

APPENDIX B

REQUIRED FORMS

Exhibits

- 1 Organization Questionnaire/Affidavit
- 2 Certification of Compliance
- 3 Request for Preference Consideration
- 4 Debarment History and List of Terminated Contracts
- 5 Community Business Enterprise (CBE) Information
- 6 Minimum Mandatory Qualifications
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REQUIRED FORMS – EXHIBIT 1
ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Vendor's Name:	County Webven Number:
Address:	
Telephone Number:	E-mail:
Internal Revenue Service Employer Identification Number:	California Business License Number:

1	<p>Select the option that best defines your firm's business structure:</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Limited Liability Company (LLC)</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Franchise</p> <p><input type="checkbox"/> Other (Specify)</p>	<p>If Corporation or Limited Liability Company (LLC) Legal Name (as stated in Articles of Incorporation): _____</p> <p>State of Incorporation: _____</p> <p>Year of Incorporation: _____</p> <p>If Limited Partnership or a Sole Proprietorship: Name of proprietor or managing partner: _____</p> <p>If other: Specify business structure name: _____</p>
2	<p>Is your firm doing business under one or more DBA's?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name: _____</p> <p>Country of Registration: _____</p> <p>Year became DBA: _____</p>
3	<p>Is your firm wholly/majority owned by, or a subsidiary of another firm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate name of Parent Firm and State of Incorporation.</p> <p>Name of Parent Firm: _____</p> <p>State of Incorporation or registration of parent firm: _____</p>

REQUIRED FORMS – EXHIBIT 1

ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

4	<p>Has your firm done business under other names within last five years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate any other names and the year of name change.</p> <p>Name(s): _____</p> <p>Year(s) of Name Change: _____</p>
5	<p>List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
6	<p>Is your firm involved in any pending acquisition or mergers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide additional information regarding the pending merger.</p> <p>_____</p> <p>_____</p> <p>_____</p>
7	<p>List all names and contact information of all individuals legally authorized to commit the Vendor.</p>	<p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>
8	<p>Name and contact information of the proposed project manager who will be responsible for day-to-day activities related to the Master Agreement.</p>	<p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>

REQUIRED FORMS – EXHIBIT 2
CERTIFICATION OF COMPLIANCE

Vendor certifies compliance with all programs, policies, and ordinances specified in exhibits listed below.

TITLE		REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	LACC 2.180	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Attestation of Willingness to Consider GAIN/START Participants	Board Policy 5.050	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN/START participants access to employee mentoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
6	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <input type="checkbox"/> My business does not meet the definition of “contractor,” as defined in the Program. <input type="checkbox"/> My business is a small business as defined in the Program. <input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program
7	Certification of Compliance with the County's Defaulted Property Tax Reduction Program	LACC 2.206	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <hr/>

REQUIRED FORMS – EXHIBIT 3

REQUEST FOR PREFERENCE CONSIDERATION

Vendor's Name: _____

INSTRUCTIONS: Vendors requesting preference consideration must complete and include this form in their SOQ. Vendors may request consideration for one or more preference programs. **In order to qualify for preference, firm must be certified by the County of Los Angeles Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA to determine Federal/Non-Federal preference eligibility.**

<input type="checkbox"/> PREFERENCE NOT REQUESTED
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OR

<input type="checkbox"/> PREFERENCE REQUESTED (SELECT ALL THAT APPLY)	
Preference Program	Reference
<input type="checkbox"/> Request for Local Small Business Enterprise (LSBE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<u>LACC 2.204</u>
<input type="checkbox"/> Request for Social Enterprise (SE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<u>LACC 2.205</u>
<input type="checkbox"/> Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	<u>LACC 2.211</u>

Note: In no instance will any of the listed preference programs price or scoring be combined with any other County program to exceed 15% in response to any county solicitation.

REQUIRED FORMS – EXHIBIT 4

DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS

Vendor's Name: _____

1. DEBARMENT HISTORY (Check one)		YES	NO
Vendor is currently debarred by a public entity		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide the name of the public entity:			
2. LIST OF TERMINATED MASTER AGREEMENTS (Check one)		YES	NO
Vendor has contracts that have been terminated in the past three years.		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please list all Master Agreements that have been terminated prior to expiration within the last three years:			
Service:			
Name of Entity:			
Address:			
Contact:			
Telephone:			
E-mail:			
Termination Date:			
Name/Contract No:			
Reason for Termination:			
Service:			
Name of Entity:			
Address:			
Contact:			
Telephone:			
E-mail:			
Termination Date:			
Name/Contract No:			
Reason for Termination:			
Service:			
Name of Entity:			
Address:			
Contact:			
Telephone:			
E-mail:			
Termination Date:			
Name/Contract No:			
Reason for Termination:			

Instructions for Completing
REQUIRED FORM EXHIBIT 5
 COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

The County seeks diverse broad-based participation in its contracting and strongly encourages participation by CBEs. Complete all fields listed on form. Where a field requests number or total indicate response using numerical digits only.

Section 1: FIRM/ORGANIZATION INFORMATION	
Total Number of Employees in California	Using numerical digits, enter the total number of individuals employed by the firm in the state of California.
Total Number of Employees (including owners)	Using numerical digits, enter the total number of individuals employed by the firm regardless of location.
Race/Ethnic Composition of Firm Table	Using numerical digits, enter the make-up of Owners/Partners/Associate Partners and percentage of how ownership of the firm is distributed into the Race/Ethnic Composition categories listed in the table. Final number must total 100%.

Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE
If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

Vendor acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this Statement of Qualification are made, this SOQ may be rejected. The evaluation and determination in this area will be at the Sheriff's sole judgment and his judgment will be final.

REQUIRED FORMS – EXHIBIT 5

COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

Vendor's Name: _____

TITLE		REFERENCE			
1 FIRM / ORGANIZATION INFORMATION		The information requested below is for statistical purposes only. On final analysis and consideration of award, Contractor/Vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation, or disability.			
Total Number of Employees in California:					
Total Number of Employees (including owners):					
Race/Ethnic Composition of Firm. Enter the make-up of Owners/Partners/Associate Partners into the following categories:					
Race/Ethnic Composition	Owners/Partners/Associate Partners		Percentage of how ownership of the firm is distributed		
	Male	Female	Male	Female	
Black/African American			%	%	
Hispanic/Latino			%	%	
Asian or Pacific Islander			%	%	
Native Americans			%	%	
Subcontinent Asian			%	%	
White			%	%	

TITLE		REFERENCE				
2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE		If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following.				
		<input type="checkbox"/>	Check if not applicable			
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ	

REQUIRED FORMS – EXHIBIT 6
MINIMUM MANDATORY QUALIFICATIONS

Vendor's Name: _____

Vendor acknowledges and certifies that it meets and will comply with the Vendor's Minimum Mandatory Qualifications indicated below and as stated in Paragraph 3.0 (Vendor's Minimum Mandatory Qualifications) of the Request for Statement of Qualifications (RFSQ).

No.	Minimum Mandatory Qualification (MMQ)	Complies with MMQ	
		Yes	No
1	Vendor must have at least five years of experience, within the last ten years, providing a full range of aircraft maintenance services in a minimum of one of the following flight-critical areas: dynamic component repair and overhaul, power plant repair and overhaul, airframe repair and refurbishment, aircraft repair parts resale and distribution, aircraft electrical and hydraulic systems maintenance and repair, and avionics and navigation systems maintenance and repair as described in Paragraph 3.1 (Service Type 1 – Critical Component Services) of Attachment 1 (Statement of Work) to Appendix A (Model Master Agreement) to this RFSQ. AND/OR		
2	Vendor must have at least five years of experience, within the last ten years, providing a full range of aircraft maintenance services in a minimum of one of the non-flight-critical areas described in Paragraph 3.2 (Service Type 2 – Non-Critical Component Services) of Attachment 1 (Statement of Work) to Appendix A (Model Master Agreement) to this RFSQ. AND/OR		
3	Vendor must have at least five years of experience, within the last ten years, providing completion services to new or used, unequipped or minimally equipped Raytheon Super King Air B200, Cessna 210/Cessna Turbo 210 (T210), or similar models, as described in Paragraph 3.3 (Service Type 3 – Completion Services) of Attachment 1 (Statement of Work) to Appendix A (Model Master Agreement) to this RFSQ.		

REQUIRED FORMS – EXHIBIT 6
MINIMUM MANDATORY QUALIFICATIONS

No.	Minimum Mandatory Qualification (MMQ)	Complies with MMQ	
		Yes	No
4	<p>Vendor must possess one of the following licenses:</p> <p>a. License to operate a repair station, certified and approved by the Federal Aviation Administration (FAA) under Federal Aviation Regulation codified at 14 C.F.R. Part 145; or</p> <p>b. License to operate an Approved Maintenance Organization (AMO), certified and approved by Transport Canada under Canadian Aviation Regulations, Part V, subpart 73.</p>		
5	<p>Vendor must have a business office located within the continental United States or Canada staffed by qualified service personnel who maintain service records and receive service requests over the telephone/internet.</p>		
6	<p>If Vendor's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last ten years, then Vendor must not have unresolved questioned costs identified by the Auditor-Controller in an amount over \$100,000. Costs that are confirmed to be disallowed costs by the contracting County department and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.</p>		

REQUIRED FORMS - EXHIBIT 7
VENDOR'S LIST OF REFERENCES

Vendor's Name: _____

Vendor must provide three references for which the same or similar scope of services were provided by Vendor. At least one reference must verify that Vendor meets the Minimum Mandatory Qualifications listed in Paragraph 3.0 (Vendor's Minimum Mandatory Qualifications) of the RFSQ.

REFERENCE ONE	
Service Type:	
Contract Term:	
Start Date (Month/Year):	
End Date (Month/Year):	
Contract Amount:	
Name of Corp./Entity:	
Address:	
Contact Name and Number:	
Email Address:	

REFERENCE TWO	
Service Type:	
Contract Term:	
Start Date (Month/Year):	
End Date (Month/Year):	
Contract Amount:	
Name of Corp./Entity:	
Address:	
Contact Name and Number:	
Email Address:	

REFERENCE THREE	
Service Type:	
Contract Term:	
Start Date (Month/Year):	
End Date (Month/Year):	
Contract Amount:	
Name of Corp./Entity:	
Address:	
Contact Name and Number:	
Email Address:	

Instructions for Completing
REQUIRED FORM EXHIBIT 8
CONTRIBUTION AND AGENT DECLARATION FORM

This form must be completed separately by all Vendors, including all prime Contractors and subcontractors, and by all applicants for Master Agreements and other entitlements for use issued by the County of Los Angeles (County).

Pursuant to the Levine Act ([Government Code section 84308](#)), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits, and other entitlements for use if the County Officer received more than \$250 in contributions in the past 12 months from the Vendor, any paid agent of the Vendor, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

State law requires you to disclose information about contributions made by you, your company, and lobbyists and agents paid to represent you. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the procurement or application process.

You must fully answer the applicable questions below. You (Declarant), or your company, if applicable, including all entities identified below (collectively, "Declarant Company") must also answer the questions below. The term "employee(s)" shall be defined as employees, officers, partners, owners, or directors of Declarant Company.

An affirmative response to any questions will not automatically cause the disqualification of your Statement of Qualification (SOQ), or the denial of your application for a license, permit or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a Vendor to disqualification from the procurement.

This material is intended for use by Vendors, including all prime Contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles and does not constitute legal advice. If you have questions about the Levine Act and how it applies to you, you should call your lawyer or contact the Fair Political Practices Commission for further guidance.

REQUIRED FORMS – EXHIBIT 8

CONTRIBUTION AND AGENT DECLARATION FORM

Complete each section below. State “none” if applicable.

A. COMPANY OR APPLICANT INFORMATION

1) Declarant Company or Applicant Name:

a) If applicable, identify all subcontractors that have been or will be named in your SOQ:

b) If applicable, variations and acronyms of Declarant Company’s name used within the past 12 months:

c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution:

[IF A COMPANY, ANSWER QUESTIONS 2 - 3]

2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed or been controlled or directed by. “Controlled or directed” means shared ownership, 50% or greater ownership, or shared management and control between the entities.

a) Parent(s):

b) Subsidiaries:

REQUIRED FORMS – EXHIBIT 8

CONTRIBUTION AND AGENT DECLARATION FORM

c) Related Business Entities:

3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.

4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

5) Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of this Master Agreement or other entitlement for use.

*(Do **not** list individuals and/or firms who, as part of their profession, either (1) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** (2) provide purely technical data or analysis, **and** who will not have any other type of communication with a County agency, employee, or officer.)*

6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.

REQUIRED FORMS – EXHIBIT 8

CONTRIBUTION AND AGENT DECLARATION FORM

B. CONTRIBUTIONS

- 1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County Officer in the past 12 months? If so, provide details of each occurrence, including the date.

Date (contribution solicited, or directed)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

- 2) Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County officer in the past 12 months.

Date (contribution made)	Name (of the contributor)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

C. DECLARATION

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are _____ additional pages attached to this Contribution Declaration Form.

COMPANY VENDOR

I, _____ (Authorized Representative), on behalf of _____ (Declarant Company), at which I am employed as _____ (Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including

REQUIRED FORMS – EXHIBIT 8

CONTRIBUTION AND AGENT DECLARATION FORM

disqualification of its SOQ or delays in the processing of the requested Master Agreement or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this Master Agreement or other entitlement for use, you agree to inform the County of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about this Master Agreement or other entitlement after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested Master Agreement or entitlement for use.

Signature

Date

INDIVIDUAL VENDOR

I, _____, declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my SOQ or delays in the processing of the requested Master Agreement or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this Master Agreement or other entitlement for use, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested Master Agreements or entitlement for use.

Signature

Date

REQUIRED FORMS – EXHIBIT 9

REQUIRED LICENSES, CERTIFICATIONS, MEMBERSHIPS, AND PERMITS

Vendor's Name: _____

Vendor providing services under the Master Agreement must possess, comply with, and keep current all applicable licenses, certifications, memberships, and permits. Vendor must list below all licenses, certifications, memberships, and permits required to perform the required services and attach copies with this form.

Attach additional pages to this form if necessary.

List of all required licenses, certifications, memberships, and permits:

REQUIRED FORMS - EXHIBIT 10
SERVICE CATEGORY CHECKLIST

Vendor's Name: _____

Vendor asserts that it meets the Minimum Mandatory Qualifications to provide Airplane Maintenance, Engineering, and Repair Services in the following areas:

SERVICE CLASS I **RAYTHEON SUPER KING AIR B200** _____
SERVICE CLASS II **CESSNA 210 AND/OR CESSNA TURBO 210 (T210)** _____

Check ALL categories that best describe your area(s) of expertise.

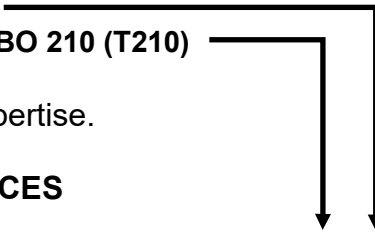
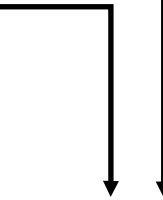
SERVICE TYPE 1 - CRITICAL COMPONENTS SERVICES

Dynamic Components			
Paragraph 3.1.1 of Attachment 1 (Statement of Work)			
a.	Propeller(s) and Related Components		
b.	Propeller Governor		
c.	Specialized Services (non-destructive testing and technical engineering support)		
Powerplants			
Paragraph 3.1.2 of Attachment 1 (Statement of Work)			
a.	Engine Overhaul		
b.	Engine mid-life inspections/overhaul		
c.	Compressor Section		
d.	Accessory Gear Box		
e.	Turbine/Modular Sections		
f.	Combustion Section		
g.	Engine Accessories		
h.	Quality Assurance		
i.	Warranty		
j.	Performance Assurance		
Airframe			
Paragraph 3.1.3 of Attachment 1 (Statement of Work)			
a.	Airframe Sheet Metal and Composite Surface Repairs		
b.	Hydraulic, Lubrication, Braking, Pressurization, Deicing, and Associated Components		
c.	Electrical, Lighting, and Fuel Systems		
d.	Landing Gear		
d.	Flight Control Systems		
f.	Airframe Inspections		
Avionics and Navigation Systems			
Paragraph 3.1.4 of Attachment 1 (Statement of Work)			
	System repair, overhaul Services, part and/or component replacement		

REQUIRED FORMS - EXHIBIT 10
SERVICE CATEGORY CHECKLIST

Vendor's Name: _____

Vendor asserts that it meets the Minimum Mandatory Qualifications to provide Airplane Maintenance, Engineering, and Repair Services in the following areas:

SERVICE CLASS I **RAYTHEON SUPER KING AIR B200** 
SERVICE CLASS II **CESSNA 210 AND/OR CESSNA TURBO 210 (T210)** 

Check ALL categories that best describe your area(s) of expertise.

SERVICE TYPE 2 - NON-CRITICAL COMPONENT SERVICES

Paragraph 3.2 of Attachment 1 (Statement of Work)

a. Night Vision Lighting/Alternate Lighting		
b. Thermal Imagers and Video Cameras		
c. Overlay Panel		
d. Moving Map		
e. Communication Radios		
f. Public Announcement and Siren System		
g. Air Conditioning Systems and Instruments		
h. Interior repair and replacement of all interior components and accessories including seats, upholstery, paneling, floors and surfaces, environmental systems and compartments including airplane paint and interior finishes		
i. Interior Washing, Detailing, and Cleaning		
j. Exterior Washing, Detailing, and Cleaning		
k. All other non-critical special-mission equipment (list below):		
i.		
ii.		
iii.		
iv.		
v.		

SERVICE TYPE 3 - COMPLETION SERVICES

Paragraph 3.3 of Attachment 1 (Statement of Work)

Furnishing, engineering, and/or installation of avionics, communications, and law enforcement mission equipment within a new or used, unequipped or minimally equipped airplane.		
Note: Work Orders for Completion Services are subject to special terms and conditions which may supersede the Master Agreement.		

REQUIRED FORMS – EXHIBIT 11

DECLARATION

Vendor's Name: _____

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN THE EXHIBITS 1-11 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE: