

CRR

Sealed Bid: #18-B-641

Yard Trash & Construction Debris Disposal

Bid Date: June 04, 2018 @ 3:00pm

COPY

Consolidated Resource Recovery, Inc.

CITY OF LARGO, FLORIDA
 BID FORM
 FOR
 YARD TRASH & CONSTRUCTION DEMOLITION DEBRIS DISPOSAL
 BID #18-B-641

City of Largo	Estimated Annual Tonnage	Price Per Ton	Total Cost
Pure Construction-Demolition Debris	4,000	\$ No Bid	\$ No Bid
Yard Waste – Clean	3,000	\$ 31.95	\$ 95,850.00
Yard Waste – Clean w/ material in bags	4,000	\$ 42.67	\$ 170,680.00
Class III/Select Compactor Roll-offs	17,000	\$ No Bid	\$ No Bid

Days and Hours of Operation: Monday - Friday 7am - 5pm, Saturday 7am - 12pm

List holidays when business is closed: January 1, Memorial Day, July 4, Labor Day,
Thanksgiving Day, and December 25

Round Trip Driving Distance from each Cities facility to the disposal facility:

City of Largo:

Public Works Complex, 1000 2nd Street SE, Largo, FL 33771 – To Bidders Disposal Site

16 Miles

City of Dunedin:

Solid Waste Yard, 1070 Virginia St., Dunedin, FL 34698 – To Bidders Disposal Site

28.4 Miles

City of Clearwater:

Solid Waste Department, 1701 N. Hercules Avenue, Clearwater, FL 33765 -To Bidders Disposal Site

21 Miles

Location of Disposal Site (address): 12101 40th Street North

Clearwater, FL 33762

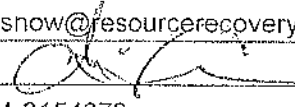
(City of Pinellas Park)

CITY OF LARGO, FLORIDA
BID FORM
FOR
YARD TRASH & CONSTRUCTION DEMOLITION DEBRIS DISPOSAL
BID #18-B-641
PAGE 2

The undersigned bidder does hereby agree to furnish the City of Largo, Florida, the items listed in accordance with the Specifications shown by the Invitation to Bid to be delivered to the specified site for the price indicated.

IT IS BIDDERS RESPONSIBILITY TO CHECK THE WEBSITE www.largo.com
FOR FINAL DOCUMENTS AND ADDENDUMS BEFORE SUBMITTAL

THIS BID MUST BE SIGNED BY A PERSON AUTHORIZED TO ACT FOR THE COMPANY IN HIS/HER OWN NAME.

BIDDER NAME:	<u>Consolidated Resource Recovery, Inc.</u>
	<u>3025 Whitfield Avenue</u>
ADDRESS:	<u>Sarasota, FL 34243</u>
PURCHASE ORDER	
ADDRESS:	<u>Same as above</u>
PHONE NUMBER:	<u>941-756-0977 x241</u>
FAX NUMBER:	<u>941-751-6942</u>
COMPANY CONTACT (REP):	<u>Chris Snow</u>
EMAIL ADDRESS(REP):	<u>csnow@resourcerecovery.com</u>
SIGNATURE:	<u></u>
TAX ID# SSN or EIN:	<u>94-3154672</u>

INSURANCE REQUIREMENTS CHECKLIST FOR BID #18-B-641

Items marked "X" must be provided

<u>X</u>	<u>General Liability</u>	<u>Minimum Limits Required</u>
	<u>x</u> Commercial General Liability	\$ <u>2,000,000</u> General Aggregate
	<u>x</u> Occurrence Form	\$ <u>1,000,000</u> Product/Complete Operations Agg.
		\$ <u>1,000,000</u> Personal & Advertising Injury
		\$ <u>1,000,000</u> Each Occurrence
		\$ _____

<u>X</u>	<u>Automobile Liability</u>	
	Owned, Hired & Non-Owned	\$ <u>1,000,000</u> Combined Single Limit per
	Occurrence	

<u>X</u>	<u>Worker's Compensation and Employer's Liability</u>	<u>Statutory</u>
		\$ <u>100,000</u> Each Accident
		\$ <u>500,000</u> Disease - Policy Limit
		\$ <u>100,000</u> Disease - Each employee

	<u>Professional Liability - Errors & Omissions</u> (*To be completed by Bidder)	
	* Deductible: \$ _____	\$ _____ Aggregate
	* Claims Made (Y/N): _____	\$ _____ Each Claim
	* Occurrence (Y/N): _____	
	* Defense included in Limits (Y/N): _____	

	<u>Builder's Risk/Installation Floater</u>	(* To be completed by Bidder)
	* Flood Included \$ _____ Limit	\$ _____ 100% of Completed or Installed Value
	* Transportation Included \$ _____ Limit	All-Risk Form
	* Storage Included \$ _____ Limit	
	City Must Be A Named Insured. Copy of Policy Will Be Required.	

	<u>Other</u>	
	_____	\$ _____
	_____	\$ _____

X The Certificate of insurance must show "The City of Largo, its elected officials and employees" as an additional insured. The Certificate shall bear the requisite endorsements providing that the City is an additional insured and providing for waiver of subrogation by the Vendor/Subcontractor when applicable.

X Vendor/Subcontractor shall provide immediate notice of any Vendor/Subcontractor initiated cancellation, non-renewal or adverse change to the policies required to be obtained or maintained pursuant to this RFP/Bid. Vendor/Subcontractor shall immediately forward to the City any notice it receives of cancellation, non-renewal or adverse change to any policy that is initiated by a policy provider(s).

X Certificates must identify bid number and bid title.

Subcontractors must carry same Insurance limits.

Insurance Carrier should be A rated.

The City reserves the right to request any additional information it deems necessary, and at a frequency it deems necessary, to confirm the requisite insurance remains in effect, at the required levels, for the duration of any contractual agreement entered into pursuant to this RFP/Bid and/or any Purchase Order issued in accordance with this RFP/Bid

Statement of Bidder: We understand the requirements requested and agree to comply fully.

Bidder - Authorized Signature

A complete copy of this form with original signature must accompany bid.



CERTIFICATE OF LIABILITY INSURANCE

CONSO-1

OP ID: RL

DATE (MM/DD/YYYY)

05/31/2018

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

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

PRODUCER
Des Champs & Gregory, Inc
1812 Manatee Ave. W.
Bradenton, FL 34205-5927
Andy Gregory

CONTACT NAME: Andy Gregory
PHONE (A/C, No, Ext): 941-748-1812 FAX (A/C, No): 941-746-1400
E-MAIL: agregory@deschampsgregory.com
ADDRESS:

INSURED Consolidated Resource Recovery
3025 Whitfield Ave
Sarasota, FL 34243

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Crum & Foster Specialty	
INSURER B: Massachusetts Bay Ins Co	22306
INSURER C: Alterra Excess & Surplus Ins	33189
INSURER D: Hanover Insurance Company	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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	ADD'L 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 <input checked="" type="checkbox"/> Pollution GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		EPK118778	09/01/2017 09/01/2017	09/01/2018 09/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 Pollution \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ADJ7012512	08/01/2017	08/01/2018	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"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EFX108544	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
	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	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Equipment Floater			MKLM3IM0049768	06/01/2018	06/01/2019	Limit 13,253,113 Ded 5,000

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

GL Broadening endorsement

Yard Trash, Class III & Construction Demolition Debris Disposal

CERTIFICATE HOLDER

CANCELLATION

CITY

CITY OF LARGO
OFFICE OF MANAGEMENT & BUDGET
LARGO CITY HALL
201 HIGHLAND AVE
LARGO, FL 33770

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/31/2018

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 SUNZ Insurance Solutions, LLC ID: (NES) 2600 W. Geronimo Place, Suite 100 Chandler, AZ 85224	CONTACT NAME: Tiffany Meyer
	PHONE (A/C, No, Ext): 800-409-8958 FAX (A/C, No):
	E-MAIL ADDRESS: certs@vensure.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: SUNZ Insurance Company NAIC # 34762
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED
National Employer Services, LLC
2600 W. Geronimo Place, Suite 100
Chandler AZ 85224

COVERAGES **CERTIFICATE NUMBER:** 42239010 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC009-00001-018	1/1/2018	1/1/2019	<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

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

Coverage provided for all co-employees but not subcontractors of: Consolidated Resource Recovery, Inc.
Effective date: 1/1/2018

CERTIFICATE HOLDER 11736 City of Largo 201 Highland Ave Largo FL 33770	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 Glen J Distefano
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**Florida Department of
Environmental Protection**

Rick Scott
Governor

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Carlos Lopez-Cantera
Lt. Governor

Noah Valenstein
Secretary

**Source-Separated Organics Processing Facility Registration
Confirmation of Submission**

08/02/2017

CONSOLIDATED RESOURCE RECOVERY, INC.

CRR PINELLAS PARK

12101 40th St N Clearwater, FL 33762 5606

Dear **CONSOLIDATED RESOURCE RECOVERY, INC.**

Renewal of your Source-Separated Organics Processing Facility (SOPF) registration is complete.

The Facility ID registered is 95252. Please include this number on any correspondence with the Department.

Submission of your information does not imply acceptance by FDEP. Should additional information be required, you will be contacted. Applications are subject to review and approval within 30 days after your submission has been deemed complete and accepted.

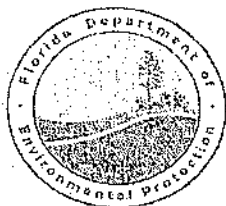
You have paid \$35.00.

If you have any questions or need further assistance, please contact Waste Registration Section at (850) 245-8707 or by e-mail at Waste.Registration@dep.state.fl.us.

Please retain a copy of this confirmation for your records.

Sincerely,

Waste Registration Section



Florida Department of Environmental Protection

Solid Waste Section, Mail Station 4565
2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form # 62-709.90(13)
Appl for Reg. and Ann Rep for a YT Trans
Form Title <u>Station or SW Organic Recycling Facility</u>
Effective Date <u>February 15, 2010</u>
DEP Facility ID No. <u>95252</u> (Filed in by DEP)
DEP WACS ID No. <u>95252</u> (Filed in by DEP)
This form is adopted by reference in subsection 62-709.90(13), F.A.C.

Application for Registration and Annual Report for a Yard Trash Transfer Station or a Solid Waste Organics Recycling Facility

PART A - GENERAL INFORMATION

1. Type of Application: New ☐ Renewal (due July 1) ☒ Annual report only for facility operating under permit: ☐
2. Type of Facility: Yard trash recycling ☒ Manure blending ☐
Yard trash transfer station ☐ Vegetative, animal byproducts or manure composting ☐
3. Type of Waste Processed: Yard trash ☒ Manure ☐ Animal byproducts ☐ Pre-consumer Vegetative ☐
Vegetative (could/did come into contact with animal products or byproducts or end user) ☐
4. Facility Name: CRR PINELLAS PARK
5. Registrant Name (or Permittee if annual report only): CRR PINELLAS PARK
6. Federal Employer Identification Number: 943154672
7. Mailing Address: 3025 Whitfield Ave
City Sarasota State FL Zip 34243 3365
Street Mailing Address (if different): 3025 Whitfield Ave
City Sarasota State FL Zip 34243
8. Facility Location - Street Address or Property Number: 12101 40th St N
City Clearwater County Pinellas
9. Contact Person: LAMPERT, NANCY Telephone: (941) 756-0977

PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION

10. Records required by Rule 62-709.320, F.A.C., will be kept at the facility? Yes ☐ No ☒
If no, please indicate where these records will be kept and made available upon Department request to review the records:
3025 Whitfield Ave Sarasota FL 34243
11. Does the registrant own the facility site? Yes ☒ No ☐
If you answered no, please attach evidence that the facility owner or operator has permission from the landowner to operate a yard trash transfer station or a solid waste organics recycling facility at this site.
12. Has the organic recycling facility begun operations? Yes ☒ No ☐
If this facility was operating in the previous calendar year, the annual report in Part C must be completed.
13. ~~Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. Payment of \$35.00 for this registration was received via online transaction.~~

I affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and shall comply with the requirements specified in those rules. I also affirm that the information provided in the application is true, accurate, and correct to the best of my knowledge. I have attached all documents and/or authorizations that are required.

Nancy Lampert, HR Director Nancy Lampert 08/02/2017
Print Name and Title of Registrant or Authorized Agent Signature Date
Email address (if available): nlampert@resourcerecovery.com

PART C - ANNUAL REPORT

14. Calendar Year (January 1 through December 31) Covered by this Report:	2016
15. Values used in this report are in (SELECT ONE):	Tons <input checked="" type="checkbox"/> Cubic Yards <input type="checkbox"/>
16. For Existing Facilities that have not reported this information in the past, Amount of	
a. Unprocessed Material On Site at Beginning of Report Year:	2236
b. Processed Material On Site at Beginning of Report Year (total):	5223
17. Total Quantity of Material Received During Report Year:	65378
18. Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year:	3269
19. Total Quantity of Material Removed from Site for:	
a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):	62489
b. Disposal:	0
c. Other (transfer stations)	0
20. Total Quantity On Site at End of Report Year of:	
a. Unprocessed Material:	3223
b. Processed Material:	3856

Note that the total sum of items 16 a and b plus 17 must equal to sum of items 18, plus 19 a, b and c, plus 20 a and b.

Total of items 16 and 17 72837 Total of items 18, 19 and 20 72837

I affirm that the information provided in the annual report is true, accurate, and correct to the best of my knowledge.

Nancy Lampert, HR Director

Nancy Lampert

08/02/2017

Print Name and Title of Registrant/Permittee or
Authorized Agent

Signature

Date

Email address (if available): nlampert@resourcerecovery.com

PART D - MAILING INSTRUCTIONS

This registration was completed and payment of \$35.00 (if applicable) was received via online transaction.

Remember to include the \$35.00 fee if this is also a registration application. Mail completed form to:

Department of Environmental Protection
Solid Waste Section, MS-1565
2850 Blair Stone Road
Tallahassee, Florida 32399-2400

CITY OF PINELLAS PARK, FLORIDA
P.O. BOX 1100
PINELLAS PARK, FLORIDA 33780-1100

RECEIVED SEP 20 2017

B U S I N E S S T A X R E C E I P T

STATE LICENSE #:

TAX NUMBER

OTHER LICENSE #:

18-0013712

BUSINESS NAME, OWNERS NAME
AND MAILING ADDRESS

BUSINESS LOCAL ADDRESS

CONSOLIDATED RESOURCE RECOVERY
HALWARD DOUGLAS
ATTN: CHRIS SNOW VP
3025 WHITFIELD AVE
SARASOTA FL 34243

12101 40TH ST

CLEARWATER

FL 33762

THE ABOVE NAMED PERSON, FIRM OR CORPORATION HAS PAID A BUSINESS TAX TO
ENGAGE IN THE FOLLOWING BUSINESS ACTIVITIES:

CODE DESCRIPTION

2411/ LOGGING

WOOD WASTE RECYCLING

UNITS

AMOUNT

BUSINESS TAX AMOUNT

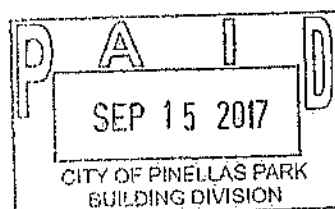
75.00

FOR PERIOD ENDING: September 30, 2018

BALANCE DUE

.00

THIS RECEIPT DOES NOT PERMIT THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY
LAW OR ORDINANCE AND IS NOT AN ENDORSEMENT OF COMPETANCE OR BUSINESS
PRACTICE. ANY CHANGE IN LOCATION OR OWNERSHIP MUST BE APPROVED BY THE CITY,
SUBJECT TO ZONING RESTRICTIONS.



CITY OF LARGO, FLORIDA
REFERENCE INFORMATION FOR
YARD TRASH & CONSTRUCTION DEMOLITION DEBRIS DISPOSAL
BID #18-B-641

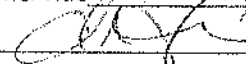
Organization See Attached List
Contact Person _____
Address _____
City _____ State _____ Zip _____ Phone Number (____) _____
Project Cost _____ Date Performed _____
~~~~~

Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Project Cost \_\_\_\_\_ Date Performed \_\_\_\_\_  
~~~~~

Organization _____
Contact Person _____
Address _____
City _____ State _____ Zip _____ Phone Number (____) _____
Project Cost _____ Date Performed _____
~~~~~

Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Project Cost \_\_\_\_\_ Date Performed \_\_\_\_\_  
~~~~~

Organization _____
Contact Person _____
Address _____
City _____ State _____ Zip _____ Phone Number (____) _____
Project Cost _____ Date Performed _____
~~~~~

Representative Typed Name/Title Chris Snow, VP of Corp. Affairs  
Representative Signature  Firm Consolidated Resource Recovery Inc.

# consolidated resource recovery

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## References

- CRR performs large scale commercial land clearing throughout Florida from \$6,000,000.00 to \$8,000,000.00 per year that generates in excess of 275,000 tons per year in mulch from processed vegetation.
- CRR owns (4) four permitted and registered yard waste facilities
  1. Pinellas County 1998 to Present 600,000 tons
  2. Manatee County 1999 to Present 600,000 tons
  3. Hillsborough County 2012 to Present
  4. Hernando County 2013 to Present

### Manatee County

Jeanne Detweiler – 941-748-5543

1112 Manatee Ave West, Suite 803, Bradenton, FL 34205  
1992 to Present

Processed in excess of 900,000 tons to date.

Email: [jeanne.detweiler@mymanatee.org](mailto:jeanne.detweiler@mymanatee.org)

### Manatee County – Wood/Yard Waste and Storm Debris Processing

Jim Bokish – 941-748-5543

1112 Manatee Ave West, Suite 803, Bradenton, FL 34205  
1992 to Present

Processing, transporting, and disposal of wood and yard waste.

Email: [jim.bokish@mymanatee.org](mailto:jim.bokish@mymanatee.org)

### Charlotte County

Jim Pontbriand – 941-639-0987

18500 Murdock Circle, Port Charlotte, FL 33948  
1993 to 2014

Processed in excess of 650,000 tons to date.

### Seminole County

Greg Regan - 407-349-5539 ext. 221

1101 East First Street, Sanford, FL 32771  
1993 to Present

Processed in excess of 750,000 tons to date.

Email: [gregan@seminolecountyfl.gov](mailto:gregan@seminolecountyfl.gov)

Volusia County – Yard Trash Grinding/Hauling  
Jennie Weber – 386-943-4905  
3151 E State Road 44, Deland, FL 32724  
Processing, transporting, and disposal of wood and yard waste.  
Email: [jweber@volusia.org](mailto:jweber@volusia.org)  
2012 to Present

Citrus County  
Owen Carney - 352-527-7670  
230 W Gulf-to-Lake Hwy, Lecanto, FL 34461  
2001 to Present  
Processed in excess of 225,000 tons to date.

Hillsborough County  
Nate Johnson – 813-272-5977  
P.O. Box 1110, Tampa, FL 33601  
1996 to 2014  
Processed and hauled in excess of 2,200,000 tons to date.  
Email: [evansj@hillsboroughcounty.org](mailto:evansj@hillsboroughcounty.org)

Desoto County  
2008 to Present  
Processed in excess of 15,000 tons to date.

Hardee County  
2000 to Present  
Processed in excess of 95,000 tons to date.

Highlands County  
2000 to 2006 and 2007 to Present  
Processed in excess of 120,000 tons to date.

Osceola County  
1998 to Present  
Processed and hauled in excess of 350,000 tons to date.

City of St Cloud  
1998 to 2014  
Processed in excess of 95,000 tons to date.

City of Sebring  
1997 to 2006 and 2010 to Present  
Processed in excess of 60,000 tons to date.

Wheelabrator Ridge Energy, Waste Management, Inc.  
Phil Tuohy – 863-665-2255  
3131 K-Ville Ave, Auburndale, FL  
1995 to 2013  
Processed in excess of 750,000 tons to date.

City of Clearwater  
2000 to Present

City of Dunedin  
2000 to Present

City of Gulfport  
2008 to Present

City of Indian Rocks Beach  
2008 to Present

City of Largo  
2000 to Present

City of Madeira Beach  
2008 to Present

City of Treasure Island  
2008 to Present

City of Stuart  
10-1-08 to 2012  
37,000 tons per year

Lake County  
2003 to 2008, 2013 to present  
Processed and hauled in excess of 50,000 tons to date.

Marion County  
1993 to 1999 and 2006 and 2009 to 2013  
Processed in excess of 300,000 tons to date.

Flagler County  
2001 to 2007  
Processed in excess of 100,000 tons to date.

City of Tarpon Springs  
1998 to 2009  
Processed in excess of 200,000 tons to date.

Pasco County  
2006 to Present  
Processed in excess of 78,000 tons to date.

Nassau County  
2003 to 2005  
Processed in excess of 4,000 tons to date.



Palm Beach County  
Pat Buyers  
1993 to 2001 / 2007 to Present  
Processed in excess of 800,000 tons to date.

City of Sarasota  
Processed in excess of 15,000 tons to date.

Brevard County  
1996 to 2002 and 2011 to 2013  
Processed in excess of 750,000 tons to date.

St Lucie County  
1995 to Present  
Processed and hauled in excess of 300,000 tons to date.

Orange County  
2011 to Present  
40,000 tons per year

## EQUIPMENT LIST

Hernando County Bid ITB #15-T00134  
Yard Waste Mulching Service

| TYPE                    | MANUFACTURER | SERIES          |
|-------------------------|--------------|-----------------|
| Tub Grinder             | Vermeer      | TG 9000 1000 HP |
| Tub Grinder             | Vermeer      | TG 9000 1000 HP |
| Horizontal Feed Grinder | Morbark      | 6600 1000 HP    |
| Loader                  | Caterpillar  | 950 H           |
| Loader                  | Caterpillar  | 950 H           |
| Loader                  | Caterpillar  | 950 H           |
| Loader                  | Caterpillar  | 950 H           |
| Trommel Screen          | Powerscreen  | 830             |
| Trommel Screen          | Powerscreen  | 830             |

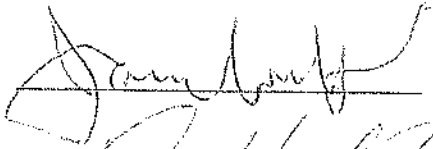
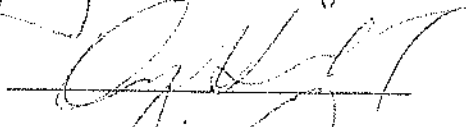

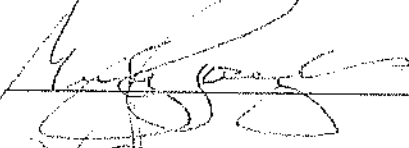
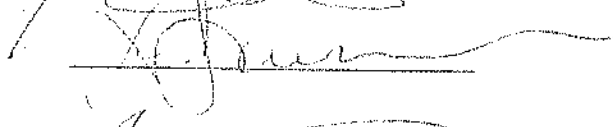
CRR currently has the largest fleet of specialized wood grinders and support equipment, in the industry, valued in excess of \$22,000,000.00.

CRR owns:

- 8 Grinders
- 4 Trommel Screens
- 25 950, 972, 938 Cat Loaders
- 16 320, 322, 325, Cat Excavators
- And numerous other trucks, tractors, trailers, dozers, specialized land clearing equipment and service trucks.

**CONSOLIDATED RESOURCE RECOVERY, INC.**  
**INCUMBENCY CERTIFICATE**  
**(2017)**

I, Gregory J. Porges, in my capacity as Secretary of the Corporation and not in my personal capacity, hereby certify that I am the duly appointed Secretary of Consolidated Resource Recovery, Inc., a Delaware corporation, authorized to do business in Florida (the "Corporation"), and that each person named below has been duly appointed as the respective officers or positions of the Corporation set out opposite their respective names and has been authorized to execute and deliver on behalf of the Corporation any instrument requiring the signature of an officer of the Corporation. and the signatures set forth opposite their names are true specimens of their signatures:

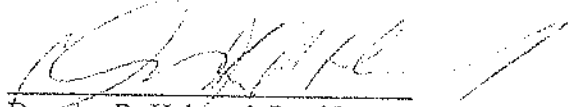
| <u>Name</u>         | <u>Office or Position</u>              | <u>Signature</u>                                                                     |
|---------------------|----------------------------------------|--------------------------------------------------------------------------------------|
| James E. H. Darby   | Chairman &<br>Chief Executive Officer  |    |
| Douglas R. Halward  | President                              |   |
| Christopher J. Snow | Vice President of<br>Corporate Affairs |  |
| Gregory J. Porges   | Secretary                              |  |
| Lael Todesco        | Assistant Secretary                    |  |

Dated this 19<sup>th</sup> day of May, 2017.

  
Gregory J. Porges, Secretary

The undersigned, Douglas R. Halward, President of the Corporation, does hereby certify that Gregory J. Porges is the duly appointed Secretary of the Corporation on and as of the date hereof and the signature set forth opposite his name above is a true specimen of his signature.

Dated this 19<sup>th</sup> day of May, 2017

  
Douglas R. Halward, President

**SWORN STATEMENT UNDER SECTION 287.133 (3) (a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER  
OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted for City of Largo.
2. This sworn statement is submitted by Consolidated Resource Recovery, Inc.  
Whose business address is: 3025 Whitfield Avenue, Sarasota, FL 34243  
and (if applicable) its Federal Employer Identification Number (FEIN) is 94-3154672.  
(If entity has no FEIN, include the Social Security Number of the individual signing this sworn  
statement: \_\_\_\_\_)
3. My name is Chris Snow and my relationship to the entity named  
above is Vice President of Corporate Affairs.
4. I understand that a "public entity crime" as defined in Section 287.133(1)(g), Florida Statutes,  
means a violation of any state or federal law by a person with respect to and directly related to  
the transaction of business with any public entity or with an agency or political subdivision of  
any other state or of the United States, including, but not limited to, any bid or contract for  
goods or services to be provided to any public entity or an agency or political subdivision of any  
other state or of the United States and involving antitrust, fraud, theft, bribery, collusion,  
racketeering, conspiracy, or material misrepresentation.
5. I understand that "convicted" or "conviction" as defined in Section 287.133 (1) (b), Florida  
Statutes, means a finding of guilt or a conviction of a public entity crime, with or without  
adjudication of guilt, in any federal or state trial court of record, relating to charges brought by  
indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry  
of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in Section 287.133(1) (a), Florida Statutes, means: (1)  
A predecessor or successor of a person convicted of a public entity crime; or (2) An entity under  
the control of any natural person who is active in the management of the entity and who has  
been convicted of a public entity crime. The term "affiliate" includes those officers, directors,  
executives, partners, shareholders, employees, members, and agents who are active in the  
management of an affiliate. The ownership by one person of shares constituting a controlling  
interest in another person, or a pooling of equipment or income among persons when not for fair  
market value under an arm's length agreement, shall be a prima facie case that one person  
controls another person. A person who knowingly enters into a joint venture with a person who  
has been convicted of a public entity crime in Florida during the preceding 36 months shall be  
considered an affiliate.
7. I understand that a "person" as defined in Section 287.133(1) (e), Florida Statutes, means any  
natural person or entity organized under the laws of any state or of the United States with the  
legal power to enter into a binding contract and which bids or applies to bid on contracts for the

provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

8. Based on information and belief, that statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

☒ Neither the entity submitting this sworn statement, nor one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity, has been charged with and convicted of public entity crime subsequent to July 1, 1989.

☐ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. [Please attach a copy of the Final Order.]

☐ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. [Please attach a copy of the Final Order.]

☐ The person or affiliate has not been placed on the convicted vendor list. [Please describe any action taken by or pending with the Department of General Services.]

Date: 5/31/18

Signature: [Signature]

STATE OF: FLORIDA

COUNTY OF: MANATEE

PERSONALLY APPEARED BEFORE ME, the undersigned authority,  
who after first being sworn by me, affixed his/her signature in the space provided above on this  
31<sup>st</sup> day of May, in the year 2018.

My commission expires: 6-15-19

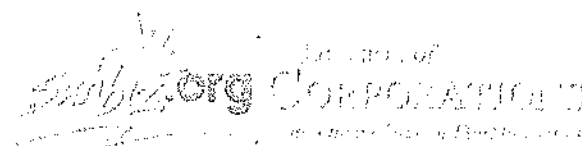


[Signature]  
Notary Public

\_\_\_\_\_  
Print, Type, or Stamp of Notary Public

Personally known to me, or Produced Identification:

\_\_\_\_\_  
Type of ID



Department of State / Division of Corporations / Search Records / Detail By Document Number /

### Detail by Entity Name

Foreign Profit Corporation

CONSOLIDATED RESOURCE RECOVERY, INC.

#### Filing Information

Document Number P40035  
FEI/EIN Number 94-3154672  
Date Filed 08/13/1992  
State DE  
Status ACTIVE  
Last Event NAME CHANGE AMENDMENT  
Event Date Filed 01/09/1998  
Event Effective Date NONE

#### Principal Address

3025 WITFIELD AVENUE  
SARASOTA, FL 34243

Changed: 01/30/2004

#### Mailing Address

3025 WITFIELD AVENUE  
SARASOTA, FL 34243

Changed: 01/30/2004

#### Registered Agent Name & Address

THE PRENTICE HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

Name Changed: 12/28/1994

Address Changed: 12/28/1994

#### Officer/Director Detail

##### Name & Address

Title PD

HALWARD, DOUGLAS R  
27715 HUNTINGDON RD RR #5  
ABBOTSFORD, CANADA V4X 1-B6 AF



Title CD

DARBY, JAMES E.H.  
27715 HUNTINGDON RD , RR #5  
ABBOTSFORD, CANADA V4X AF

Title VP of Corporate Affairs

SNOW, Christopher J  
3025 WITFIELD AVENUE  
SARASOTA, FL 34243

Title S

PORGES, GREGORY J  
1205 MANATEE AVE WEST  
BRADENTON, FL 34205

Annual Reports

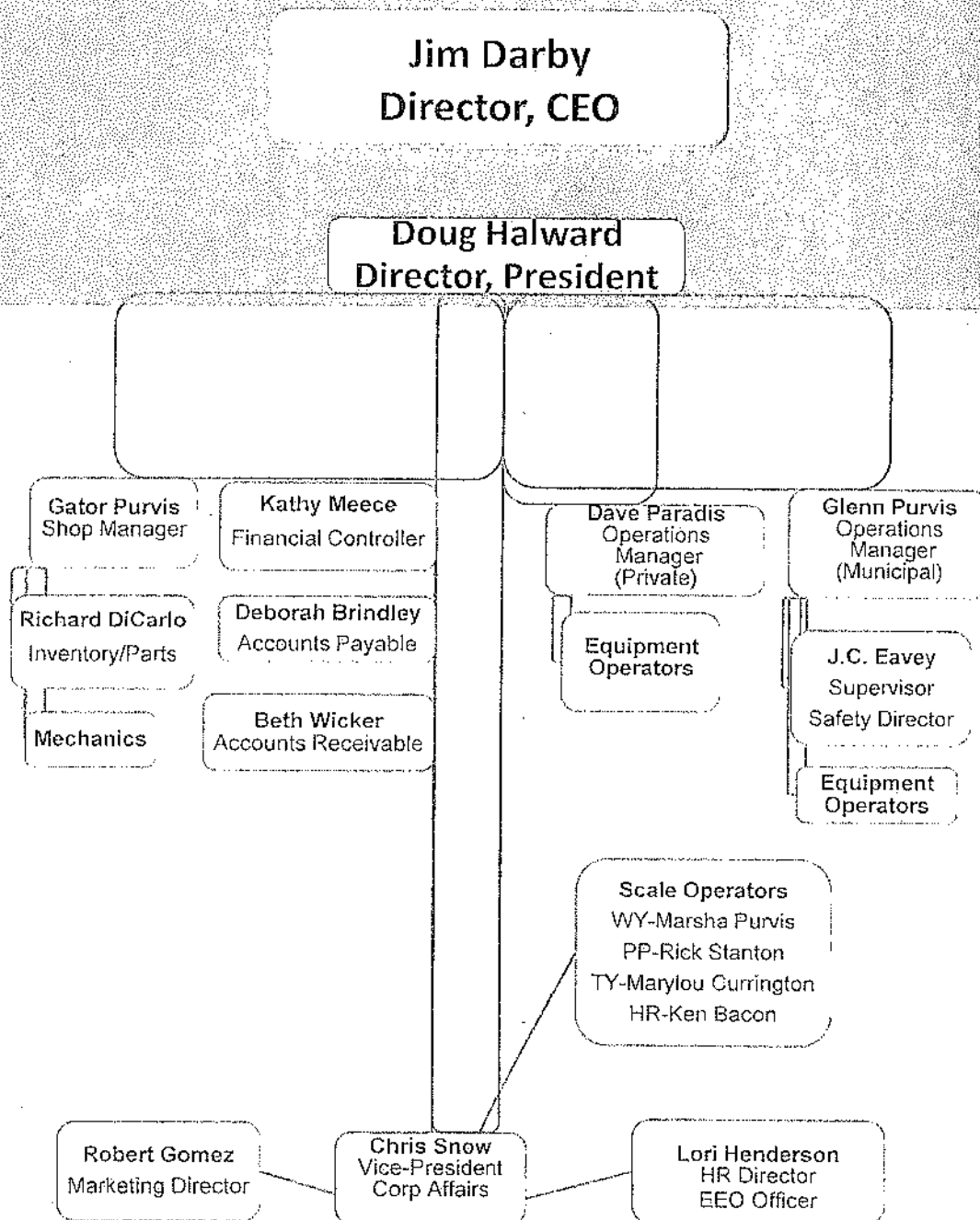
| Report Year | Filed Date |
|-------------|------------|
| 2015        | 03/23/2015 |
| 2016        | 03/02/2016 |
| 2017        | 01/12/2017 |

Document Images

|                                                            |                                          |
|------------------------------------------------------------|------------------------------------------|
| <a href="#"><u>01/12/2017 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>03/02/2016 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>03/23/2015 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>07/10/2014 -- AMENDED ANNUAL REPORT</u></a> | <a href="#">View image in PDF format</a> |
| <a href="#"><u>03/28/2014 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>03/27/2013 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>03/16/2012 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>03/14/2011 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>03/04/2010 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>04/03/2009 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>02/11/2008 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>01/23/2007 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>02/28/2006 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>01/29/2005 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>01/30/2004 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>01/14/2003 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>02/19/2002 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>03/09/2001 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>02/07/2000 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>03/05/1999 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>03/06/1998 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>01/09/1998 -- Name Change</u></a>           | <a href="#">View image in PDF format</a> |
| <a href="#"><u>03/03/1997 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>04/02/1996 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |
| <a href="#"><u>03/15/1995 -- ANNUAL REPORT</u></a>         | <a href="#">View image in PDF format</a> |

# consolidated resource recovery

## Organizational Flow Chart



# **RESUMES OF KEY PERSONNEL AND MANAGEMENT STAFF**

## **Consolidated Resource Recovery, Inc.**

### **Doug Halward President**

Since 1986, Mr. Halward has been actively involved in both the financing and operation of Consolidated Envirowaste Industries, Inc. as a developer and operator of organic waste recycling facilities that produce a saleable product from a variety of organic wastes. In addition to his position as President and Director of Envirowaste, Mr. Halward also is President and Director of *the Answer Garden Products Ltd.*, producer of soil products and amendments. In December 1995, Envirowaste acquired Red River Soils (1991) Ltd. Of Winnipeg, Manitoba, and in June 1996, Kenetech Resource Recovery, Inc. of Florida. Mr. Halward's strategy of growth through acquisition has continued with the addition of Eagle Sanitation Inc., another Florida based business, in November 1996 and Green Cycle of Georgia, Inc. located in Atlanta, Georgia, January 1998. Consolidated Resource Recovery is the name used for the companies located in the southeastern United States. Before forming Envirowaste, Doug Halward enjoyed a 14-year career as a professional hockey player in the National Hockey League.

### **Chris Snow Vice President Corporate Affairs**

Mr. Snow has recently joined CRR after serving over 25 years in the public sector working around municipal solid waste management. Mr. Snow has extensive experience in the areas of yard waste management, collection contract administration, capital program and construction project management, recycling program management, federal and state rules and regulations, commodities and services procurements, disaster debris management and management of personnel. His responsibilities for CRR include management of administrative operations and staff, oversight of municipal contracts, customer relations, strategic planning and special projects. Mr. Snow has a Masters in Urban Planning from the University of Wisconsin – Milwaukee, and currently serves on the Board of Recycle Florida Today, and chair of its Organics Recycling Committee.

**Glenn Purvis**  
**Operations Manager**

Mr. Purvis has over 20 years of experience in the construction industry and managing CRR's Municipal Yard Waste Division. His responsibilities include overseeing all of CRR's municipal contracts and sites, and direct field supervision of crews for municipal and public contracts in west central Florida. He is responsible for a multi-million-dollar investment in specialized equipment, on-site safety briefings and inspections, quality control and field training of personnel. Mr. Purvis' extensive knowledge of yard waste management allows him to be a tremendous resource to our many municipal clients in meeting their yard waste recycling goals in a cost effective manner.

**J.C. Eavey**  
**Safety Manager / Field Operations Supervisor**

Mr. Eavey has been with the Company since 1996 and has been involved in equipment operations and supervision daily. With many years of experience operating heavy equipment, Mr. Eavey can fully utilize his skills. Currently, his responsibilities include our OSHA reporting and compliance, CPR training, the development, maintenance and facilitation of our weekly safety meetings in addition to ensuring the company safety policies are followed. Along with his Safety Management, he directly supervises employees and operations at several sites located on the East and West Coast of Florida. He is responsible for a multi-million-dollar investment in specialized equipment, on-site safety briefings and inspections, quality control and field training of personnel.

**Robert Gomez**  
**Marketing Director**

Mr. Gomez brings 20 years of experience in the operation of transfer stations and yard waste and wood waste recycling to CRR. He is certified in Landfill Gas and Leachate Systems from the University of Florida. Before arriving at CRR he has extensive experience in contract bidding, corporate marketing and landfill management. At CRR, he oversees the marketing and product sales department. This position includes municipal contract bidding and administration; corporate marketing activities, development of new business opportunities; and the development of utilization markets for a wide range of soil, mulch and biomass products derived from processing over one million tons of yard and wood waste per year. He has extensive experience with drywall processing and recovery.

**Kathy Meece**  
**Financial Controller**

Ms. Meece joined CRR in April 2016 and brings 20 years of experience as Controller for privately owned companies doing business in the hi-tech and steel manufacturing, residential construction, convenience stores and commercial property management industries. She manages the daily financial activities including supervisor and support for AR, AP and administration for the company.

## Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Consolidated Resource Recovery, Inc.**

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

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ 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: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ 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) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**3025 Whitfield Avenue**

6 City, state, and ZIP code  
**Sarasota, FL 34243**

7 List account number(s) here (optional)

**Part II Taxpayer Identification Number (TIN)**  
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

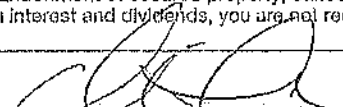
Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

|                                |   |   |   |   |   |   |   |     |
|--------------------------------|---|---|---|---|---|---|---|-----|
| Social security number         |   |   |   |   |   |   |   |     |
|                                |   |   | - |   |   |   |   |     |
| OR                             |   |   |   |   |   |   |   |     |
| Employer identification number |   |   |   |   |   |   |   |     |
| 9                              | 4 | - | 3 | 1 | 5 | 4 | 6 | 7 2 |

**Part III Certification**  
Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here      Signature of U.S. person ▶       Date ▶ **4/15/15**

### General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

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



# consolidated resource recovery

## Company Safety Policies and Procedures

### **Safety in the Workplace**

Safety is everybody's business. Safety is to be given primary importance in every aspect of planning and performing all company activities. Safety violations will be taken seriously, and employees who violate safety rules will be disciplined up to and including termination of employment. We want to protect you against industrial injury and illness, as well as minimize the potential loss of production. You are expected to report safety hazards or dangerous conditions to your Manager immediately. Below are some general safety rules that you are expected to follow. Your Manager or department head may post other safety procedures in your department or work area.

- Ask for assistance when lifting heavy objects or moving heavy furniture. Don't assume that you are expected to do such things alone.
- Avoid "horseplay" or practical jokes.
- Avoid overloading electrical outlets with too many appliances or machines.
- Do not drink alcohol during working hours or report to work under the influence of alcohol.
- Do not use illegal drugs at work or report to work under the influence of illegal drugs.
- Keep cabinet doors and file and desk drawers closed when not in use.
- Keep your work area clean and orderly, and the aisles clear.
- Never empty an ashtray into a wastebasket or open receptacle.
- Operate motorized equipment only if authorized by your immediate Manager.
- Report to your Manager if you or a co-worker becomes ill or is injured.
- Smoke only in designated smoking areas.
- Stack materials only to safe heights.
- Start work on any machine only after safety procedures and requirements have been explained (and you understand them).
- Use flammable items, such as cleaning fluids, with caution.
- Use the right tool for the job, and use it correctly.
- Use stairs one at a time.
- Walk - don't run.
- Watch out for the safety of fellow employees.
- Wear appropriate personal protective equipment, e.g., shoes, hats, gloves, goggles, spats, and hearing protectors etc., in designated areas or when working on an operation that requires their use.
- Wear or use appropriate safety equipment as required in your work.

Remember, failure to adhere to these rules will be considered serious infractions of safety rules and may result in disciplinary action.

Many companies involved in construction have written safety plans for individual safety topics, but few have an umbrella plan to summarize overall safety. This safety policy states Consolidated Resource Recovery's overall view of safety and the tenets of the safety program for our various work sites.

In order to establish and organize good safety policies and procedures, this General Safety Policies and Procedures Written Plan summarizes information regarding safety policies and procedures at this company. The Director Safety & Human Resources is responsible for implementing and updating this plan. The plan is kept in all Policy and Procedure Manuals.

### **General Company Safety Philosophy Statement**

This general company safety philosophy has been developed to reflect and communicate the proactive safety attitude maintained at this company.

The company will comply with appropriate safety and security laws and regulations such as those established by:

- The Occupational Safety and Health Act (OSHA),
- The EPA (Environmental Protection Agency),
- The DOT (Department of Transportation), and
- All other applicable federal, state, and local safety and health regulations.

In addition, our corporate safety philosophy includes the following vision statements:

The company will comply with appropriate safety and security laws and regulations such as those established by OSHA, EPA, DOT, and all other applicable federal, state, and local safety and health regulations.

We believe that the safety of employees is of utmost importance, along with quality, production, and cost-control.

Maintenance of safe operating procedures at all times is of both monetary and human value, with the human value being far greater to the employer, the employee, and the community.

The following principles support this philosophy:

- All injuries and accidents are preventable through establishment and compliance with safe work procedures.
- The prevention of bodily injury and safeguarding of health are the first considerations in all workplace actions and are the responsibility of every employee at every level.
- Written safety plans describing the safe work practices and procedures to be practiced in all workplace actions are an essential element of the overall workplace safety program.

All employees at every level are responsible for knowing and following the safety practices described in the written safety plans. Off the job, all employees should be similarly safe and demonstrate awareness of potential hazards.

### **Types of Written Safety Plans in Place**

Because we care about our employees and strive to provide a safe work place, we have put into place a number of written safety plans. These written plans provide

guidance and direction for the safety issues they cover. The topics covered in written safety plans at this company include the following:

- Accident Reporting and Investigation Plan
- Equipment Operations Procedure for Construction
- Personal Protective Equipment
- Lock Out-Tag Out – Energy Control Program
- Hazard Communication
- CRR Drug-free Workplace
- Employee Driving Record Requirements
- Vehicle Seatbelt use
- Fall Protection Plan for Construction
- Cell Phone Use for Drivers of Commercial Motor Vehicles and Other Vehicles

### **Employer/Employee Responsibilities**

This section lists responsibilities of employers and employees. These responsibilities are to be taken seriously at all times.

Consolidated Resource Recovery Inc.'s paramount obligation is to provide a safe and healthful work environment. This can be achieved through training and information- provision to all levels of employees regarding proper work practices and safe operating practices. Achievement of this goal is to be checked through regular inspections of facilities and equipment where unsafe conditions might be found.

All employees have a responsibility to themselves and to the company for their safety and the safety of the coworkers. All employees are required to:

1. Comply with all federal, state, and local rules and regulations relevant to their work.
2. Observe all company rules and regulations related to the efficient and safe performance of their work.
3. Integrate safety into each job function and live by this philosophy in the performance of job duties.
4. Report or correct unsafe equipment and practices.
5. Report any accidents that occur while on the job.

### **Disciplinary Policy**

All safety rules, procedures, and plans in effect at this company are to be followed. Upon violation of any company safety rule, the violating employee will be penalized. The list of possible disciplinary actions includes:

1. Written reprimand: Corrective Action Notice
2. Time off with-out pay
3. Dismissal/termination of employment

**NOTE:** Upon violation of any company safety rule, the violating employee will be penalized. The severity of the penalty will be in direct correlation to the severity of the safety violation. CRR reserves the right to terminate an employee without prior disciplinary action.

### **Equal Employment Opportunity**

It is our policy to provide equal opportunity in employment, development, and advancement for all qualified persons without regard to color, disability, gender, national origin, race, religion, age, genetic information or other legally protected status.

This policy applies to all areas of employment, including recruitment, hiring, training, and development, promotion, transfer, termination, layoff, compensation, benefits, social and recreational programs, and all other conditions and privileges of employment, in accordance with applicable federal, state, and local laws.

Management is primarily responsible for seeing that equal employment opportunity policies are implemented, but all members of the staff share in the responsibility for assuring that, by their personal actions, the policies are effective and apply uniformly to everyone. Any employees, including Managers, determined to be involved in discriminatory practices are subject to disciplinary action and may be terminated.

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### **Americans with Disabilities Act**

CRR will comply with the relevant and applicable employment provisions of the Americans with Disabilities Act (ADA) and applicable state and local laws. We will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of a person's physical or mental disability.

If you think you will need a reasonable accommodation in order to perform essential job functions, you should inform your manager that you need an accommodation. Employers are required to provide reasonable accommodation only for the physical or mental limitations of a qualified individual with a disability of which they are aware. It is your responsibility to inform CRR that an accommodation is needed. Report any perceived ADA problems or concerns in accordance with the Open Door Policy in this Handbook.

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**Drug Free Workplace Policy, Procedures  
and Substance Abuse Program**

- I. PROGRAM POLICY STATEMENT: Consolidated Resource Recovery has a strong commitment to provide a safe, healthy and productive drug-free workplace. The use of drugs may create a variety of workplace problems, including increased injuries on the job, increased absenteeism, increased financial burden on health and benefit programs, decreased employee morale, decrease productivity and a decline in the quality of service we provide our customers.

This program and its policies apply to all employees of Consolidated Resource Recovery. It applies to all employees who are required to operate a commercial motor vehicle requiring a commercial driver's license, and it also applies to all other employees of Consolidated Resource Recovery.

- II. NOTICE: The written policy shall be distributed to all employees and be made available for review by prospective employees.

III. DEFINITIONS:

A. Legal Drug Use: This includes the use of legally prescribed and over-the-counter drugs. NOTE: Many legal drugs may impair safety and/or job performance. If an employee is taking any drug, it is the employee's responsibility to advise his/her Supervisor if there is any question about its effects on safety and performance.

B. Illegal Drug Use: This includes the use of:

1. Drugs which are illegal under all circumstances.
2. Prescription drugs which have not been legally prescribed, or are not being used pursuant to the physician's orders.
3. Sharing prescription drugs, either sharing your own with another or taking another's prescription drug.

IV. PROHIBITIONS: Consolidated Resource Recovery prohibits the following:

- A. Employees using, possessing or selling, manufacturing or distributing illegal drugs while on "Company time," while performing Company business, while in a Company owned vehicle or piece of equipment or while on Company owned property.
- B. Employees using, selling, manufacturing or distributing alcohol or products containing alcohol while on "Company time," while performing Company business or while on Company owned property.

Exceptions to this rule regarding alcohol may be made for certain Company-sponsored social functions, only if authorized by the President of the Company, or his designee.

V. TESTING:

- A. Urinalysis will be conducted to detect the presence of the following substances:
1. Amphetamines
  2. Cocaine
  3. Marijuana
  4. Opiates

5. Phencyclidine (PCP)
- B. Evidentiary Breath Testing (EBT) will be conducted to detect the presence of the following substance:
1. Alcohol
- C. Testing Occasions:
1. Post-Offer: All employment offers are made on the condition that the applicant must pass a urine drug test. No individual will be put to work before a negative drug test result is received by Consolidated Resource Recovery.
  2. Reasonable Cause: Employees will be tested when there is behavior indicating impairment that could be the result of illegal drug use or alcohol use. Conduct believed to exemplify "reasonable cause" should be witnessed by at least two Supervisors, if at all feasible. If only one Supervisor or Consolidated Resource Recovery Official is available, only one need witness the conduct. No "reasonable cause" testing shall be performed without conferring with the Director of Safety and Human Resources.
  3. Post-Accident: The following circumstances may result in both a urine drug AND breath alcohol test:
    - a. All on-road motor vehicle accidents involving a Company owned or leased vehicle, the driver will be tested. This testing will be conducted regardless of perceived dollar amount of damages.
    - b. A personal injury that results in medical attention either away from or at the scene of the accident, the injured employee will be tested.
    - c. Property damage to a Company owned vehicle or piece of equipment resulting in \$1,000\* or more in estimated damage, the employee most responsible for the damage will be tested.
    - d. Property damage to a third-party's property, motor vehicle or piece of equipment resulting in \$1,000\* or more in estimated damage, the employee most responsible for the damage will be tested.
    - e. In the event of a fatality, all employees working on site may be required to take a urine drug and breathe alcohol test immediately following the accident.
    - f. After any vehicle accident requiring testing as required by the Federal and/or State DOT, the driver will be tested.
- \* The \$1,000 amount will be determined by a minimum of two of the three following people conferring and making a decision: the Director of Safety and Human Resources, the Operations Manager and the Equipment Service Manager.
4. Return to Duty: A program of unannounced testing will be implemented for each employee who returns to work after treatment for substance abuse. The testing may be continued for up to 5 years.
  5. Random: Only those employees who possess a valid CDL, are actively driving a commercial motor vehicle (CMV) on behalf of the Company and are required to be tested by the Federal DOT found in 49 CFR Part 382 will be subject to this testing.



For those mentioned employees, a random drug and alcohol testing program is applicable. Under this portion of the program, employees will be randomly selected and sent for a drug and/or alcohol test. The employee is required to proceed immediately to the testing facility upon notification that they have been selected.

- D. Refusal to Submit to Testing: Any employee who refuses to submit to a drug and/or alcohol test will be considered to have tested positive and will be treated accordingly.
- E. Expenses: Consolidated Resource Recovery shall pay all costs of drug testing, except for any repeat tests requested by an employee, which shall be paid for by the employee. Consolidated Resource Recovery shall pay all costs of alcohol testing.
- F. Urine Collection Procedure: Urine collection shall conform to Department of Health and Human Services (DHHS) specifications, which include:
  - 1. Using trained collectors.
  - 2. Keeping specimens in sight of the donor and collection site person until sealed and ready for shipment.
  - 3. Privacy when providing a specimen except when (as outlined by the Federal DOT Regulations 49 CFR Part 382):
    - ✓ The donor presents a specimen that is outside the temperature range and/or the donor refuses an oral body temperature measurement or if the body temperature measurement varies by more than one degree Celsius from the specimen temperature.
    - ✓ The collector observes the donor attempting to adulterate or substitute the specimen.
    - ✓ The donor previously provided a diluted specimen determined to be "not suitable" for testing by the laboratory.
  - 4. A well-documented chain of custody form.
- G. Laboratory Analysis of Urine: Laboratory analysis shall conform to DHHS specifications and be performed by a DHHS certified lab.
  - 1. All lab results will be reported in writing or electronic means, not telephone, to Consolidated Resource Recovery's Medical Review Officer (MRO).
- H. Breath Alcohol Testing:
  - 1. A certified Breath Alcohol Technician (BAT) will conduct testing in accordance with Federal DOT regulations as outlined in 49 CFR Part 40.
  - 2. A screening test is conducted using an alcohol screening device approved by the National Highway Traffic Safety Administration. If the result is less than 0.02 it is considered NEGATIVE and no further testing is required. If the result of the screening is 0.02 or greater, a second confirmation test must be performed after a waiting period not to exceed 20 minutes.
  - 3. The confirmation-screening test will be conducted using an evidential breath testing (EBT) device approved by the National Highway Safety Administration that prints the result, date and time of the test, a sequential test number and the serial number of the EBT. Employees will be instructed not to eat, drink or place objects or substances in his/her mouth and, to the extent

possible, not belch during the waiting period before the confirmation test.

4. If the result of the confirmation test is 0.02 or greater, the result will be considered POSITIVE.
5. The BAT and employee shall complete an alcohol testing form to ensure results are recorded properly.

- I. Medical Review Officer (MRO): Consolidated Resource Recovery has contracted Employee Health Programs (EHP) and their panel of MROs to service our employees in this area. The MRO shall conduct a final review of all drug test results. The MRO shall be a licensed physician with knowledge of substance abuse disorders and appropriate regulations.

It is important to note that a positive test result does not automatically identify the donor as an illegal drug user. The MRO's primary responsibility is to review and assess test results to determine whether some medical reason exists for a positive test result. The MRO will look for and evaluate alternative medical explanations or system errors that could account for a positive test result.

If after conversation with the donor, the MRO's process results in determining that the employee has in fact tested positive, that result will be reported to the designated Consolidated Resource Recovery official. If after 5 calendar days of being notified to do so, the employee does not contact the MRO, the MRO shall report the result as positive to the designated Consolidated Resource Recovery official.

#### VI. COMPANY ACTION:

- A. Applicants: Those individuals who test positive will be refused employment and may not re-apply for 6 months.
- B. Employees: Those employees who test positive will be terminated and referred to a Substance Abuse Professional (SAP) for evaluation.
- C. The Company reserves the right to suspend any employee pending the confirmed result of a drug and/or alcohol test that has been given for any reason. If the test result is confirmed negative, the employee will be returned to work and paid for the time they were suspended. If the confirmed result is positive, the employee will be terminated and will not be paid for the time they were suspended. The suspension may last as long as it takes to receive a confirmed test result.

#### VII. POST- POSITIVE PROCEDURE:

"Test Positive / Positive Test": this term applies to both alcohol and drug tests. In a drug test situation, the term means a confirmed positive result as reported by the MRO. In an alcohol test situation, this term means a confirmation test resulting in a confirmed level of 0.02 or greater as reported by the BAT.

Any employee, who tests positive on a drug and/or alcohol test, will be terminated. For the purposes of this policy, "terminated" is defined as: end of employment, no longer an employee of, fired.

Employees who test positive for illegal drugs and/or alcohol are required to undergo an evaluation by a SAP, and must follow any rehabilitation program recommended by that professional. Regardless of any prescribed rehabilitation program, any employee who tests positive shall remain terminated for a mandatory 30 calendar days.

#### 6 Steps to Be Completed To Be Considered For Re-Hire After a Positive Result

1. The terminated individual must meet with a Substance Abuse Professional (SAP) within 14 calendar days of being terminated. This meeting must be documented, and it must be mailed or faxed to the Safety & Human Resource Department within 14 calendar days of the employee being terminated.

If the individual fails to have this meeting or fails to supply proper documentation within 14 calendar days, the individual will no longer be eligible for re-hire at that time. The individual will have to wait 6 months before re-applying, at which time they will have to complete the remaining 5 steps.

2. The terminated individual must provide the Safety & Human Resource Department with written certification from a SAP stating that the individual has successfully completed any rehabilitation that was prescribed, and that the individual is, in their professional opinion, able to return to work.

3. The terminated individual must undergo a drug and/or alcohol test conducted by Consolidated Resource Recovery or its representative and have a confirmed negative result.

4. The terminated individual must obtain the approval of the Safety & Human Resource Department.

5. There must be work available.

6. The terminated individual must sign a Return to Work Agreement.

These 6 Steps are required to be considered for re-hire.

The completion of these 6 Steps does not guarantee employment.