



## LEGAL NOTICE

AND

### INVITATION TO BID B033-25

The Brownsville Public Utilities Board will accept sealed bids for Road Service to include Automobile Tires, **until 5:00 PM, March 12, 2025** in the Brownsville PUB Purchasing Office, 1155 FM 511, Olmito, Texas. Bids received after this time will not be considered.

Bid will be opened on March 13, 2025 at 10:00 AM. Firms are invited to call (956) 214-6020 to listen to the bid opening. Bid tabulation can be requested by emailing [riflores@brownsville-pub.com](mailto:riflores@brownsville-pub.com).

Detailed specifications may be obtained at Brownsville Public Utilities Board at the following web site <http://www.brownsville-pub.com/rfp status/open/>

Two sets of the bid documents shall be enclosed in a sealed envelope and shall be plainly marked on the **outside of the envelope and on any carrier's envelope**: "B033-25 SEALED BID FOR ROAD SERVICE TO INCLUDE AUTOMOBILE TIRES, MARCH 12, 2025, 5:00 PM", and send to the attention of Diane Solitaire, Purchasing Department, 1155 FM 511, Olmito, Texas 78575.

The Brownsville Public Utilities Board will not be responsible in the event that the U.S. Postal Service or any other courier system fails to deliver the sealed bids to the Brownsville Public Utilities Board, Purchasing Office by the given deadline above. **No bids will be accepted via facsimile or electronic transmission.**

The Brownsville PUB reserves the right to reject any or all bids and to waive irregularities contained therein and to accept any bid deemed most advantageous to the Brownsville PUB.

BY: ***Diane Solitaire***  
Purchasing  
Brownsville Public Utilities Board  
(956) 983-6366 - Phone

**Please submit this page upon receipt.**  
**Acknowledgement Form**  
B033-25 Road Service to include Automobile Tires

For any clarifications, please contact Rick Flores at Brownsville PUB Purchasing Department at (956) 983-6368 or via e-mail: [riflores@brownsville-pub.com](mailto:riflores@brownsville-pub.com)

Please e-mail this page upon receipt of the legal notice. If you only received the legal notice and you want the package mailed, please provide a method of shipment with account number in the space designated below.

Check one:

☐ **Yes, I will be able to send a bid; obtained bid package from website.**

☐ **Yes, I will be able to send a quote; please email the package.**

Email: \_\_\_\_\_

☐ **Yes, I will be able to send a quote; please mail the package using the carrier & account number listed below:**

Carrier: \_\_\_\_\_

Account: \_\_\_\_\_

☐ **No, I will not be able to send a quote for the following reason:**

\_\_\_\_\_  
\_\_\_\_\_

If you are unable to send your response, kindly indicate your reason for "No quote" above and return this form **via email to:** [riflores@brownsville-pub.com](mailto:riflores@brownsville-pub.com). This will ensure you remain active on our vendor list.

Date \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Special Instructions

### *Contract Information*

- **Interpretation**

Questions concerning terms, conditions and technical specifications should be directed to:

Rick Flores  
Purchasing Buyer  
(956) 983-6368

or Diane Solitaire  
Purchasing & Materials Manager  
(956) 983-6366

- **Tentative Timeline**

1. February 24, 2025 to March 12, 2025 Vendors work on bids.
2. March 12, 2025 before 5:00 PM - Vendor must submit **two sets of documents sealed in an envelope to: PLEASE MARK “ORIGINAL” AND “COPY”**

Diane Solitaire, Purchasing  
1155 FM 511  
Olmito, Texas 78575

Bid B033-25 Road Service to include Automobile Tires  
Due March 12, 2025 by 5:00 PM

*The above noted information must be included on bid envelope and on any carrier's envelope/package. The Brownsville Public Utilities Board **will not be held responsible for missing, lost or late mail.** Brownsville Public Utilities Board will not accept facsimile or electronic transmission of sealed bids.*

3. March 13, 2025 Open bids at 10:00 AM
4. March 14, 2025 through March 21, 2025 Evaluate bids
5. March 24, 2025 Provide Final Recommendation
6. April 14, 2025 send to Utilities Board for approval

- **Or Equal**

Brand name or manufacturer's reference used in this request is descriptive – not restrictive- it is intended to indicate type and quality desired. Only **domestic brands** of like nature and quality will be considered. **If bidding other than referenced specifications please provide complete descriptive information of said article.**

- **Pricing**

Submit unit price on quantity specified, extend and show total. In case of errors in extension, unit prices shall govern. In the event of a calculation or math error on the Bid Pricing Form, the non-calculated values shall govern and the BPUB will re-calculate a corrected total. **Price shall remain in effect for one (1) year from issuance of purchase order.**

All fields (UNIT PRICE, TOTAL PRICE, MANUFACTURER, PART #) in the specification pages must be filled. The data must be completed to identify the tire brand.

- **Vendor Representative**

The successful vendor agrees to send a personal representative with binding authority for the company to the Brownsville Public Utilities Board upon request to make adjustments and/or assist with coordination of all transactions as needed.

- **Quality of Products**

All items must be new, in first class condition, including containers suitable for shipment and storage. No substitutions in standard grades or lesser quality will be accepted.

- **Minimum Qualifications**

1. Vendor must have three (3) years of experience providing replacement tires and roadside tire services to customers with similar requirements in the Statement of Work Attachment as demonstrated by providing:

- 1.1 Three (3) previous customer references that demonstrate the vendor's ability to provide the products and/or services required by this bid. Use the Previous Customer Reference Worksheet, as a part of the bid package. One of which is preferred to be a Public Agency (City, County, State, Federal). **There is only one copy of the Previous Customer Reference Worksheet in the bid package. Bidders are required to copy the form to meet this requirement.**

- **Evaluation of Bids**

The BPUB will evaluate bid submittals according to the following general criteria:

1. Responsibility – The vendor must be a person, Firm or corporation that has the capability to perform all of the requirements herein and who is a manufacturer, or who is representing manufacturers that have an operating manufacturing plant adequate to assure delivery of all product within the time specified under this Contract; has adequate engineering and service personnel to satisfy any engineering or service problems that may arise during the warranty period; and has the necessary facilities and financial resources to complete the contract within the required time.
2. Responsiveness – Bids will be examined to ensure that the vendor has submitted both the required documentation and is responsive to the technical specifications.

3. Bid Sheets Preparation/Instructions to Vendors – Vendors must submit bid pricing using Attachment, Bid Pricing Form. “Unit Price” is the bid price for each item. “Extended Price” is the extension of the estimated quantities multiplied by the “Unit Price”. Each line-item extended price is to be entered in the space provided. Vendors are cautioned to check bid price entries for correctness of unit prices, extended prices and total prices.

- **Determining Factors for Award**

1. Net price on bid items; lowest responsive, responsible overall bid total
2. Stock availability
3. Reputation of brand names offered
4. Reputation of the bidder
5. Delivery
6. Safety record will be considered when determining the responsibility of the vendor
7. Local preference and acceptable cash discounts will be applied to the bid prices to determine the apparent low bidder

\*NOTE: the listing above is in no particular order of importance; please use only as reference.

- **Contract with Vendor/Entity Indebted to BPUB**

It is a policy of the BPUB to refuse to enter into a contract or other transaction with an individual, sole proprietorship, joint venture, Limited Liability Company or other entity indebted to BPUB.

- **Vendor ACH (Direct Deposit) Services**

The BPUB has implemented a payment service for vendors by depositing the payment directly to the vendor’s bank account. Successful vendor(s) will be required to receive payments directly through Automated Clearing House (ACH) in lieu of a paper check. **Vendor must agree to receive payment via ACH (Direct Deposit).**

- **Tax Identification Number (TIN)**

In accordance with IRS Publication 1220, aW9 form, or a W8 form in cases of a foreign vendor, will be required of all vendors doing business with the Brownsville PUB. If a W9 or W8 form is not made available to Brownsville PUB, the first payment will be subject to income tax withholding at a rate of 28% or 30% depending on the U.S. status and the source of income as per IRS Publication 1220. **The W9 or W8 form must be included with bid response.** Attached are sample forms.

- **Taxes**

The Brownsville Public Utilities Board is exempt from Federal Excise Tax, State Tax and Local taxes. Do not include tax. If it is determined that tax was included, it will not be

included in the tabulation or any awards. Tax exemption certificates will be furnished upon request.

- **Signing of Bid**

**Failure to sign bid will disqualify it.** Person signing bid should show title or authority to bind their Firm to a contract.

- **EEOC Guidelines**

During the performance of this contract, the contractor agrees not to discriminate against any employee or applicant for employment because of race, national origin, age, religion, gender, marital or veteran status or physically challenged condition.

- **As Needed Basis**

Quantities are estimated for an annual supply. The Brownsville Public Utilities Board has the right to increase or decrease quantities as deemed necessary.

- **Award of Contract**

BPUB expects to make awards based on the following Option: Road Service to include Automobile tires.

- **Contract and Purchase Order**

The services shall be performed in the City of Brownsville and surrounding area. A contract for the road service to include automobile tires will be placed into effect by means of a purchase order issued by Brownsville Public Utilities Board after tabulation and final approval by the Board.

- **Brownsville Public Utilities Board Rights**

- If only one or no bid is received by "submission date", the BPUB has the right to reject, re-bid, accept and/or extend the bid by up to an additional two (2) weeks from original submission date.
- The right to reject any/or all bids and to make awards as they may appear to be advantageous to the Brownsville Public Utilities Board. The bidder must indicate "all or none" in the bid if the above-stated condition is not acceptable.
- The right to hold bid for 90 days from submission date without action, and to waive all formalities in bidding.
- The right to extend the total bid quote beyond the original 90-day period prior to an award if agreed upon in writing by both parties and if low bid holds firm.
- The right to terminate all or any part of the undelivered portion of any order resulting from this solicitation within thirty (30) days written notice; upon default

by the Vendor, for delay or non-performance by the Vendor, or if it is deemed in the best interest of the Utilities for convenience.

- In bid, stipulate whether an increase or decrease in quantities will affect bid price.

- **Corrections**

Any interpretation, correction, or change to the invitation to bid will be made by ADDENDUM. Changes or corrections will be issued by the Brownsville PUB Purchasing Department. **Addenda will be emailed to all who have returned the Bid Acknowledgement form.** Addenda will be issued as expeditiously as possible. It is the responsibility of the vendors to determine whether all addenda have been received. It will be the responsibility of all respondents to contact the Brownsville PUB prior to submitting a response to the invitation to bid to ascertain if any addenda have been issued, and to obtain any all addenda, execute them, and return addenda with the response to the invitation to bid. Addenda may also be posted on BPUB's web page.

- **Insurance Requirements**

Brownsville PUB, in its sole discretion, may require at Vendor's expense certain insurance guaranteeing performance and payment of the services to be provided hereunder and may require at Vendor's expense to maintain in force certain types of insurance during the time services are being performed and to name Brownsville PUB together with their board members and employees as additional insureds on all required insurance policies except worker's compensation. Insurance must be underwritten by companies acceptable to Brownsville PUB and authorized to do business in the State of Texas. Insurance Certificate(s) shall provide for 30 days advance notice to Brownsville PUB of any policy cancellation. True and correct copies must be filed with Brownsville PUB prior to the commencement of performing service hereunder.

- Vendor shall carry insurance in the following amounts:

1. Comprehensive General Liability
  - a. Bodily Injury \$1,000,000 each occurrence
  - b. Property Damage \$1,000,000 each occurrence
2. Personal Injury Coverage \$1,000,000
3. Worker's Compensation As required by Law
4. Comprehensive Automobile Liability Insurance (applicable to owned, non-owned and hired vehicles)
  - a. Bodily Injury \$50,000 each person, \$500,000 combined single limit each occurrence
  - b. Property Damage \$1,000,000 each occurrence

All insurance in the above amounts shall name both Vendor and Brownsville PUB as insured.

Certificates showing that Vendor has and continues to protect itself and Brownsville PUB by means of such insurance shall be provided to the Brownsville PUB upon request at any time during contract period.

BPUB requires that companies affording insurance coverage have a rating of A-or better and a Financial Size Category rating of VII or better, as rated in the A.M. Best Key Rating Guide for Property and Casualty Insurance Companies.

An original completed Certificate of Insurance stating the types of insurance and policy limits provided by the Vendor must be received prior to commencement of any work. The original Certificate(s) of Insurance shall be delivered to the BPUB and must be completed by an agent authorized to bind the named underwriter and their company to the coverage and limits.

**The Vendor shall also require all subcontractors performing work on the project or who may enter upon the work site to maintain the same insurance requirements listed above.**

If Vendor fails to maintain the aforementioned insurance, BPUB may obtain such insurance, and deduct and retain the amount of the premiums for such insurance from any sums due under the agreement; however, procuring of said insurance by BPUB is an alternative to other remedies the BPUB may have, and is not the exclusive remedy for failure of Vendor to maintain said insurance or secure such endorsement. BPUB shall also have the right to order Vendor to stop work and/or withhold any payment(s) that becomes due to Vendor until Vendor complies with the requirements hereof.

It is agreed that Vendor's insurance shall be deemed primary with respect to any insurance carried by BPUB for liability arising out of operations under this Agreement.

The BPUB retains the right to request an increase (for good cause and upon reasonable notice to Vendor), or reduce the amounts, or alter the types of insurance to be required by the BPUB.

**NOTE: CERTIFICATE OF INSURANCE NOTING BPUB REQUIREMENTS MUST BE SUBMITTED TO BPUB PRIOR TO COMMENCING WORK.**

- **Location and Delivery**

The Vendor agrees to provide services to various locations in and around Brownsville, Texas only upon receipt of a duly signed and approved purchase order/release issued by BPUB. Services provided without such documentation shall be at the vendor's risk.

The Vendor will be responsible for all costs associated with road service repairs and automobile tires. In the event of special or expedited orders where incremental transportation or shipping



fees are incurred by vendor, those incremental freight charges shall be added as a separate line item to the invoice submitted.

The successful Vendor shall authorize immediate replacement of any item that has been damaged in transit.

**Special Instructions:**

- **IF YOU ARE NOT BIDDING ON THE SPECIFIED BRAND NAME AND PART NUMBER, PLEASE PROVIDE US WITH THE “CUT SHEET” FROM THE PRODUCT YOU ARE SUBMITTING.**
- **PLEASE MARK THE “CUT SHEETS” WITH THE ITEM NUMBER FOR REFERENCE.**

**Services/materials must be provided as requested and be billed as such.** The noted quantities are based on an annual usage, the Purchase Order quantities are subject to BPUB’s right to increase or decrease as deemed necessary. Stipulate below, if an increase or decrease in quantity affects price:

( ) Yes, an increase or decrease in quantity affects price

( ) No, an increase or decrease in quantity will not affect price.

This contract shall be for a period of twelve (12) months beginning from the date of purchase order, and price shall remain firm throughout term of contract.

Company Name: \_\_\_\_\_

Authorized Company Representative: \_\_\_\_\_  
Print

Authorized Company Representative: \_\_\_\_\_  
Signature (Failure to sign will disqualify bid)

Company Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

## **Statement of Work**

### **General**

1. Road services must be available 24 hours, 7 days a week, 365 days a year (including Holidays)
2. Road services to include tire mounting/dismounting and flat tire repairs
3. Where feasible, tire balancing must be performed
3. Service calls to be provided within 1 hour of notification from the BPUB. If it will take more than 1 hour to respond, BPUB must be notified.
4. All passenger and light truck tires to be patched internally (no plugs)
5. All repairs and services shown to be defective due to poor workmanship should be covered at the vendor's expense.
6. All workmanship to be warranted for one (1) year separate from parts/materials manufacturer warranty. Parts/materials warranties shall be handled by installing vendor.
7. The BPUB shall have the option to supply vendor with the tires.

## **Bid Pricing Form**

1. The quantity shown on the Bid Pricing Form represents the BPUB's estimated annual usage per 12-month period.
2. The initial term of the contract shall be from the date of award of contract for one (1) year with the option to renew for 2 additional one-year periods if price and services are satisfactory and agreed upon in writing by both parties.
3. Only prices that appear on BPUB Contract Bid sheets will be considered. No other pages with prices, no attached price lists (except those requested) and no catalog prices will be considered.
4. In the event the approved model is no longer available, a comparable model from the same manufacturer, meeting or exceeding all specifications shall be provided at the same price.
5. Do not include sales tax in the bid price. The Brownsville PUB is a tax-exempt entity. A tax exempt certificate can be provided upon request.
6. FOB destination only. All shipping and handling charges shall be included in the bid price.
7. Consideration for local preference and prompt payment discounts will be applied by the BPUB as applicable to determine the overall low bid for award purposes.

ITEM #	ANNUAL QTY.	DESCRIPTION (DOMESTIC BRAND)	UNIT PRICE	EXTENDED COST	MFG	PART NUMBER
1	50	TIRE, 245/70R17, BFGOODRICH P/N 34695 OR EQUAL				
2	50	TIRE, 245/70R17AT, BFGOODRICH P/N 67462 OR EQUAL				
3	12	TIRE P235-75R15 BFGOODRICH P/N 84087 OR EQUAL				
4	8	TIRE, 235/70R16, 106T BFGOODRICH P/N 127137 OR EQUAL				
5	25	TIRE, 235/85R16, FIRESTONE P/N 189-718 OR EQUAL				
6	20	TIRE, LT235/85R16AT FIRESTONE P/N #189-633 OR EQUAL				
7	4	TIRE 11L-16 FIRESTONE OR EQUAL				
8	30	TIRE, 11R-22.5 T559 FIRESTONE P/N 290-491 OR EQUAL				
9	50	TIRE, LT265/70R17 MUD/TERRAIN BFGOODRICH P/N 169218 OR EQUAL				
10	4	TIRE, 385/65R22.5, FIRESTONE P/N 294-586 OR EQUAL				
11	8	TIRE, 315/80R22.5 16 PLY, T819 FIRESTONE P/N 157-147 OR EQUAL				
12	4	TIRE, 245/75R22.5 HWY RADIAL BRIDGESTONE P/N 292-869 OR EQUAL				

	ANNUAL QTY.	DESCRIPTION (DOMESTIC BRAND)	UNIT PRICE	EXTENDED COST	MFG		PART NUMBER
13	15	TIRE, 225.70R19.5 MUD GRIP, BRIDGESTONE P/N 299-839 OR EQUAL					
14	10	TIRE, 225/70R19.5 HWY, R250F BRIDGESTONE P/N 153-028 OR EQUAL					
15	70	TIRE, 11-22.5 MUD GRIP, T831 FIRESTONE P/N 281-557 OR EQUAL					
16	15	TIRE, 21L-24 BACKHOE, ALL TRACTION UTILITY. P/N 328-480 OR EQUAL					
17	15	TIRE, 14.5 X 75-16.1 BACKHOE TIRE, FIRESTONE P/N 321-567 OR EQUAL					
18	25	TIRE, 12.5/80-18 BACKHOE TIRE, P/N HT94009633 OR EQUAL					
19	6	TIRE, LT 265/75R16 AT FIRESTONE OR EQUAL					
20	12	TIRE, LT265/75R16 MUD/TERRAIN FIRESTONE P/N 223-589 OR EQUAL					
21	4	TIRE, 295/75 R22.5 REAR TRACTION FIRESTONE FD-663OR EQUAL					
22	6	TIRE, 295/75 R.22.5 FRONT STEER FIRESTONE FS-560 OR EQUAL					
23	8	TIRE, TRAILER 12-PLY CARLISLE TRAC CHIEF OR EQUAL					

	ANNUAL QTY.	DESCRIPTION (DOMESTIC BRAND)	UNIT PRICE	EXTENDED COST	MFG	PART NUMBER
24	2	TIRE 425/65R22.5 20 FRONT FIRESTONE T839				
25	4	TIRE 12R 22.5TIRE 12R FIRESTONE				
26	10	TIRE ST235/85R 16/12 128/24L #72985				
27	2	TIRE 20.5/R25 BRIDGESTONE PART #26337 VKT L-2				
28	20	TIRE, TRAILER ST215/75 R17.5 LOAD RANGE H 16-PLY				
29	20	TIRE, TRAILER ST235/80 R16 LOAD RANGE H 16-PLY				
30	20	TIRE, TRAILER ST235/75R17.5 LOAD RANGE J 16-PLY				
31	20	TIRE, TRAILER ST235/85R16 LOAD RANGE H 16-PLY				
32	20	TIRE, TRAILER ST215/75R17.5 LOAD RANGE H 16-PLY				

**SUB-TOTAL FOR BID PRICING ON TIRES** indicated in words: \_\_\_\_\_

\_\_\_\_\_

**Bid Pricing Form**  
**B033-25 Road Services to include Automobile Tires**

	DESCRIPTION	QTY.	UNIT PRICE	EXTENDED PRICE
	<b>TIRE MOUNTING/DISMOUNTING (NEW &amp; USED)</b>			
1	Sizes (all plys) up to -16.5" diameter	200		
2	Sizes (all plys) 17.0" – 22.0" diameter	100		
3	Sizes (all plys) 22.5" – 24.5" diameter	100		
4	Sizes (all plys) 25.0" – and up	100		
5	Wheel spin balancing (Passenger/Light Truck)	500		
	<b>FLAT REPAIR</b>			
6	Passenger Car Tires	50		
7	Light Truck Tires (all plys)	100		
8	Medium/Heavy Truck Tires (all plys)	200		
9	Off Road Tires	50		
10	Off Road Loader Tires	30		
	<b>PASSENGER CARS AND LIGHT TRUCKS</b>			
11	Tire disposal fee	1000		
12	Truck Tire Casings (amount credited per casing)	500	<\$ >	<\$ >
	<b>HEAVY TRUCKS</b>			
13	Tire disposal fee	150		
14	Wheel spin balancing (Heavy Trucks)	100		
15	Truck tire casings (amount credited per casing)	100	<\$ >	<\$ >
16	<b>SUB-TOTAL – ROAD SERVICE</b>			
17	Cash discount for early payment (within 21 days)		%	< >

	DESCRIPTION	QTY.	UNIT PRICE	EXTENDED PRICE
18	TOTAL FOR BID PRICING ROAD SERVICES (LINES 16-17)			
19	GRAND TOTAL FOR BID PRICING Road Service to include Tires			
20	ADDITIONAL INFORMATION			
21	Minimum service charge per call			

**SUB-TOTAL FOR BID PRICING ON ROAD SERVICE** indicated in words: \_\_\_\_\_

\_\_\_\_\_

**GRAND TOTAL BID PRICING – ROAD SERVICE TO INCLUDE TIRES** indicated in words: \_\_\_\_\_

\_\_\_\_\_ Dollars and \_\_\_\_\_ cents

(\$ \_\_\_\_\_)



## REQUIRED FORMS CHECKLIST

The following documents are to be submitted as a part of the Bid/RFP/RFQ document

NAME	FORM DESCRIPTION	SUBMITTED WITH BID	
		YES	NO
Required Forms (if applicable)	Acknowledgement Form	<input type="checkbox"/>	<input type="checkbox"/>
	Debarment Certificate	<input type="checkbox"/>	<input type="checkbox"/>
	Ethic Statement	<input type="checkbox"/>	<input type="checkbox"/>
	Conflict of Interest Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
	W9 or W8 Form	<input type="checkbox"/>	<input type="checkbox"/>
	Direct Deposit Form (Will be provided to the awarded Firm)	<input type="checkbox"/>	<input type="checkbox"/>
	Residence Certification Form	<input type="checkbox"/>	<input type="checkbox"/>
	House Bill 89 Form	<input type="checkbox"/>	<input type="checkbox"/>
	Senate Bill 252 Form	<input type="checkbox"/>	<input type="checkbox"/>
	Byrd Anti-Lobbying Certification Form	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions (if applicable)	Bid Schedule/Cost sheet completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
	Cashier Check or Bid Bond of 5% of Total Amount of Bid	<input type="checkbox"/>	<input type="checkbox"/>
	OSHA 300 Log	<input type="checkbox"/>	<input type="checkbox"/>
	Contractor Pre-Bid Disclosure completed, signed and notarized	<input type="checkbox"/>	<input type="checkbox"/>
	Sub-Contractor Pre-Bid Disclosure completed, signed, and notarized	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
References	Complete the Previous Customer Reference Worksheet for each reference provided	<input type="checkbox"/>	<input type="checkbox"/>
Addenda		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**ETHICS STATEMENT (THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED WITH BID RESPONSE)**

The undersigned bidder, by signing and executing this bid, certifies and represents to the Brownsville Public Utilities Board that bidder has not offered, conferred or agreed to confer any pecuniary benefit, as defined by (1.07 (a) (6) of the Texas Penal Code, or any other thing of value as consideration for the receipt of information or any special treatment of advantage relating to this bid; the bidder also certifies and represents that the bidder has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this bid, the bidder certifies and represents that bidder has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the Brownsville Public Utilities Board concerning this bid on the basis of any consideration not authorized by law; the bidder also certifies and represents that bidder has not received any information not available to other bidders so as to give the undersigned a preferential advantage with respect to this bid; the bidder further certifies and represents that bidder has not violated any state, federal, or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that bidder will not in the future offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the Brownsville Public Utilities Board in return for the person having exercised their person's official discretion, power or duty with respect to this bid; the bidder certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any officer, trustee, agent, or employee of the Brownsville Public Utilities Board in connection with information regarding this bid, the submission of this bid, the award of this bid or the performance, delivery or sale pursuant to this bid.

**THE VENDOR SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE BROWNSVILLE PUBLIC UTILITIES BOARD, ALL OF ITS OFFICERS, AGENTS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, ACTIONS, SUITS, DEMANDS, PROCEEDING, COSTS, DAMAGES, AND LIABILITIES, ARISING OUT OF, CONNECTED WITH, OR RESULTING FROM ANY ACTS OR OMISSIONS OF CONTRACTOR OR ANY AGENT, EMPLOYEE, SUBCONTRACTOR, OR SUPPLIER OF CONTRACTOR IN THE EXECUTION OR PERFORMANCE OF THIS BID.**

I have read all of the specifications and general bid requirements and do hereby certify that all items submitted meet specifications.

COMPANY: \_\_\_\_\_  
AGENT NAME: \_\_\_\_\_  
AGENT SIGNATURE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ TELEFAX: \_\_\_\_\_  
FEDERAL ID#: \_\_\_\_\_ AND/OR SOCIAL SECURITY #: \_\_\_\_\_

**DEVIATIONS FROM SPECIFICATIONS IF ANY:**

**NOTE: QUESTIONS AND CONCERNS FROM PROSPECTIVE CONTRACTORS SHOULD BE RAISED WITH OWNER AND ITS CONSULTANT (IF APPLICABLE) AND RESOLVED IF POSSIBLE, PRIOR TO THE BID SUBMITTAL DATE. ANY LISTED DEVIATIONS IN A FINALLY SUBMITTED BID MAY ALLOW THE OWNER TO REJECT A BID AS NON-RESPONSIVE.**

CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY  
MATTERS (Complete and Return this form with Bid)

Name of Entity: \_\_\_\_\_

The prospective participant certifies to the best of their knowledge and belief that they and their principals:

Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency:

Have not within a three year period preceding this proposal been convicted of, had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, Local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, Local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Section 1001, a false statement may result in a fine up to a \$10,000.00 or imprisonment for up to five (5) years, or both.

\_\_\_\_\_  
Name and Title of Authorized Representative (Typed)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

(THIS FORM MUST BE INCLUDED WITH BID RESPONSE)

<b>CONFLICT OF INTEREST QUESTIONNAIRE</b> For vendor doing business with local governmental entity		<b>FORM CIQ</b>
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>		<b>OFFICE USE ONLY</b>
<b>1</b> Name of vendor who has a business relationship with local governmental entity.		Date Received
<b>2</b> <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)		
<b>3</b> Name of local government officer about whom the information is being disclosed.  _____ Name of Officer		
<b>4</b> Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.  <div style="text-align: center; margin-top: 20px;"><p>A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?</p><div style="display: flex; justify-content: center; gap: 50px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div><p style="margin-top: 20px;">B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?</p><div style="display: flex; justify-content: center; gap: 50px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>		
<b>5</b> Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.		
<b>6</b> <input type="checkbox"/> Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).		
<b>7</b>  <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>_____ Signature of vendor doing business with the governmental entity</div><div>_____ Date</div></div>		

## FORM CIQ

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED WITH PROPOSAL RESPONSE**

<b>CONFLICT OF INTEREST QUESTIONNAIRE</b> For vendor doing business with local governmental entity		<b>FORM CIQ</b>
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>		<b>OFFICE USE ONLY</b>  Date Received
<b>1</b>	Name of vendor who has a business relationship with local governmental entity.	
<b>2</b>	<input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)	
<b>3</b>	Name of local government officer about whom the information is being disclosed.  _____ Name of Officer	
<b>4</b>	<p>Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.</p> <p style="margin-left: 40px;">A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?</p> <p style="margin-left: 100px;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p style="margin-left: 40px;">B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?</p> <p style="margin-left: 100px;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	
<b>5</b>	Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.	
<b>6</b>	<input type="checkbox"/> Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).	
<b>7</b>	_____ Signature of vendor doing business with the governmental entity	
_____ Date		

**BROWNSVILLE PUBLIC UTILITIES BOARD**  
**RESIDENCE CERTIFICATION**

In accordance with Art. 601g, as passed by the 1985 Texas Legislature, the following will apply. The pertinent portion of the Act has been extracted and is as follows:

Section 1. (a)

(1) "Nonresident bidder" means a bidder whose principal place of business is not in this state, but excludes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

(2) "Texas resident bidder " means a bidder whose principal place of business is in this state, and includes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

Section 1. (b)

The state or governmental agency of the state may not award a contract for general construction, improvements, services, or public works projects or purchases of supplies, materials or equipment to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located.

I certify that \_\_\_\_\_ (Company Name) is a **resident Texas bidder** as defined in Art. 601g.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

I certify that \_\_\_\_\_ (Company Name) is a **nonresident bidder** as defined in Art. 601g. and our principal place of business is:

\_\_\_\_\_  
(City and State)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Previous Customer Reference Worksheet

Name of Customer:		Customer Contact:
Customer Address:		Customer Phone Number:
		Customer Email:
Name of Company Performing Referenced Work:		

What was the Period of Performance?		What was the Final Acceptance Date?
From:		
To:		
Dollar Value of Contract?		What Type of Contract?
\$ _____		<input type="checkbox"/> Firm Fixed Price <input type="checkbox"/> Time and Material <input type="checkbox"/> Not to Exceed <input type="checkbox"/> Cost Plus Fixed Fee <input type="checkbox"/> Other, Specify: _____

[illegible]

**Request for Taxpayer  
Identification Number and Certification**

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

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

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

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

<b>Social security number</b>	
	-  -
<b>or</b>	
<b>Employer identification number</b>	
	-

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	<b>Signature of U.S. person</b>	<b>Date</b>
------------------	---------------------------------	-------------

**General Instructions**

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

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

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Form **W-8BEN-E**

(Rev. October 2021)

Department of the Treasury  
Internal Revenue Service**Certificate of Status of Beneficial Owner for  
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.  
► Go to [www.irs.gov/FormW8BENE](http://www.irs.gov/FormW8BENE) for instructions and the latest information.  
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Do NOT use this form for:**

- U.S. entity or U.S. citizen or resident . . . . . W-9
- A foreign individual . . . . . W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) . . . . . W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) . . . . . W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) . . . . . W-8IMY

**Instead use Form:****Part I Identification of Beneficial Owner**

<b>1</b> Name of organization that is the beneficial owner	<b>2</b> Country of incorporation or organization																																						
<b>3</b> Name of disregarded entity receiving the payment (if applicable, see instructions)																																							
<b>4</b> Chapter 3 Status (entity type) (Must check one box only): <table border="0"><tr><td><input type="checkbox"/> Simple trust</td><td><input type="checkbox"/> Tax-exempt organization</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Partnership</td></tr><tr><td><input type="checkbox"/> Central Bank of Issue</td><td><input type="checkbox"/> Private foundation</td><td><input type="checkbox"/> Complex trust</td><td><input type="checkbox"/> Foreign Government - Controlled Entity</td></tr><tr><td><input type="checkbox"/> Grantor trust</td><td><input type="checkbox"/> Disregarded entity</td><td><input type="checkbox"/> Estate</td><td><input type="checkbox"/> Foreign Government - Integral Part</td></tr><tr><td colspan="2"><input type="checkbox"/> International organization</td><td colspan="2"></td></tr></table> If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Simple trust	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Private foundation	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Foreign Government - Controlled Entity	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Estate	<input type="checkbox"/> Foreign Government - Integral Part	<input type="checkbox"/> International organization																									
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<input type="checkbox"/> International organization																																							
<b>5</b> Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.) <table border="0"><tr><td><input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).</td><td><input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII.</td></tr><tr><td><input type="checkbox"/> Participating FFI.</td><td><input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.</td></tr><tr><td><input type="checkbox"/> Reporting Model 1 FFI.</td><td><input type="checkbox"/> International organization. Complete Part XIV.</td></tr><tr><td><input type="checkbox"/> Reporting Model 2 FFI.</td><td><input type="checkbox"/> Exempt retirement plans. Complete Part XV.</td></tr><tr><td><input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.</td><td><input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI.</td></tr><tr><td><input type="checkbox"/> Sponsored FFI. Complete Part IV.</td><td><input type="checkbox"/> Territory financial institution. Complete Part XVII.</td></tr><tr><td><input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V.</td><td><input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII.</td></tr><tr><td><input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.</td><td><input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX.</td></tr><tr><td><input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.</td><td><input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.</td></tr><tr><td><input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII.</td><td><input type="checkbox"/> 501(c) organization. Complete Part XXI.</td></tr><tr><td><input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX.</td><td><input type="checkbox"/> Nonprofit organization. Complete Part XXII.</td></tr><tr><td><input type="checkbox"/> Owner-documented FFI. Complete Part X.</td><td><input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.</td></tr><tr><td><input type="checkbox"/> Restricted distributor. Complete Part XI.</td><td><input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV.</td></tr><tr><td></td><td><input type="checkbox"/> Active NFFE. Complete Part XXV.</td></tr><tr><td></td><td><input type="checkbox"/> Passive NFFE. Complete Part XXVI.</td></tr><tr><td></td><td><input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII.</td></tr><tr><td></td><td><input type="checkbox"/> Direct reporting NFFE.</td></tr><tr><td></td><td><input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII.</td></tr><tr><td></td><td><input type="checkbox"/> Account that is not a financial account.</td></tr></table>		<input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII.	<input type="checkbox"/> Participating FFI.	<input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. 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<b>6</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address</b> (other than a registered address).																																							
City or town, state or province. Include postal code where appropriate.	Country																																						
<b>7</b> Mailing address (if different from above)																																							
City or town, state or province. Include postal code where appropriate.	Country																																						

**For Paperwork Reduction Act Notice, see separate instructions.**

Cat. No. 59689N

Form **W-8BEN-E** (Rev. 10-2021)