

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
- 7 List of References
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- 9 Licenses, Certifications, Registrations, and Accreditations
- 10 Proficiency Exam
- 11 Declaration

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

REQUIRED FORMS – EXHIBIT 1

ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

| | | |
|---|---|--|
| 4 | Has your firm done business under other names within last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, indicate any other names and the year of name change. Name(s): _____ Year(s) of Name Change: _____ |
| 5 | 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". | _____ _____ _____ _____ |
| 6 | Is your firm involved in any pending acquisition or mergers? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please provide additional information regarding the pending merger. _____ _____ _____ |
| 7 | List all names and contact information of all individuals legally authorized to commit the Vendor. | Name: _____ Title: _____ Phone: _____ E-mail: _____ Name: _____ Title: _____ Phone: _____ E-mail: _____ Name: _____ Title: _____ Phone: _____ E-mail: _____ |
| 8 | Name and contact information of the proposed Contractor Project Manager who will be responsible for day-to-day administration of the Master Agreement. | Name: _____ Title: _____ Phone: _____ E-mail: _____ |

REQUIRED FORMS – EXHIBIT 2
CERTIFICATION OF COMPLIANCE

Vendor certifies compliance with all programs, policies, and ordinances specified 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: _____ |

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.**

☐ **PREFERENCE NOT REQUESTED**

OR

☐ **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 | 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 | 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(s) for Termination: | | |
| | | |
| Service: | | |
| Name of Entity: | | |
| Address: | | |
| Contact: | | |
| Telephone: | | |
| E-mail: | | |
| Termination Date: | | |
| Name/Contract No: | | |
| Reason(s) for Termination: | | |
| | | |
| Service: | | |
| Name of Entity: | | |
| Address: | | |
| Contact: | | |
| Telephone: | | |
| E-mail: | | |
| Termination Date: | | |
| Name/Contract No: | | |
| Reason(s) 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 its Statement of Qualifications (SOQ) are made, its SOQ may be rejected. The evaluation and determination in this area will be at the County's sole judgment and its 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 be actively administering polygraph examinations, and meet the following criteria: <ul style="list-style-type: none">▪ Vendor must have completed a minimum total of 200 documented polygraph examinations,▪ Of the total documented polygraph examinations, Vendor must have administered a minimum of 100 polygraph examinations for a law enforcement agency(ies), and▪ 25 of the 100 polygraph examinations for a law enforcement agency(ies) must have been within the last three years using the Lafayette computerized polygraph instrument. | | |
| 2 | Vendor must be recognized and accredited by one of the following professional polygraph associations: <ul style="list-style-type: none">▪ American Polygraph Association, or▪ California Association of Polygraph Examiners, or▪ American Association of Police Polygraphists. | | |
| 3 | Vendor's proposed polygraph examiners must have successfully graduated from a polygraph course recognized and accredited by the American Polygraph Association, California Association of Polygraph Examiners, or the American Association of Police Polygraphists. | | |

REQUIRED FORMS – EXHIBIT 6

MINIMUM MANDATORY QUALIFICATIONS

| No. | Minimum Mandatory Qualification (MMQ) | Complies with MMQ | |
|------------|---|--------------------------|-----------|
| | | Yes | No |
| 4 | <p>Vendor's proposed polygraph examiners must be current members, in good standing, and have attended a minimum of 12 hours of training sponsored by one of the following professional polygraph examiner associations within the last three years:</p> <ul style="list-style-type: none">▪ American Polygraph Association, or▪ California Association of Polygraph Examiners, or▪ American Association of Police Polygraphists. | | |
| 5 | <p>Each proposed polygraph examiner is required to complete the proficiency exam provided under Exhibit 10 (Proficiency Exam) of Appendix B (Required Forms) to the RFSQ.</p> <p>Vendor must submit a completed proficiency exam for each proposed polygraph examiner who will provide services. Each polygraph examiner must pass the proficiency exam, to the satisfaction of the County, on their first attempt to verify this Minimum Mandatory Qualification. Proposed polygraph examiners who fail to achieve a passing score, will be disqualified, and eliminated from further consideration.</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 \$100,000.00. 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

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. It is the Vendor's responsibility to ensure accuracy of the information provided below.

| | |
|--------------------------|---|
| REFERENCE ONE | Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Firm |
| 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 | Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Firm |
| 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 | Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Firm |
| 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 \$500 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 Master Agreement 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:

c) Related Business Entities:

REQUIRED FORMS – EXHIBIT 8

CONTRIBUTION AND AGENT DECLARATION FORM

- 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 the Master Agreement or other entitlement for use.

*(Do **not** list individuals and/or firms who, as part of their profession, either (a) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** (b) 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.

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.

REQUIRED FORMS – EXHIBIT 8

CONTRIBUTION AND AGENT DECLARATION FORM

| 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 BIDDERS OR APPLICANTS

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

REQUIRED FORMS – EXHIBIT 8

CONTRIBUTION AND AGENT DECLARATION FORM

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 the 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 the 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 the 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 Agreement or entitlement for use.

Signature

Date

REQUIRED FORMS – EXHIBIT 9

LICENSES, CERTIFICATIONS, REGISTRATIONS, AND ACCREDITATIONS

Vendor's Name: _____

Vendor providing services under the Master Agreement must possess, comply with, and keep current all applicable licenses, certifications, registrations, and accreditations. Attach copies of all applicable documents with this form.

Attach additional pages to this form if necessary.

| List of all required licenses, certifications, registrations, and accreditations: |
|---|
| |
| |
| |
| |
| |
| |
| |

REQUIRED FORMS - EXHIBIT 10
PROFICIENCY EXAMINATION

NAME _____

INITIALS: _____

1. In a pre-employment prescreen examination the proper term for reporting consistent responses to a particular relevant question is?
 - a. Deception indicated
 - b. No deception indicated
 - c. Significant response
 - d. Inconclusive

2. A lack of notable consistent physiological response patterns to any relevant questions on pre-employment prescreen charts is called what?
 - a. No deception indicated.
 - b. Inconclusive
 - c. Incomplete
 - d. No Significant responses.

3. In a ZCT format, question #5 is what type of question?
 - a. Sacrifice relevant
 - b. Control
 - c. Symptomatic
 - d. Relevant

4. In a ZCT/U-Phase format, to make a determination of NDI using a three point scale the grand total must be?
 - a. +6 or greater
 - b. +5 or greater
 - c. +3 or greater
 - d. +4 or greater

5. The AFMGQT data analysis is done by spot total only. There is no cumulative score.
 - a. T
 - b. F

6. For a spot to be scored as a plus (+) using the three point scale, the reaction to the control question must be _____ the relevant.
 - a. Twice as great as the
 - b. Greater than
 - c. Less than
 - d. The same as or equal to
7. For proper evaluation of a Pre-Employment Polygraph Examination, how many charts would need to be administered (not including the Stim Test)?
 - a. One
 - b. Two
 - c. Three
 - d. Four
8. When evaluating a response to a question where the subject took a deep breath at the onset of the question, the following considerations should be taken:
 - a. Disregard the pneumo parameter and score the GSR and cardio parameter as normal
 - b. Disregard the pneumo parameter and the cardio parameter and score only the GSR parameter
 - c. Consider the deep breath as a reaction and score all parameters as usual.
 - d. Disregard the entire question as the deep breath probably caused artifacts and distortions in all parameters precluding proper evaluation of the question.
9. Forty breaths per minute would be considered?
 - a. Dangerous by doctors
 - b. Hyperventilation
 - c. No harm
 - d. A reaction
10. Polygraph examinee Gomez tells you that he does not believe in the polygraph examination and continually questions what you are telling him. He can't seem to answer your questions with a yes or no answer and keeps stating he is confused and doesn't remember. He is not listening to what you are telling him. What do you do with Gomez?

11. A polygraph examinee tells you that he has also applied for a position with another PD and just completed his polygraph examination yesterday. When you ask how he did, he replies that he is very upset because he was told he was deceptive to use of cocaine. He states he has never used cocaine and doesn't know why that test came out like it did. He also comments on the manner in which the other examiner grilled him about his use of cocaine. Do you test this person today?
- a. Yes
 - b. No

Instructions (Questions #12-14): Review the following applicant scenarios. Based on the polygraph examinee's statements and admissions, and the American's with Disabilities Act (ADA), write pre-employment questions that would fit a standard "pre-screening format".

12. Polygraph examinee admits to using marijuana 5 times, the last use being in 1997.

Q: " _____
_____?"

Q: " _____
_____?"

13. The female polygraph examinee was molested as a child by her step-brother. She states this is a very traumatic and personal issue to have to discuss. How would you phrase an unlawful sex question?

Q: " _____
_____?"

14. A polygraph examinee admits to stealing \$800 in miscellaneous cash and merchandise in his lifetime. Based on this information, how would you ask a theft question?

Q: " _____
_____?"

15. **CHART EVALUATION AND SCORING**

Score the attached ZCT chart using the three (3) point scale and the attached score sheet.

Render an opinion.

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
Scientific Services Bureau
Polygraph Unit

You Phase Test
 Numerical Evaluation

2- CHART EVALUATION AND SCORING

Examinee: _____

Case Number: _____

Date: _____

Examiner: _____

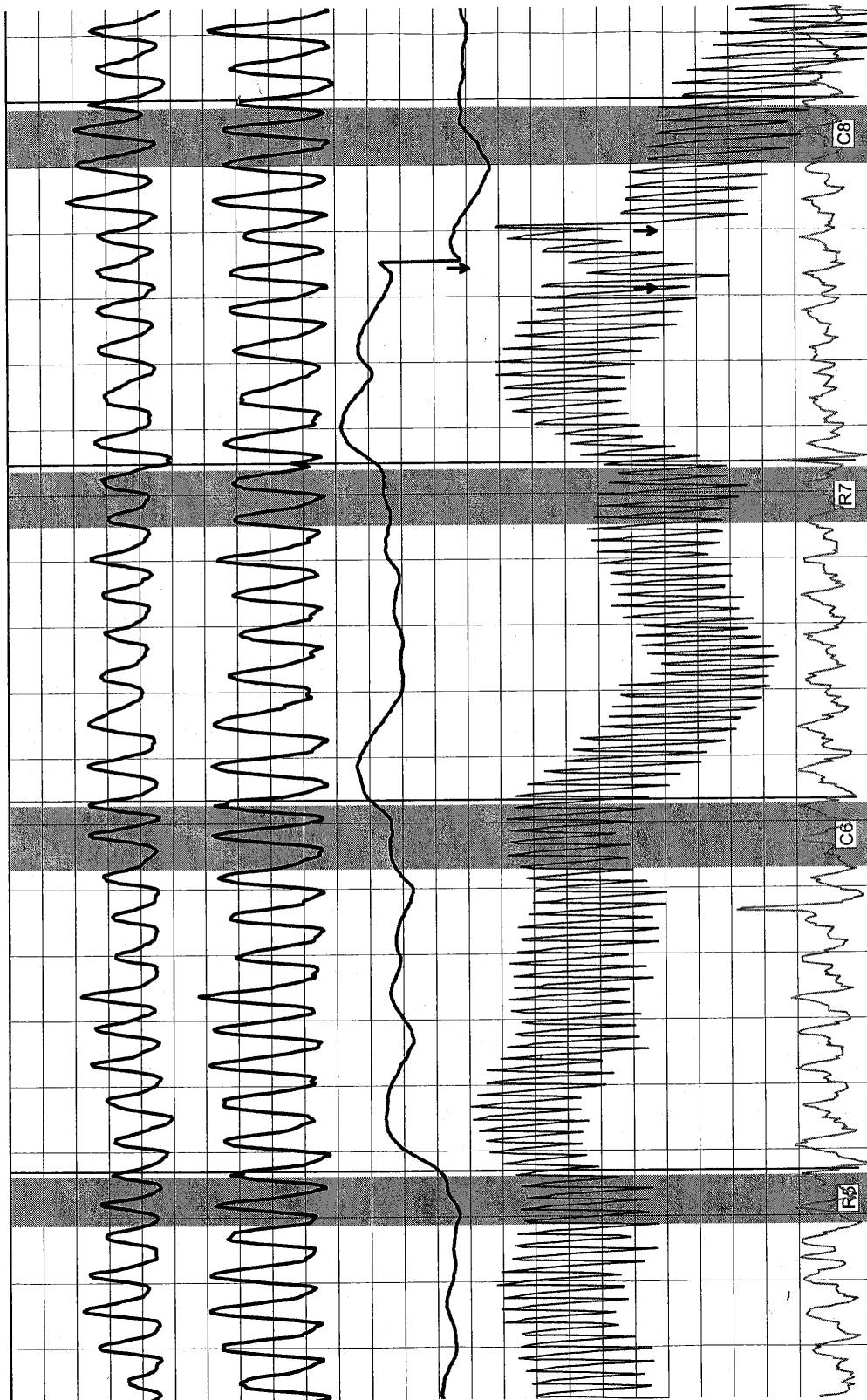
| Chart No. 3 | Q#5 | Q#7 |
|------------------------|-----|-----|
| Pneumograph | | |
| Galvanic Skin Response | | |
| Cardiograph | | |
| Subtotal | | |
| Chart No. 2 4 | | |
| Pneumograph | | |
| Galvanic Skin Response | | |
| Cardiograph | | |
| Subtotal | | |
| Chart No. 3 5 | | |
| Pneumograph | | |
| Galvanic Skin Response | | |
| Cardiograph | | |
| Subtotal | | |
| <i>Spot Totals</i> | | |
| <i>Grand Total</i> | | |

Scoring: NDI: + in each spot and grand total of +4 or greater overall
 DI: -3 or less in any spot or grand total of -4 for both

Chart Interpretation: R5 to C4 or C6; R7 to C6 or C8

Int-44 (rev 11/05)

QC by: _____



06154 Exam 1 Chart 3

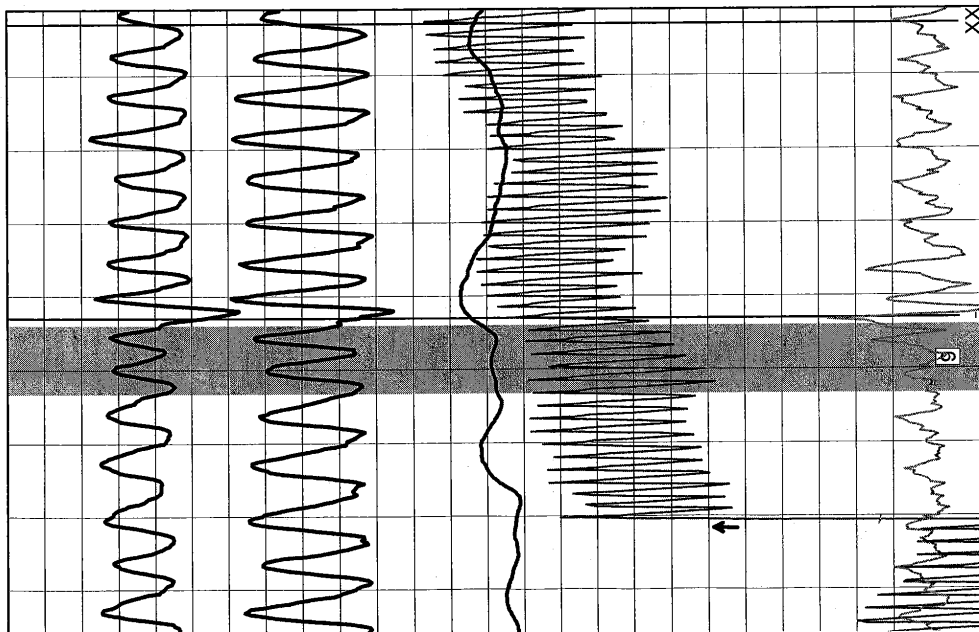
Subject: [REDACTED]
 Examiner: System Administrator
 Date: 9/22/2006 View Size: Normal
 Time Start: 9:15:22 AM End: 9:19:37 AM Duration: 04:15
 Cuff Pressure Start: 75 End: 81
 You Phase (Zone)

Gain Settings:

Recorded: Start 8.3 5.0
 Recorded: End 8.3 5.0
 Printed: Start 8.3 5.0
 Printed: End 8.3 5.0
 Recorded Electrodermal: Manual
 Printed Electrodermal: Manual

page 2 of 3
 9.9.5

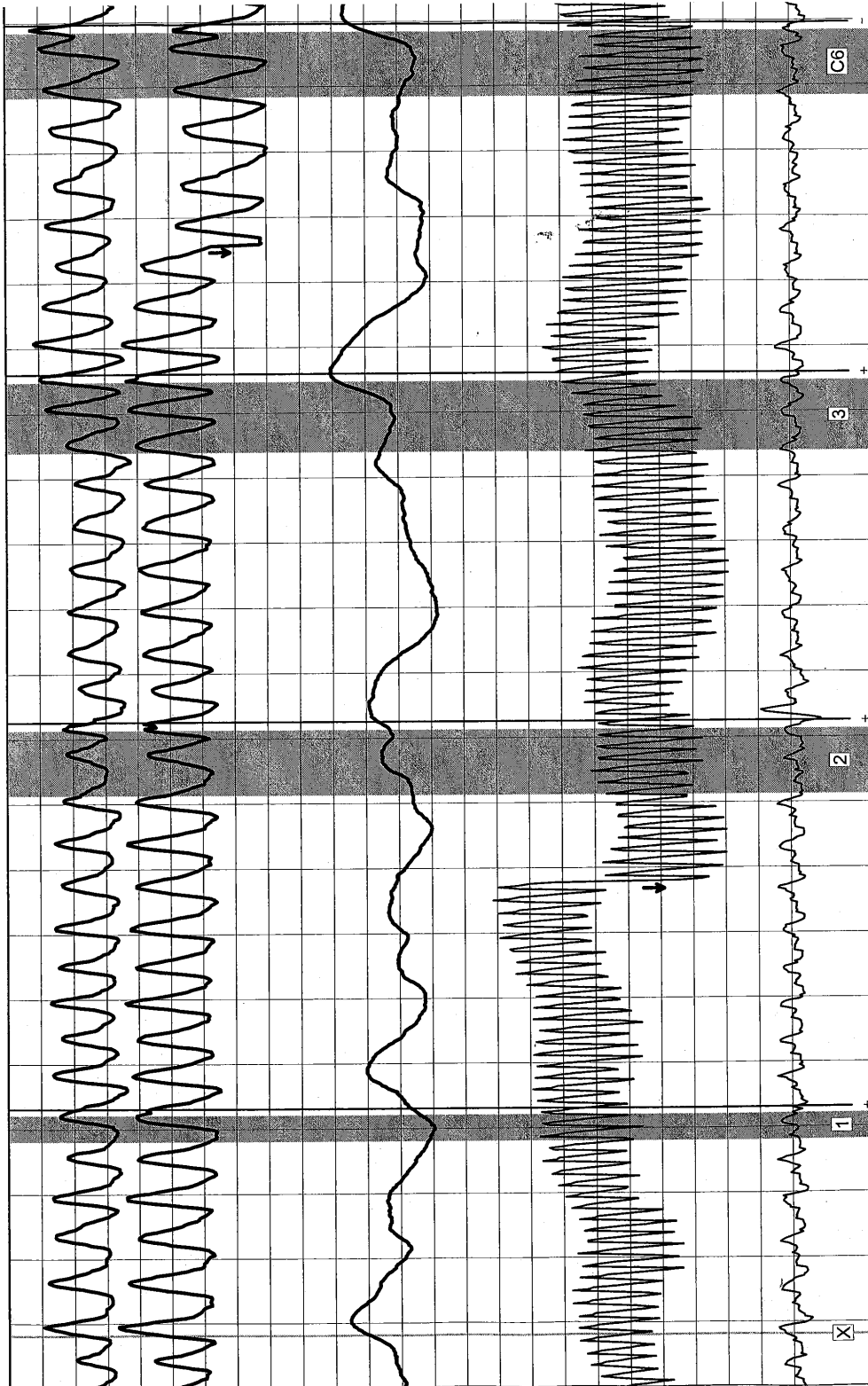
| CA | AU | A2 | A3 |
|-----|-----|-----|-----|
| 1.2 | --- | --- | 5.0 |
| 1.2 | --- | --- | 5.0 |
| 1.2 | --- | --- | 5.0 |
| 1.2 | --- | --- | 5.0 |



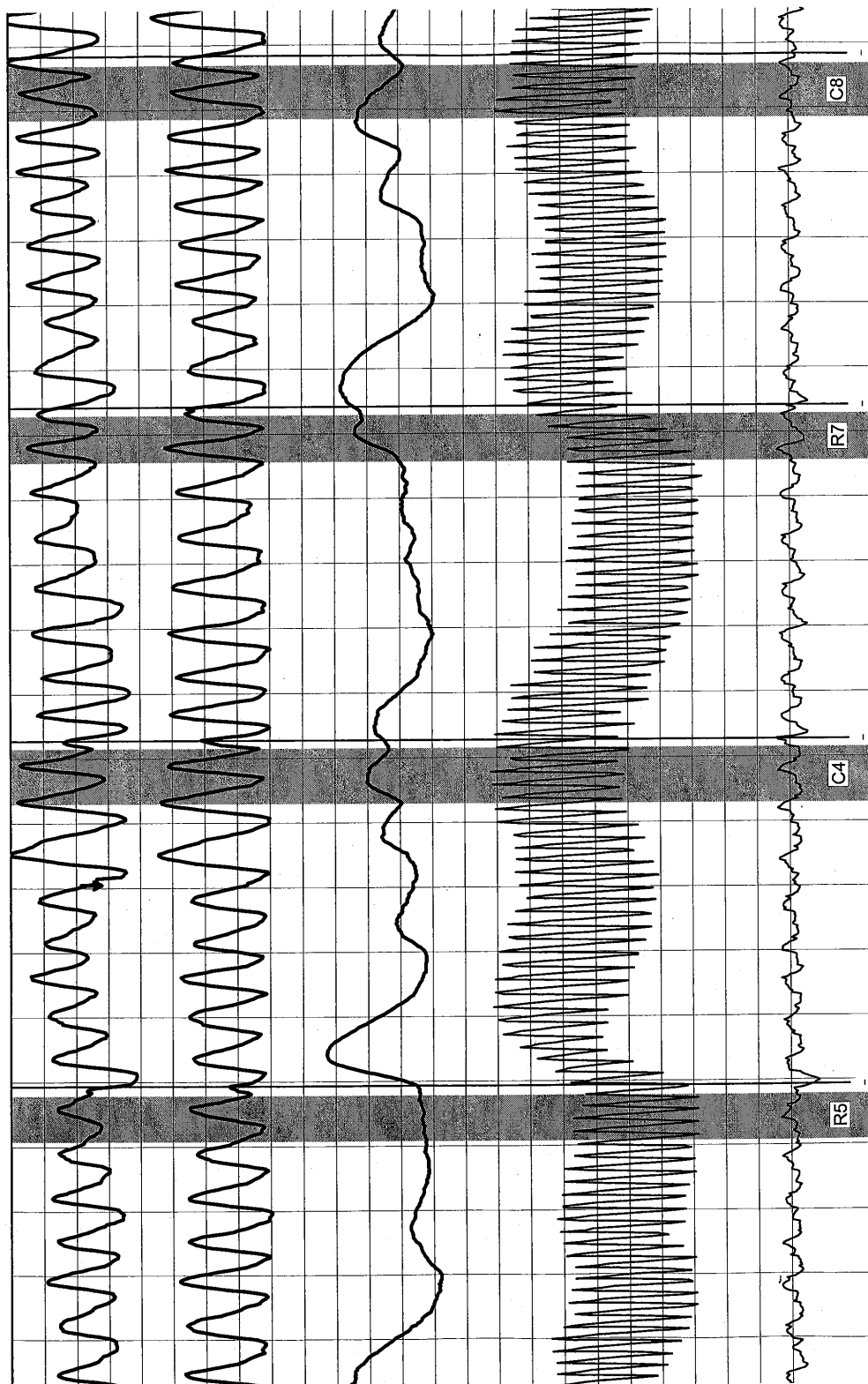
06154 Exam 1: Chart 3

Subject: [REDACTED]
 Examiner: System Administrator
 Date: 9/22/2006 View Size: Normal
 Time Start: 9:15:22 AM End: 9:19:37 AM Duration: 04:15
 Cuff Pressure Start: 75 End: 81
 You Phase (Zone)

| Gain Settings: | | P2 | P1 | GS | CA | AU | A2 | A3 | page 3 of 3 |
|-------------------------|-------|--------|-----|-----|-----|-------|-------|-----|-------------|
| Recorded: | Start | 8.3 | 5.0 | 2.0 | 1.2 | ----- | ----- | 5.0 | 9.9.5 |
| Recorded: | End | 8.3 | 5.0 | 2.0 | 1.2 | ----- | ----- | 5.0 | |
| Printed: | Start | 8.3 | 5.0 | 2.0 | 1.2 | ----- | ----- | 5.0 | |
| Printed: | End | 8.3 | 5.0 | 2.0 | 1.2 | ----- | ----- | 5.0 | |
| Recorded Electrodermal: | | Manual | | | | | | | |
| Printed Electrodermal: | | Manual | | | | | | | |



| | | | | | | | | | | | |
|----------------------|-----------------------------|----------------------------------|-----|-----|-----|-----|-----|-------|-------|-----|-------------|
| 06154 Exam 1 Chart 4 | | | | | | | | | | | page 1 of 3 |
| Subject: | | Gain Settings: | | P2 | P1 | GS | CA | AU | A2 | A3 | |
| Examiner: | System Administrator | Recorded: Start | 9.0 | 5.0 | 2.3 | 1.2 | 1.2 | ----- | ----- | 5.0 | |
| Date: | 9/22/2006 View Size: Normal | Recorded: End | 9.0 | 5.0 | 2.3 | 1.2 | 1.2 | ----- | ----- | 5.0 | |
| Time Start: | 9:23:25 AM | Printed: Start | 10 | 4.0 | 4.0 | 1.0 | 1.0 | ----- | ----- | 2.2 | |
| Cuff Pressure Start: | 79 | Printed: End | 10 | 4.0 | 4.0 | 1.0 | 1.0 | ----- | ----- | 2.2 | |
| You Phase (Zone) | | Recorded Electrodermal: Manual | | | | | | | | | |
| | | Printed Electrodermal: Automatic | | | | | | | | | |

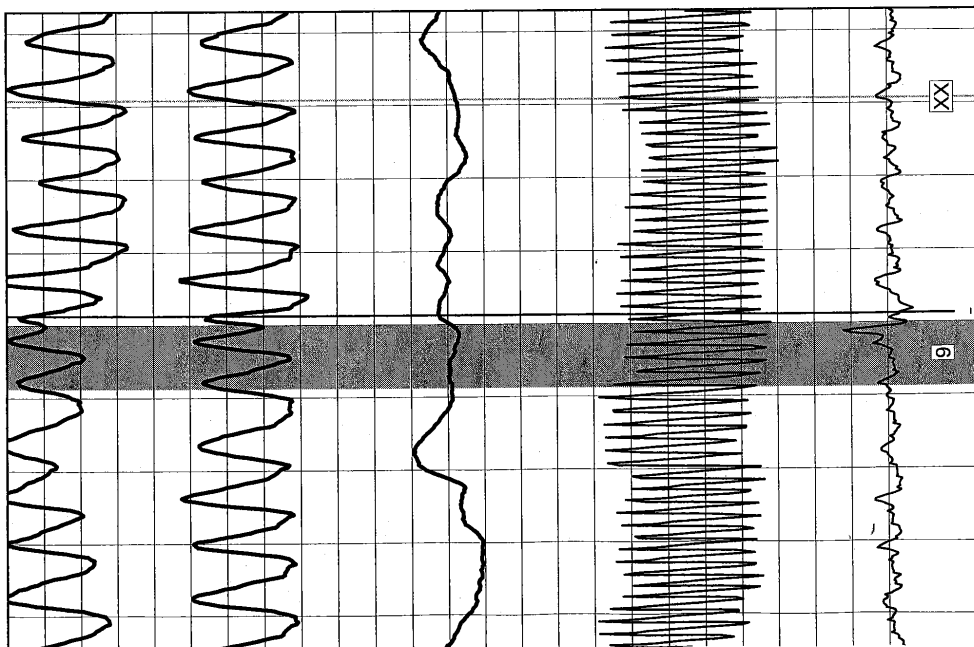


06154 Exam 1 Chart 4

Subject: [REDACTED]
 Examiner: System Administrator
 Date: 9/22/2006 View Size: Normal
 Time Start: 9:23:25 AM End: 9:27:40 AM Duration: 04:15
 Cuff Pressure Start: 79 End: 83
 You Phase (Zone)

page 2 of 3
 9.9.5

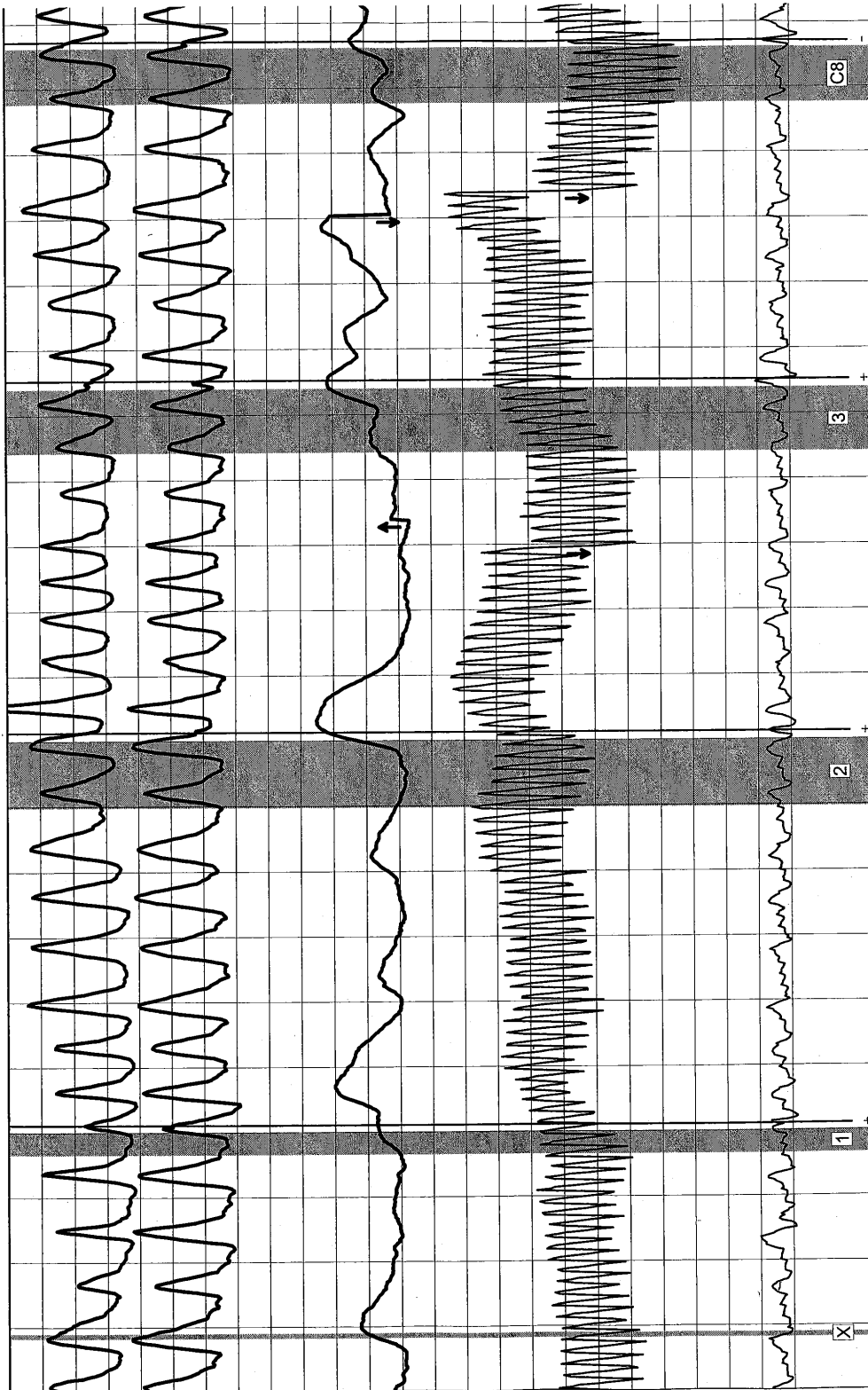
| Gain Settings: | P2 | P1 | GS | CA | AU | A2 | A3 |
|-------------------------|-----------|-----|-----|-----|-----|-----|-----|
| Recorded: Start | 9.0 | 5.0 | 2.3 | 1.2 | --- | --- | 5.0 |
| Recorded: End | 9.0 | 5.0 | 2.3 | 1.2 | --- | --- | 5.0 |
| Printed: Start | 10 | 4.0 | 4.0 | 1.0 | --- | --- | 2.2 |
| Printed: End | 10 | 4.0 | 4.0 | 1.0 | --- | --- | 2.2 |
| Recorded Electrodermal: | Manual | | | | | | |
| Printed Electrodermal: | Automatic | | | | | | |



06154 Exam 1 Chart 4

Subject: [REDACTED]
 Examiner: System Administrator
 Date: 9/22/2006 View Size: Normal
 Time Start: 9:23:25 AM End: 9:27:40 AM Duration: 04:15
 Cuff Pressure Start: 79 End: 83
 You Phase (Zone)

| Gain Settings: | | P2 | P1 | GS | CA | AU | A2 | A3 | page 3 of 3 9.9.5 |
|-------------------------|-------|-----------|-----|-----|-----|-------|-------|-----|----------------------|
| Recorded: | Start | 9.0 | 5.0 | 2.3 | 1.2 | ----- | ----- | 5.0 | |
| Recorded: | End | 9.0 | 5.0 | 2.3 | 1.2 | ----- | ----- | 5.0 | |
| Printed: | Start | 10 | 4.0 | 4.0 | 1.0 | ----- | ----- | 2.2 | |
| Printed: | End | 10 | 4.0 | 4.0 | 1.0 | ----- | ----- | 2.2 | |
| Recorded Electrodermal: | | Manual | | | | | | | |
| Printed Electrodermal: | | Automatic | | | | | | | |

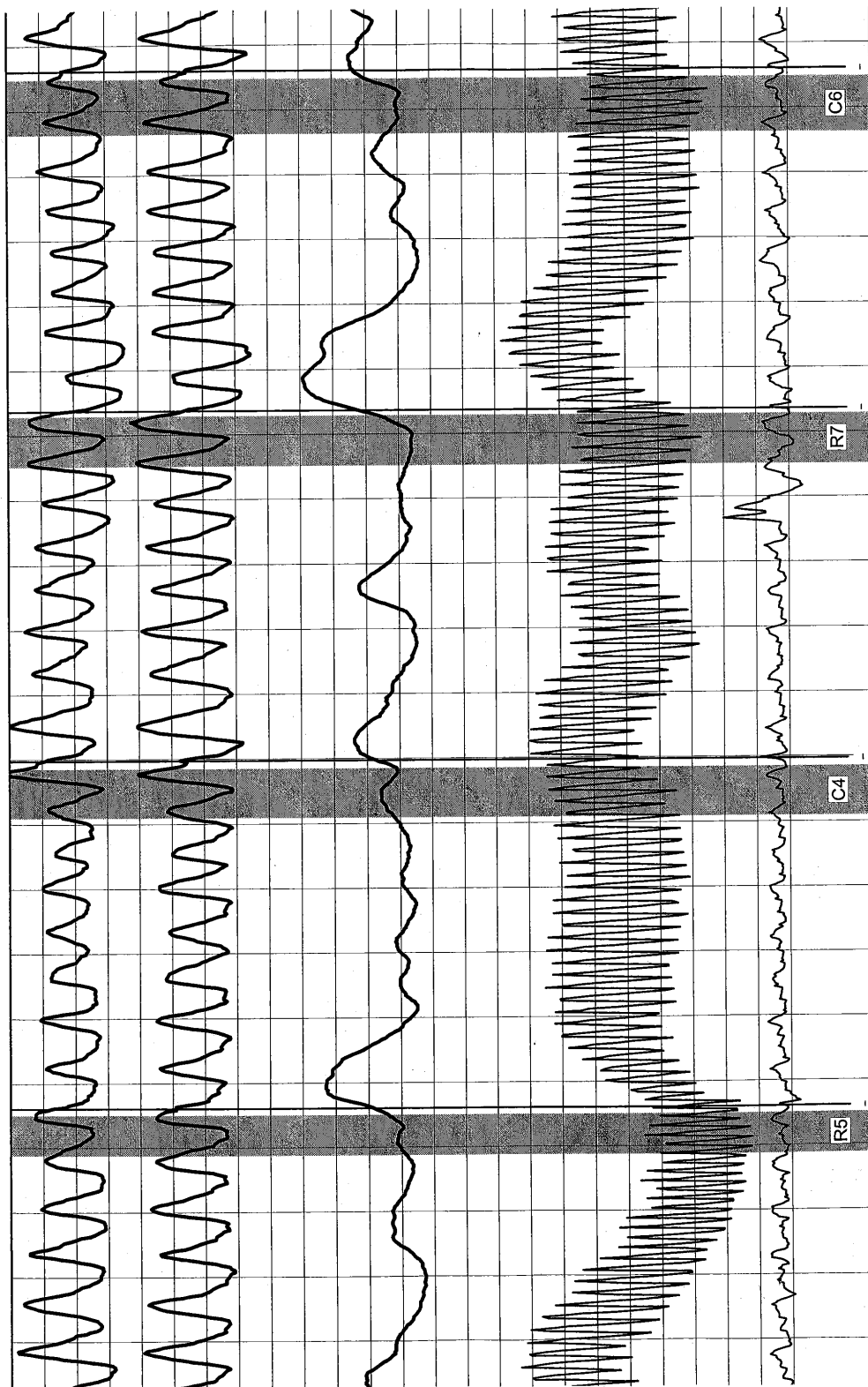


06154 Exam 1 Chart 5

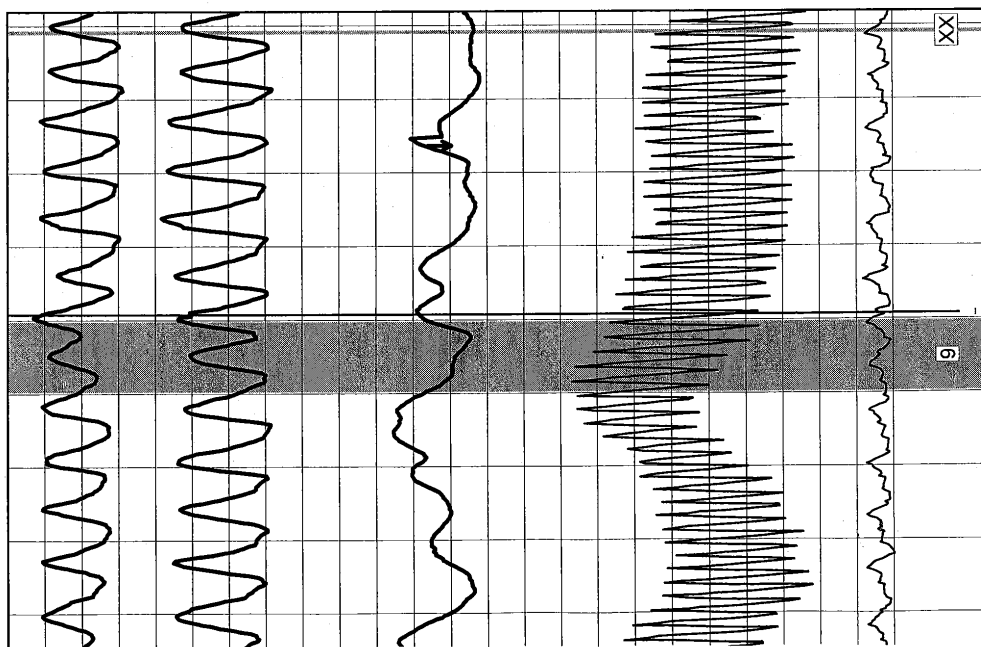
Subject: [REDACTED]
 Examiner: System Administrator
 Date: 9/22/2006 View Size: Normal
 Time Start: 9:30:49 AM End: 9:35:04 AM Duration: 04:15
 Cuff Pressure Start: 76 End: 81
 You Phase (Zone)

Gain Settings:

Recorded: Start 9.0 P1 4.7 GS 2.5 CA 1.3 AU --- A2 --- A3 5.0
 Recorded: End 9.0 P1 4.7 GS 2.5 CA 1.3 AU --- A2 --- A3 5.0
 Printed: Start 10 P1 3.4 GS 4.0 CA 1.0 AU --- A2 --- A3 2.0
 Printed: End 10 P1 3.4 GS 4.0 CA 1.0 AU --- A2 --- A3 2.0
 Recorded Electrodermal: Manual
 Printed Electrodermal: Automatic



06154 Exam 1 Chart 5 page 2 of 3
 Subject: [REDACTED] 9.9.5
 Examiner: System Administrator
 Date: 9/22/2006 View Size: Normal
 Time Start: 9:30:49 AM End: 9:35:04 AM Duration: 04:15
 Cuff Pressure Start: 76 End: 81
 You Phase (Zone)
 Gain Settings: P2 P1 GS CA AU A2 A3
 Recorded: Start 9.0 4.7 2.5 1.3 --- 5.0
 Recorded: End 9.0 4.7 2.5 1.3 --- 5.0
 Printed: Start 10 3.4 4.0 1.0 --- 2.0
 Printed: End 10 3.4 4.0 1.0 --- 2.0
 Recorded Electrodermal: Manual
 Printed Electrodermal: Automatic



06154 Exam 1 Chart 5

Subject: [REDACTED]
 Examiner: System Administrator
 Date: 9/22/2006 View Size: Normal
 Time Start: 9:30:49 AM End: 9:35:04 AM Duration: 04:15
 Cuff Pressure Start: 76 End: 81
 You Phase (Zone)

| Gain Settings: | | P2 | P1 | GS | CA | AU | A2 | A3 | page 3 of 3 |
|----------------------------------|--|-----|-----|-----|-----|-----|-----|-----|-------------|
| Recorded: Start | | 9.0 | 4.7 | 2.5 | 1.3 | --- | --- | 5.0 | 9.9.5 |
| Recorded: End | | 9.0 | 4.7 | 2.5 | 1.3 | --- | --- | 5.0 | |
| Printed: Start | | 10 | 3.4 | 4.0 | 1.0 | --- | --- | 2.0 | |
| Printed: End | | 10 | 3.4 | 4.0 | 1.0 | --- | --- | 2.0 | |
| Recorded Electrodermal: Manual | | | | | | | | | |
| Printed Electrodermal: Automatic | | | | | | | | | |

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 EXHIBITS 1-10 IS TRUE AND CORRECT.

| | |
|-------------|--------|
| PRINT NAME: | TITLE: |
| SIGNATURE: | DATE: |