I, John L. Baker, an officer or authorized representative for
Accurate Septic Services, Inc. (entity name), declare that
Accurate Septic Services, Inc. (entity name) does not use coercion for labor or
services as defined in section 787.06, Florida Statutes.

I declare under penalty of perjury that the foregoing statements are true and correct.

John L. Baker
Signature
John L. Baker
Name
President
Title

The foregoing Affidavit was acknowledged before me by means of ☒ physical presence or
☐ online notarization, this 12 day of February, 20 25, by
John L. Baker, who is either (a) ☒ personally known to
me, or (b) _____ has produced _____ as identification.

NOTARY SEAL



KARINA ALFARO
Commission # HH 411051
Expires June 15, 2027

Karina Alfaro
Notary Signature
Karina Alfaro
Printed Name of Notary

NOTE: THIS FORM MUST BE SUBMITTED WITH BID DOCUMENTS



AFFIDAVIT
DECLARATION UNDER PENALTY OF PERJURY
FORM OF NON-COLLUSION AFFIDAVIT FOR PRIME VENDORS

STATE OF Florida

COUNTY OF St. Lucie

John L. Baker, being first duly sworn, deposes and says:

That he is President / officer
 (a partner or officer of the firm of, etc.)

the party making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said Bidder has not colluded, conspired, connived or agreed directly or indirectly with any Bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any person, to fix the bid price of affiant or of any other Bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other Bidder, or to secure any advantage against the **Fort Pierce Utilities Authority**, of the County of St. Lucie, or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

Accurate Septic Services, Inc

(Company/Firm Name)

By: John L. Baker

Title: President

The foregoing Affidavit was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 12 day of February, 20 25, by John L. Baker, who is either (a) ☒ personally known to me, or (b) ☐ has produced _____ as identification.

NOTARY SEAL



KARINA ALFARO
 Commission # HH 411051
 Expires June 15, 2027

Karina Alfaro

Notary Signature

Karina Alfaro

Printed Name of Notary

NOTE: THIS FORM MUST BE SUBMITTED WITH BID DOCUMENTS

ATTACHMENT A



**CERTIFICATION STATEMENT –
LOCAL VENDOR PREFERENCE**

I certify that my company meets all of the following qualifications to be eligible for the local vendor preference:

- 1) That my company has had a fixed, staffed office or distribution point located in and having a street address within St. Lucie, Indian River, Martin or Okeechobee County for at least six (6) months prior to the issuance of the request for competitive bids or request for proposals by Fort Pierce Utilities Authority; and
- 2) That my company holds any business tax receipt(s) and contractor's Certificate(s) of Competency (if applicable) required by the City of Fort Pierce and/or St. Lucie County.
- 3) That my company is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venture submitting an offer in conjunction with other businesses.
- 4) Attached is a copy of my company's business tax receipt(s) and any required Certificate(s) of Competency.

Company Name: Accurate Septic Services, Inc.

Address: 4120 Selwitz Road Fort Pierce FL 34981

Owner's Name: John L. Baker

Owner's Signature: John L. Baker President

To be approved as a local bidder and receive bid preference on an eligible local project, this certification and copy(s) of your local business tax receipt(s) and Certificate(s) of Competency, as applicable, must be submitted with your bona fide Bid/RFP package.

FOR FPUA DEPARTMENT OF FINANCE ONLY – DO NOT COMPLETE BELOW

To be verified and completed by an authorized representative from the Department of Finance:

Vendor certified by: _____ Date: _____
(Authorized Signature)

Accurate Septic Services inc
4120 SELVITZ RD
FORT PIERCE, FL 34981-4728

RECEIVED

FEB 20 2025
Time: 10:33am
By: Vincent M. M. M.
Fort Pierce
Utilities Authority

SEALED BID - DO NOT OPEN

SEALED BID NO: ITB 25-17

PROPOSAL TITLE: WET LIME RESIDUALS HAULING

DUE DATE/TIME: THURSDAY, FEBRUARY 20, 2025 @ 11:00 AM

SUBMITTED BY: Accurate Septic Services, Inc
(Name of Company)

DELIVER TO:
FORT PIERCE UTILITIES AUTHORITY
ATTN: PURCHASING PROGRAM MANAGER
206 South 6th Street
Fort Pierce, FL 34950

ACCURATE SEPTIC SERVICES, INC ^{IS} (ACCUR)

BIDDER'S SUBMITTAL CHECKLIST

BID SUBMITTAL CHECKLIST

ITB25-17 WET LIME RESIDUAL HAULING

This Bidder's Submission Checklist includes all of the documents that must be provided, with signature(s) when specified, in order for your Bid Response to be fully compliant. It is the responsibility of each Bidder to submit all the required document(s), with the exception of those labeled as "Not-Mandatory," and to read and comply with the Invitation to Bid in its entirety. Please submit in the following order:

ITEM	DESCRIPTION	Indicate if items are included with Bid:	
		YES	NO/NA
REQUIRED DOCUMENTS:			
A	INVITATION TO BID AND BIDDER ACKNOWLEDGEMENT (COVER PAGE), <i>SIGNED</i>	✓	✓
B	<u>ALL</u> BID ADDENDUM(S), WHEN ISSUED, <i>SIGNED</i>	✓	n/a
C	<u>BIDDER'S SUBMITTAL CHECKLIST</u> , <i>should be signed</i>	✓	✓
D	LETTER OF UNDERSTANDING, <i>SIGNED</i>	✓	✓
E	REGISTRATION WITH STATE OF FLORIDA	✓	n/a
F	REQUIRED PROOF OF INSURANCE	✓	✓
G	PROOF OF LICENSING, IE: CONTRACTOR'S CERTIFICATE'(S), CITY, COUNTY/OPERATORS	✓	✓
H	WORK HISTORY	✓	✓
I	BID RESPONSE FORM, <i>SIGNED</i>	✓	✓
J	IRS FORM W-9, <i>SIGNED</i>	✓	✓
K	LOCAL VENDOR CERTIFICATION, <i>SIGNED - IF SUBMITTING</i> , (NOT MANDATORY)	✓	✓
L	DRUG-FREE WORKPLACE, <i>SIGNED IF SUBMITTING</i> , (NOT MANDATORY)	✓	✓
M	AFFIDAVITS OF COMPLIANCE 287.138 & 787.06, <i>SIGNED AND WITNESSED</i>	✓	✓
M	NON-COLLUSION AFFIDVAIT, <i>SIGNED AND WITNESSED</i>	✓	✓
O	AFFITIONAL DATA, <i>optional</i>		n/a
REMINDERS:			
	PERSON WHO SIGNS THE BID PACKAGE MUST HAVE AUTHORITY TI SUBMIT A BID ON BEHALF OF THE COMPANY	✓	✓
	ALL PRICES, PRICE EXTENSIONS AND TOTALS HAVE BEEN THOROUGHLY REVIEWED FOR MATHEMATICAL ACCURACY, AND ALL PRICE CORRECTIONS INITIALED	✓	✓
	TWO (2) COMPLETE BID PACKAGES (ONE ORIGINAL AND ONE DIGITAL COPY) INCLUDED		✓
	OUTSIDE OF BID EVELOPE/BOX CLEARLY MARKED AS REQUIRED OR APPLY SUPPLIED LABEL		

When preparing all documents, be sure to use the proper company legal entity name as it is registered in the state in which you are established, followed by any DBA/fictitious name.

Company Accurate Septic Services, Inc Signature J. L. Bell Date: 1-21-25
Pres.