

MORRIS COUNTY MUA

Form of Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we, Arco Construction, Inc., 15 Fairfield Place,
West Caldwell, NJ 07006, Hereinafter called the Principal, as Principal, and the Selective Insurance
Company of America of 40 Wantage Avenue, Branchville, NJ 07890 a corporation duly organized
under the laws of the State of New Jersey, hereinafter called the Surety, as Surety are held and
firmly bound unto Morris County Municipal Utilities Authority
370 Richard Mine Road, Wharton, NJ 07885 hereinafter called the Obligee, in the
sum of Ten Percent (10%) of amount bid not to exceed \$20,000.00 Dollars, (\$XXXXXXXXXXXX) for the payment of
which sum, well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

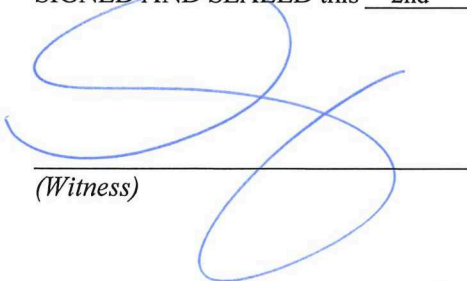
WHEREAS, The Principal has submitted a bid for _____

Bid #2025-SW03 -


Parsippany Transfer Station Roof & Partial Fascia Replacement

NOW, THEREFORE, if the Obligee shall accept the Bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid and give bond or bonds as may be specified in the Bid Documents with good and sufficient surety for the faithful performance of such Contract and the prompt payment of labor and material furnished in the prosecution thereof, then this obligation shall be null and void, otherwise to remain in full force and effect.

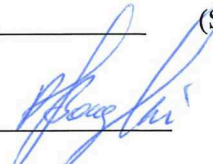
SIGNED AND SEALED this 2nd day of April, 2025. In the presence of:



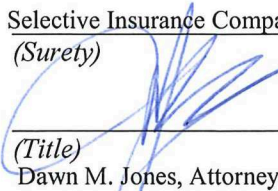
(Witness)



(Witness)
Tiffany Wendelstedt, Witness

Arco Construction, Inc. (SEAL)
(Principal)
President 

(Title)

Selective Insurance Company of America (SEAL)
(Surety)


(Title)
Dawn M. Jones, Attorney-in-Fact

MORRIS COUNTY MUA

Consent of Surety

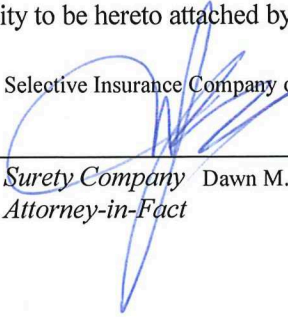
In consideration of the premises and of One Dollar (\$1.00), lawful money of the United States, to it in hand paid by the Contractor, the receipt whereof is hereby acknowledged, the undersigned surety consents and agrees that if the Contract, for which the preceding estimate and Bid is made, be awarded to the person or persons submitting the same as contracted, it will become bound as surety and guarantor for its faithful performance, and shall provide a one year performance bond in the amount equal to 100% of the contract amount prior to the execution of the contract. The Contractor shall also execute thereafter a bond as party of the third part thereto when required to do so by Owner.

In witness whereof, said surety has caused these present to be signed and attested by a duly authorized officer and its corporate seal to be hereto affixed this 2nd day of April, 2025


(A corporate acknowledgment and statement of authority to be hereto attached by the surety company)

Selective Insurance Company of America

By


Surety Company Dawn M. Jones, Attorney-in-Fact
Attorney-in-Fact

Attest:



Tiffany Wendelstedt, Witness



MORRIS COUNTY MUA

Surety Acknowledgement

STATE OF New Jersey)
) SS:
COUNTY OF Monmouth)

On this 2nd day of April in the year 2025 before me personally came Dawn M. Jones to me known, who being by me duly sworn, did depose

and say, that he resides in Barneгат, New Jersey,

that he is the Attorney-in-Fact of Selective Insurance Company of America,

the Corporation described in and which executed the foregoing instrument; that he knows the seal of said Corporation; that the seal affixed to said instrument is such Corporate seal; that it was so affixed

by order of the Board of Directors of said Corporation and that he signed his name thereto in like order.

(Seal)

Taylor Wish
NOTARY PUBLIC
State of New Jersey
ID # 50224919
My Commission Expires August 16, 2029

CONTRACTOR ACKNOWLEDGMENT

STATE OF NJ)
) SS:
COUNTY OF Essex)

On this 2nd day of April in the year 2025, before me personally came Eric Baginski to me known, who being by me duly

sworn, did depose and say, that he resides in Fairfield; that he is the president of Arco Construction, Inc., the

Corporation described in and which executed the foregoing instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Corporation and that he signed his name thereto in like order.

(Seal)

ANETA PUZIO
NOTARY PUBLIC
State of New Jersey
Commission # 2249229
My Comm. Expires Apr. 19, 2025

MORRIS COUNTY MUA

Surety Disclosure Statement and Certificate

Selective Insurance
Company of America, surety(ies) on the attached bond, hereby certifies(y) the following:

(1) The surety meets the applicable capital and surplus requirements of R.S.17:17-6 or R.S.17:17-7 as of the surety's most current annual filing with the New Jersey Department of Insurance.

(2) The capital (where applicable) and surplus, as determined in accordance with the applicable laws of this State, of the surety(ies) participating in the issuance of the attached bond is (are) in the following amount(s) as of the calendar year ended December 31, 2024 (most recent calendar year for which capital and surplus amounts are available), which amounts have been certified as indicated by certified public accountants (indicating separately for each surety that surety's capital and surplus amounts, together with the name and address of the firm of certified public accounts that shall have certified those amounts):

Selective Insurance Company of America

Capital: \$4,400,000

Surplus: \$997,473,000

CPA: KPMG LLP, 345 Park Avenue, New York, NY 10154

(3) (a) With respect to each surety participating in the issuance of the attached bond that has received from the United States Secretary of the Treasury a certificate of authority pursuant to 31 U.S.C. sec. 9305, the underwriting limitation established therein and the date as of which that limitation was effective is as follows (indicating for each such surety that surety's underwriting limitation and the effective date thereof):

Selective Insurance Company of America

Underwriting Limitation: \$93,877,000

Effective Date: July 1, 2024

(b) With respect to each surety participating in the issuance of the attached bond that has not received such a certificate of authority from the United States Secretary of the Treasury, the underwriting limitation of that surety as established pursuant to R.S.17:18-9 as of (date on which such limitation was so established is as follows (indicating for each such surety that surety's underwriting limitation and the date on which that limitation was established):

N/A

(4) The amount of the bond to which this statement and certification is attached is
\$ Ten Percent (10%) of amount bid not to exceed \$20,000.00 Dollars

(5) If, by virtue of one or more contracts of reinsurance, the amount of the bond indicated under item (4) above exceeds the total underwriting limitation of all sureties on the bond as set forth in items (3) (1) or (3) (b) above, or both, then for each such contract of reinsurance:

(a) The name and address of each such reinsurer under that contract and the amount of that reinsurer's participation in the contract is as follows:

N/A

MORRIS COUNTY MUA

Surety Disclosure Statement and Certificate

_____ ; and

(b) Each surety that is party to any such contract of reinsurance certifies that each re-insure listed under item (5) (a) satisfies the credit for reinsurance requirement established under P.L.1993, c.243 (c.17:513-1 et seq.) and any applicable regulations in effect as of the date on which the bond to which this statement and certification is attached shall have been filed with the appropriate public agency.

CERTIFICATE

**(to be completed by an authorized certifying agent
for each surety on the bond)**

I Dawn M. Jones, as Attorney-in-Fact for
(Name of Agent) (Title of Agent)

Selective Insurance Company of America a corporation/mutual insurance company/other (indicating
(Name of Surety)

type of business organization) (circle one) domiciled in New Jersey, DO
(State of Domicile)

HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me are true and ACKNOWLEDGE that if any of those statements are false, this bond is VOID.



(Signature of Certifying Agent)

Dawn M. Jones

(Printed Name of Certifying Agent)

Attorney-in-Fact

(Title of Certifying Agent)

SELECTIVE INSURANCE®

Selective Insurance Company of America
40 Wantage Avenue
Branchville, New Jersey 07890
973-948-3000

STATEMENT OF FINANCIAL CONDITION

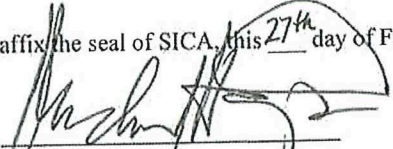
I hereby certify that the following information is contained in the Annual Statement of Selective Insurance Company of America ("SICA") to the New Jersey Department of Banking and Insurance as of December 31, 2024:

<u>ADMITTED ASSETS (in thousands)</u>		<u>LIABILITIES AND SURPLUS (in thousands)</u>	
Bonds	\$2,415,998	Reserve for losses and loss expenses	\$1,772,537
Preferred stocks at convention value	16,462	Reserve for unearned premiums	761,885
Common stocks at convention values	87,571	Provision for unauthorized reinsurance	1,111
Subsidiary common stock at convention values	0	Commissions payable and contingent commissions	51,956
Short-term investments	226,444	Other accrued expenses	30,452
Mortgage loans on real estate (including collateral loans)	131,381	Other liabilities	<u>595,888</u>
Other invested assets	237,682	Total liabilities	3,213,829
Interest and dividends due or accrued	24,364		
Premiums receivable	724,457	Surplus as regards policyholders	<u>997,473</u>
Other admitted assets	<u>346,943</u>		
Total admitted assets	4,211,302	Total liabilities and surplus as regards policyholders	4,211,302

I further certify that the following is a true and exact excerpt from Article VII, Section 1 of the By-Laws of SICA, which is still valid and existing.

The Chairman of the Board, President, Chief Executive Officer, any Executive Vice President, any Senior Vice President or any Corporate Secretary may, from time to time, appoint attorneys in fact, and agents to act for and on behalf of the Corporation and they may give such appointee such authority, as his/her certificate of authority may prescribe, to sign with the Corporation's name and seal with the Corporation's seal, bonds, recognizances, contracts of indemnity and other writings obligatory in the nature of a bond, recognizance or conditional undertaking, and any of said Officers may, at any time, remove any such appointee and revoke the power and authority given him/her.

IN WITNESS WHEREOF, I hereunto subscribe my name and affix the seal of SICA, this 27th day of February, 2025.

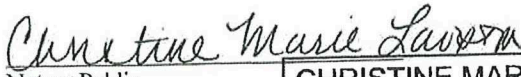

Michael H. Lanza
SICA Corporate Secretary

STATE OF NEW JERSEY :
:ss. Branchville

COUNTY OF SUSSEX :

On this 27th day of FEBRUARY 2025, before me, the undersigned officer, personally appeared Michael H. Lanza, who acknowledged himself to be the Corporate Secretary of SICA, and that he, as such Corporate Secretary, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as Corporate Secretary.




Christine Marie Lawson
Notary Public
My Commission Expires:

CHRISTINE MARIE LAWSON
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES APRIL 15, 2029
COMMISSION: #2312839



Selective Insurance Company of America
40 Wantage Avenue
Branchville, New Jersey 07890
973-948-3000

POWER OF ATTORNEY

SELECTIVE INSURANCE COMPANY OF AMERICA, a New Jersey corporation having its principal office at 40 Wantage Avenue, in Branchville, State of New Jersey ("SICA"), pursuant to Article VII, Section 1 of its By-Laws, which state in pertinent part:

The Chairman of the Board, President, Chief Executive Officer, any Executive Vice President, any Senior Vice President or any Corporate Secretary may, from time to time, appoint attorneys in fact, and agents to act for and on behalf of the Corporation and they may give such appointee such authority, as his/her certificate of authority may prescribe, to sign with the Corporation's name and seal with the Corporation's seal, bonds, recognizances, contracts of indemnity and other writings obligatory in the nature of a bond, recognizance or conditional undertaking, and any of said Officers may, at any time, remove any such appointee and revoke the power and authority given him/her.

does hereby appoint DAWN M. JONES, K.A. GELOK, THOMAS S. CARUSO, THOMAS D. FISH, GEMMA DOSTER, KRISTIN BEVACQUA

, its true and lawful attorney(s)-in-fact, full authority to execute on SICA's behalf fidelity and surety bonds or undertakings and other documents of a similar character issued by SICA in the course of its business, and to bind SICA thereby as fully as if such instruments had been duly executed by SICA's regularly elected officers at its principal office, in amounts or penalties not exceeding the sum of: NO LIMITATIONS for bid bonds, consent of surety and bid guarantees only.

Signed this 21 day of MARCH 2024,

SELECTIVE INSURANCE COMPANY OF AMERICA

By:

Brian C. Sarisky

Its SVP, Chief Underwriting Officer, Commercial Lines



STATE OF NEW JERSEY :

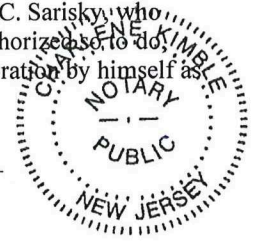
:ss. Branchville

COUNTY OF SUSSEX

On this 21 day of MARCH, 2024, before me, the undersigned officer, personally appeared Brian C. Sarisky, who acknowledged himself to be the Vice President of SICA, and that he, as such Vice President, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as Vice President and that the same was his free act and deed and the free act and deed of SICA.

Charlene Kimble
NOTARY PUBLIC
STATE OF NEW JERSEY
ID # N/A
MY COMMISSION EXPIRES 6/2/26

Charlene Kimble
Notary Public



The power of attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of SICA at a meeting duly called and held on the 6th of February 1987, to wit:

"RESOLVED, the Board of Directors of Selective Insurance Company of America authorizes and approves the use of a facsimile corporate seal, facsimile signatures of corporate officers and notarial acknowledgements thereof on powers of attorney for the execution of bonds, recognizances, contracts of indemnity and other writing obligatory in the nature of a bond, recognizance or conditional undertaking."

CERTIFICATION

I do hereby certify as SICA's Corporate Secretary that the foregoing extract of SICA's By-Laws and Resolution are still in force and effect and this Power of Attorney issued pursuant to and in accordance with the By-Laws is valid.

Signed this 2nd day of April, 2025.

Michael H. Lanza, SICA Corporate Secretary



CERTIFIED COPY



State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE

DIVISION OF INSURANCE

OFFICE OF SOLVENCY REGULATION

PO BOX 325

TRENTON, NJ 08625-0325

TEL (609) 292-7272

FAX (609) 292-6765

PHIL MURPHY
Governor

JUSTIN ZIMMERMAN
Commissioner

TAHESHA WAY, ESQ.
Lt. Governor

CERTIFICATE OF COMPLIANCE

December 31, 2024

I, **Justin Zimmerman**, Commissioner of Banking and Insurance of the State of New Jersey, do hereby certify, depose and say that:

1. The **SELECTIVE INSURANCE COMPANY OF AMERICA**, Branchville, New Jersey, is a Corporation organized under the laws of the State of New Jersey on December 22, 1925 and commenced business in this State on April 26, 1926. The Company changed its name from Selected Risks Insurance Company to Selective Insurance Company of America effective December 6, 1985;
2. The home office of said Company is located at 40 Wantage Avenue, Branchville, New Jersey 07890, and the name of the agent therein and in charge thereof upon whom process may be served against said Corporation is Michael H. Lanza;
3. Said Company is presently authorized to transact in New Jersey the kinds of insurance specified in paragraphs "a", "b", "e", "f", "g", "j", "k", "l", "m", "n" and "o" of N.J.S.A. 17:17-1 and is also authorized to transact the business of "**Health Insurance**" being the kind of insurance specified in N.J.S.A. 17B:17-4. Attached is the relevant section of the statute for your information. The Company's authority granted under paragraph "o" is further delineated in its Certificate of Authority as follows:

AGAINST all physical loss to buildings and structures, including consequential loss, and against loss or damage to property of others caused by an insured;

AGAINST the perils of radioactive contamination and all other perils causing physical loss to nuclear energy installations and facilities, including consequential loss;

LOSS or damage to property by epidemic;

AGAINST loss or damage to property by power failure or mechanical breakdown;

INSURANCE against loss or damage to property or any insurable interest therein caused by insects or by radiation resulting from atomic fission;

ENGINE breakdown;

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LOSS or damage to property of the assured caused by falling of tanks, or equipment for protecting property against fire, by explosion other than steam boilers, pipes, engines, motor and machinery connected therewith (except fire);

LIMITED to the right to participate in associations or pools, such as NEPIA and NELIA, which associations or pools are authorized to write "All Risks" insurance involving Nuclear Fuel Exposures;

ECONOMIC Security; and

ALL other liability not covered under paragraph 'e' including voluntary assumed liability.

4. Said Company is in good standing and having complied with all the requirements of the New Jersey Statutes is authorized to transact the business of insurance in the State of New Jersey in accordance with all the provisions of its charter and the laws of this State as provided in its currently effective Amended Certificate of Authority issued by this Department;
5. The currently effective Amended Certificate of Authority authorizes the **SELECTIVE INSURANCE COMPANY OF AMERICA** to transact in this State, among other things, the business that is commonly known as **Fidelity and Surety**; and
6. As reported in its sworn Annual Statement as at December 31, 2023, the Company had a Common Capital Stock of \$4,400,000; a Gross Paid In and Contributed Surplus of \$160,813,867 and an Unassigned Funds (Surplus) of \$773,551,311 or a total Surplus as Regards Policyholders of \$938,765,178.

I further certify that the **SELECTIVE INSURANCE COMPANY OF AMERICA** is not precluded by its charter or the laws of this State from engaging in the classes of business stated above in states other than New Jersey, upon compliance with the laws of such other states.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed my official Seal, at Trenton,
the day and year first above written.


Commissioner of Banking and Insurance

MORRIS COUNTY MUA

Price Proposal Table

PROPOSAL TO:

Morris County Municipal Utilities Authority

Furnish and install metal roof panel and selective metal fascia wall panel for approx. 32,000 sf and a 2 ply membrane roofing for approx. 700 sf at the MCMUA Parsippany Transfer Station.

ITEM 1 – BONDS and INSURANCES

(written in words) EIGHT THOUSAND DOLLARS AND ZERO CENTS (\$ 8,000.00)

ITEM 2 – DIVISION 1 – GENERAL REQUIREMENTS

(written in words) FIVE THOUSAND DOLLARS AND ZERO CENTS (\$ 5,000.00)

ITEM 3 – DIVISION 1 – PROJECT SUPERVISION

(written in words) FORTY THOUSAND DOLLARS AND ZERO CENTS (\$ 40,000.00)

ITEM 4 – DIVISION 1 – DEMOLITION

(written in words) ONE HUNDRED THOUSAND DOLLARS AND ZERO CENTS (\$100,000.00)

ITEM 5 – DIVISION 7 – METAL ROOFING & FASCIA

(written in words) NINE HUNDRED NINETY NINE THOUSAND DOLLARS AND ZERO CENTS (\$ 999,000.00)

ITEM 6 – DIVISION 7 – 2 PLY ROOFING

(written in words) FORTY ONE THOUSAND DOLLARS AND ZERO CENTS (\$41,000.00)

ITEM 7 – AS-BUILT DRAWINGS

(written in words) EIGHT THOUSAND DOLLARS AND ZERO CENTS (\$ 8,000.00)

ITEM 8 – PROJECT CLOSEOUT

(written in words) FOUR THOUSAND DOLLARS AND ZERO CENTS (\$ 4,000.00)

ALLOWANCE A1– GENERAL ALLOWANCE

(written in words) One Hundred Thousand Dollars and 00 Cents (\$100,000.00)

ALLOWANCE A1– TREE TRIMMING

(written in words) Twenty Five Thousand Dollars and 00 Cents (\$25,000.00)

TOTAL BASE BID (ITEMS 1 – 8 INCLUSIVE, PLUS ALLOWANCE A1 & A2)

(written in words) ONE MILLION TWO HUNDRED THIRTY FOUR THOUSAND DOLLARS AND ZERO CENTS (\$1,330,000.00)

SITE SUPERVISION

THE CONTRACTOR IS TO PROVIDE FULL TIME SITE SUPERVISION FOR HIS OR HER STAFF, SUBCONTRACTORS AND SUPPLIERS FOR THE DURATION OF THIS PROJECT. A COMPETENT SUPERINTENDENT SHALL BE IN ATTENDANCE AT THE JOB SITE AT ALL TIMES WHEN WORK IS BEING PERFORMED UNDER THEIR CONTRACT. THE SUPERINTENDENT IS RESPONSIBLE TO VISIT THE JOB SITE DAILY WHEN WORK IS NOT BEING PERFORMED UNDER THEIR CONTRACT AND TO MONITOR THE OVERALL CONSTRUCTION PROGRESS. A QUALIFIED SITE

MORRIS COUNTY MUA

Price Proposal Table

SUPERINTENDENT MUST HAVE THE AUTHORITY TO REPRESENT AND MAKE DECISIONS FOR HIS OR HER COMPANY WITH REGARDS TO THE SUBJECT JOB, MUST BE ABLE TO GIVE GUIDANCE AND DIRECTION TO EMPLOYEES, SUBCONTRACTORS AND SUPPLIERS, AND MUST BE KNOWLEDGEABLE ABOUT THE WORK TO BE PROVIDED.

TIME OF COMPLETION

ALL WORK UNDER THIS CONTRACT SHALL BE COMPLETED BETWEEN THE FOLLOWING HOURS, IN ACCORDANCE WITH THE FOLLOWING DATES:

WORK DAYS:	Monday – Friday *Saturday if requested
WORK HOURS:	8:00 AM - 4:00 PM
Project Award Date:	April 8 th 2025
SUBSTANTIAL COMPLETION	October 8 th , 2025
FINAL COMPLETION:	14 days after Sub Completion

IF NECESSARY, WEEKEND, HOLIDAY AND EVENING WORK SHALL BE PROVIDED TO ENSURE THE COMPLETION DATES LISTED ABOVE, AT THE SOLE COST AND EXPENSE OF THE BIDDER. FAILURE OF THE CONTRACTOR TO COMPLETE WORK BY THE SPECIFIED TIME SHALL SUBJECT HIM/HER TO LIQUIDATED DAMAGES AND EXTENDED ENGINEERING FEES AS SET FORTH IN THE CONTRACT.

BIDDER: Arco Construction INC

BIDDER'S ADDRESS: 15 Fairfield Place West Caldwell, NJ 07006

SIGNED BY:  TITLE: President

DATE: 4/1/25

Telephone number where the contractor or a competent representative can accept a telephone message and provide a reasonable reply as soon as possible, but not later than twenty-four (24) hours:

DAY: () 973.575.5200 NIGHT: () 973.575.5200

MORRIS COUNTY MUA

Administrative Documents

- A. Failure to submit the following documents at the time of bid opening is a MANDATORY cause for rejection of the bid.

Owner's Checkmarks		Bidder's Initials
X	Bid Security by way of a certified check, cashier's check, or bid bond	EB
X	Consent of Surety	EB
X	Statement of Ownership Disclosure	EB
X	Subcontractor Utilization Form for branches of work required by N.J.S.A. 40A:11-16 (e.g., plumbing, electrical, HVAC, structural steel)	EB
X	Acknowledgement of receipt of any notice(s) or revision(s) or addenda to an advertisement, specifications or bid document(s)	EB
X	Non-Collusion Affidavit	EB

- B. Failure to submit the following documents at the time of bid opening may be cause for rejection of the bid.

Owner's Checkmarks		Bidder's Initials
X	Administrative Documents Acknowledgement	EB
X	Price Proposal Table	EB
X	Price Proposal Signature Form	EB
X	Questionnaire	EB
X	Mandatory EEO Language	EB
X	AA-201 Form – Initial Project Workforce Report - Construction	EB
X	N.J. Anti-Discrimination Form	EB
X	Pay to Play Advisory Notice	EB
X	Certification of Non-Involvement in Prohibited Activities in Russia & Belarus	EB
X	Americans with Disability Act of 1990	EB
X	Affidavit of Non-Debarred Status	EB

MORRIS COUNTY MUA

Administrative Documents

Owner's Checkmarks		Bidder's Initials
X	Surety Acknowledgement	EB
X	Surety Disclosure Statement & Certification	EB
X	Bidder's Agreement to Provide Equipment and Vehicles	EB
X	Third Party Equipment and Vehicle Owner's Agreement to Provide Bidder with Equipment and Vehicles	EB
X	Corporate Acknowledgement	EB
X	Acknowledgement of Contractor, if Bidder is a Partnership or LLP	EB
X	Acknowledgement of Contractor, if Bidder is an Individual	EB
X	Acknowledgement of Contractor, LLC	EB
X	Certified Copy of Resolution of Board of Directors, if Bidder is a Corporation	EB
X	W-9	EB
X	Affirmative Action Compliance Notice	EB
X	New Jersey Business Registration Certificate	EB
X	Disclosure of Investment Activities in Iran	EB
X	Lowest Bidder Prevailing Wage Certification	EB
X	Public Works Contractor Registration of Contractor and Subcontractors	EB
X	Non-Debarment Certification – Federal Level	EB

D. The following documents are to be submitted prior to the start of construction

X	Project Work Schedule (Time Line) and Schedule of Values
X	Certificate of Insurance
X	Pre-Construction Photographs or Video
X	Shop Drawings, Material Certifications
X	Performance and Payment Bond

MORRIS COUNTY MUA

Administrative Documents

E. The following documents are to be submitted at the completion and acceptance of the project.

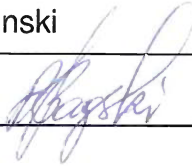
X	2 Year Maintenance Bond (100% Of Final Contract Price)
X	Final Release and Indemnity Agreement
X	Project Guarantees/Warranties (If Applicable)
X	Instruction and O & M Manuals (If Applicable)

. The undersigned hereby acknowledges and has submitted the above required documents.

Business Name: Arco Construction INC

Representative's Name: Eric Baginski

Representative's Signature:



Date: 4/1/25

Phone: 973.575.5200

MORRIS COUNTY MUA

Acknowledgement of Receipt of Addenda

Pursuant to the NJSA 40A:11-23.1a, the undersigned Bidder hereby acknowledges receipt of the following notices, revisions or addenda to the Bid Advertisement, Bid Specifications or Bid Documents. By indicating date of receipt, Bidder acknowledges the submitted Bid takes into account the provisions of the notice, revision or addendum. Note that the local unit's record of proper notice to Bidders, per NJSA 40A:11-23(c), shall take precedence and Bidder's failure to acknowledge receipt of addenda shall result in rejection of Bid.

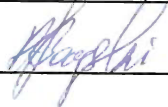
Title of Addendum/Revision	Received Via (email, fax, etc.)	Date Received
ADDENDUM NO. 1	Website	March 12, 2025
ADDENDUM NO. 2	Website	March 20, 2025

No Addenda Issued Initials _____

ACKNOWLEDGEMENT OF BIDDER

Name of Bidder: Arco Construction INC

Bidder's Signature:



Printed Name & Title: Eric Baginski President

Date: 4/1/25

MORRIS COUNTY MUA

Experience Questionnaire

This questionnaire must be filled out and submitted as a part of the Bid. Failure to complete this form or to provide any of the requested information will be grounds for the rejection of the bid. If additional space is required, the respondent shall add additional sheets, which identify the question being answered.

Number of years in business under present name & address:

30

If less than 5 years, list previous names and address:

N/A

Within the last 5 years has the business or any officer/partner failed to complete a contract awarded to them: NO. If yes, provide the details in on a separate page.

Have any liens and lawsuits been filed against the company in the past 5 years: NO

If yes, please provide details:

List similar services you are now providing for which you have signed contract, but not yet started work:

Roofing, Metal wall panelling

List all major subcontractors to be used to complete the service and the area of their responsibility:

N/A

Please provide at least 3 references below:

Name: NORBERTO FIGUEROA

Phone: 973-256-0202

Address: 30 GALES DRIVE, WAYNE, NJ 07470

MORRIS COUNTY MUA

Experience Questionnaire

Equipment/Service Provided: SR. CONSTRUCTION ADMINISTRATOR, DICARA RUBINO ARCHITECTS

Contract Amount: \$680,900.00

Name: TIM HENNESSEY

Phone: 201-941-3040

Address: 3 UNIVERSITY PLAZA DRIVE, HACKENSACK, NJ 07601

Equipment/Service Provided: PROJECT MANAGER, RSC ARCHITECTS

Contract Amount: \$1,329,000

Name: GLENN HINKSMON

Phone: 201-447-6400

Address: 233 FAIRFIELD ROAD, FAIRFIELD, NJ 07004

Equipment/Service Provided: SR. CONSTRUCTION ADMINISTRATOR, DICARA RUBINO ARCHITECTS

Contract Amount: \$680,900.00

Name:

Phone:

Address:

Equipment/Service Provided:

Contract Amount:

MORRIS COUNTY MUA

Mandatory EEO Language

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L.1975, c.127)

N.J.A.C. 17:27 et seq.

GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it

MORRIS COUNTY MUA

Mandatory EEO Language

will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions. The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; or

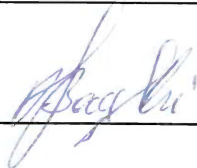
Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: http://www.state.nj.us/treasury/contract_compliance.

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq

Business Name: Arco Construction INC

Representative's Name (print): Eric Baginski

Representative's Signature:



Date: 4/1/25

MORRIS COUNTY MUA

Instructions for Completing the Initial Project Workforce Report AA201

INSTRUCTIONS FOR COMPLETING THE INITIAL PROJECT WORKFORCE REPORT - CONSTRUCTION (AA201)

DO NOT COMPLETE THIS FORM FOR GOODS AND/OR SERVICE CONTRACTS

1. Enter the Federal Identification Number assigned to the contractor by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for but not yet issued, or if your business is such that you have not or will not receive a Federal Identification Number, enter the social security number assigned to the single owner or one partner, in the case of a partnership.
2. Note: The Division of CC/EEO will assign a contractor ID number to your company. This number will be your permanently assigned contractor ID number that must be on all correspondence and reports submitted to this office.
3. Enter the prime contractor's name, address and zip code number.
4. Check box if Company is Minority Owned or Woman Owned
5. Enter the complete name and address of the Public Agency awarding the contract. Include the contract number, date of award and dollar amount of the contract.
6. Enter the name and address of the project, including the county in which the project is located.
7. Note: A project contract ID number will be assigned to your firm upon receipt of the completed Initial Project Workforce Report (AA201) for this contract. This number must be indicated on all correspondence and reports submitted to this office relating to this contract.
8. Check "Yes" or "No" to indicate whether a Project Labor Agreement (PLA) was established with the labor organization(s) for this project.
9. Under the Projected Total Number of Employees in each trade or craft and at each level of classification, enter the total composite workforce of the prime contractor and all subcontractors projected to work on the project. Under Projected Employees enter total minority and female employees of the prime contractor and all subcontractors projected to work on the project. Minority employees include Black, Hispanic, American Indian and Asian, (J=Journeyworker, AP=Apprentice). Include projected phase-in and completion dates.
10. Print or type the name of the company official or authorized Equal Employment Opportunity (EEO) official include signature and title, phone number and date the report is submitted.

MORRIS COUNTY MUA

Instructions for Completing the Initial Project Workforce Report AA201

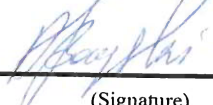
This report must be submitted to the Public Agency that awards the contract and the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts no later than three (3) days after the contractor signs the contract.

THE CONTRACTOR IS TO RETAIN THE FOURTH AND FINAL COPY MARKED "CONTRACTOR", SUBMIT THE THIRD COPY MARKED "PUBLIC AGENCY" TO THE PUBLIC AGENCY AWARDED THE CONTRACT AND FORWARD THE REMAINING TWO (2) COPIES TO:
NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF CONTRACT COMPLIANCE & EQUAL EMPLOYMENT OPPORTUNITY IN PUBLIC CONTRACTS

**P.O. BOX 200
TRNETON, NJ 08625-0209
(609) 292-9550**

MORRIS COUNTY MUA

Instructions for Completing the Initial Project Workforce Report AA201



(Signature)

Eric Baginski

President

10.

(Please Print Your Name)

(Title)

973.575.5200

4/1/25

(Area Code)

(Telephone Number)

(Ext.)

(Date)

MORRIS COUNTY MUA

New Jersey Anti-Discrimination

Pursuant to N.J.S.A. 10:2-1:

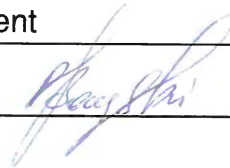
- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

Business Name (Print): Arco Construction INC

Representative's Name (Print): Eric Baginski

Representative's Title: President

Representative's Signature:



Phone: 973.575.5200

Date: 4/1/25

MORRIS COUNTY MUA

Americans with Disabilities Act of 1990

The CONTRACTOR and the OWNER do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "ACT") (42 U.S.C. S12101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereto, are made a part of this contract. In providing any act benefit, or service on behalf of the OWNER pursuant to this contract, the CONTRACTOR agrees that the performance shall be in strict compliance with the Act. In the event that the Contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the CONTRACTOR shall defend the OWNER in any action or administrative proceeding commenced pursuant to this Act. The Contractor shall indemnify, protect, and save harmless the OWNER, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The CONTRACTOR shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the OWNER grievance procedure, the CONTRACTOR agrees to abide by any decision of the OWNER which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the OWNER or if the OWNER must any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the CONTRACTOR shall satisfy and discharge the same at its OWN expense.

The OWNER shall, as soon as practicable after a claim has been made against it, give written notice thereof to the CONTRACTOR along with full and complete particulars of the claim. If any action or administrative proceedings is brought against the OWNER or any of its agents, servants, and employees, the OWNER shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the OWNER or its representatives.

It is expressly agreed and understood that any approval by the OWNER of the services provided by the CONTRACTOR pursuant to this contract will not relieve the CONTRACTOR of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the OWNER pursuant to this paragraph.

It is further agreed and understood that the OWNER assumes no obligation to indemnify or save harmless the CONTRACTOR, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the CONTRACTOR expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the CONTRACTOR'S obligations assumed in this Agreement, nor shall they be construed to relieve the CONTRACTOR from any liability, nor preclude the OWNER from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

MORRIS COUNTY MUA

Americans with Disabilities Act of 1990

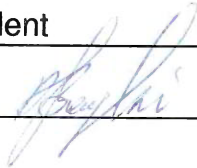
Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Business Name (Print): Arco Construction INC

Representative's Name (Print): Eric Baginski

Representative's Title: President

Representative's Signature:



Phone: 973.575.5200

Date: 4/1/25

MORRIS COUNTY MUA

Affirmative Action Compliance Notice

EXHIBIT A

GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

This form is a summary of the successful vendor's requirement to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

The respondent shall submit to the public agency, one of the following three documents as forms of evidence:

1. Letter of Federal Affirmative Action Plan Approval
2. Certificate of Employee Information Report
3. A photocopy of an Employee Information Report (AA302) provided by the Division and distributed to the public agency to be completed by the vendor in accordance with N.J.A.C. 17:27-4.

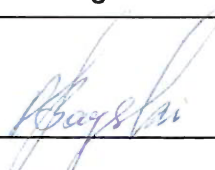
The vendor must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

The undersigned vendor further understands that his/her proposal shall be rejected as non-responsive if said vendor fails to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27.

Business Name: Arco Construction INC

Representative's Name (print): Eric Baginski

Representative's Signature:



Date: 4/1/25

STATEMENT OF OWNERSHIP DISCLOSURE

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

Name of Organization: Arco Construction INC

Organization Address: 15 Fairfield Place West Caldwell, NJ 07006

Part I Check the box that represents the type of business organization:

- Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
- Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- For-Profit Corporation (any type) Limited Liability Company (LLC)
- Partnership Limited Partnership Limited Liability Partnership (LLP)
- Other (be specific): _____

Part II

The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. **(COMPLETE THE LIST BELOW IN THIS SECTION)**

OR

No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. **(SKIP TO PART IV)**

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Address	
Eric Baginski	14 Boxwood Drive, Fairfield NJ 07004	Essex County

Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed.**

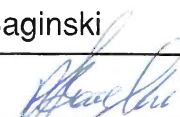
Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II other than for any publicly traded parent entities referenced above. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Address

Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the **Morris County Municipal Utilities Authority** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with **Morris County Municipal Utilities Authority** to notify the **Morris County Municipal Utilities Authority** in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the **Morris County Municipal Utilities Authority** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Eric Baginski	Title:	President
Signature:		Date:	4/1/25

MORRIS COUNTY MUA

Acknowledgement of Contractor, if a Partnership or LLP

STATE OF

)

N/A

) SS:

COUNTY OF

)

On this _____ day of _____ in the year 20____, before me personally came and appeared _____

to me known, who, being by me duly sworn, did depose and say, that he is the:

_____ of the
(general partner or duly authorized representative)

firm of: _____

described in and which executed the foregoing instrument by and with the consent of all partners and he acknowledged to me that he executed the same as and for the act and deed of said firm.

(Seal)

Notary Public

County, State

MORRIS COUNTY MUA

Acknowledgement of Contractor, if a Limited Liability Company

N/A

STATE OF _____)
) SS:
COUNTY OF _____)

On this _____ day of _____ in the year 20____, before me personally came
and appeared _____

to me known, who, being by me duly sworn, did depose and say, that he is the:

_____ of the
(Managing Member of LLC or duly authorized representative)

firm of: _____

described in and which executed the foregoing instrument by and with the consent of all partners and he
acknowledged to me that he executed the same as and for the act and deed of said firm.

(Seal)

Notary Public

County, State

MORRIS COUNTY MUA

Certified Copy of Resolution of Board of Directors

Arco Construction INC

(Name of Corporation)

RESOLVED that Eric Baginski, President
(Person Authorized to Sign) (Title)

of Arco Construction INC be authorized to sign and submit the Bid of this
(Name of Corporation)

Corporation for the following project:

Parsippany Transfer Station Roof and Partial Fascia Replacement

The foregoing is a true and correct copy of the Resolution adopted by

Arco Construction INC

at a meeting of its Board of Directors

held on the First day of April, 20 25.

By Eric Baginski

Title President

(SEAL)

This form must be completed if the Bidder is a Corporation.

MORRIS COUNTY MUA

Bidder's Agreement to Provide Equipment and Vehicles

AGREEMENT TO PROVIDE EQUIPMENT AND VEHICLES CONTINGENT UPON AWARD OF CONTRACT FOR PARSIPPANY TRANSFER STATION ROOF AND PARTIAL FASCIA REPLACEMENT

Arco Construction INC (Bidder) hereby agrees to provide and commit, contingent upon the award of the Contract for **PARSIPPANY TRANSFER STATION ROOF AND PARTIAL FASCIA REPLACEMENT** (the "Contract"), that equipment and those vehicles listed in the EQUIPMENT AND VEHICLE CERTIFICATION included in the Bid Documents and any such other equipment and/or vehicle(s) reasonably calculated to ensure safe, adequate and proper service, for use in connection with the Contract, during the entire Term of the Contract.

Dated 4/1/25

By Arco Construction INC

Name Eric Baginski

Title President

MORRIS COUNTY MUA

Third Party Equipment and Vehicle Owner's Agreement to Provide Bidder with Equipment and Vehicles

THIRD PARTY EQUIPMENT AND VEHICLE OWNER'S ("OWNER") AGREEMENT TO PROVIDE BIDDER WITH EQUIPMENT AND VEHICLES CONTINGENT UPON AWARD OF CONTRACT TO BIDDER FOR PARSIPPANY TRANSFER STATION ROOF AND PARTIAL FASCIA REPLACEMENT

N/A (Owner) hereby agrees to provide and commit to
N/A (Bidder), contingent upon the award of the Contract to Bidder for **PARSIPPANY TRANSFER STATION ROOF AND PARTIAL FASCIA REPLACEMENT**, by the Morris County Municipal Utilities Authority (the "Contract"), that equipment and those vehicles listed in the EQUIPMENT AND VEHICLE CERTIFICATION included in the Bid Documents and any such other equipment and/or vehicle(s) reasonably calculated by Bidder to ensure safe, adequate and proper service, for use in connection with the Contract, during the entire Term of the Contract.

Dated N/A

By N/A

Name N/A

Title N/A

MORRIS COUNTY MUA

Equipment and Vehicle Certification

INSTRUCTIONS FOR COMPLETING THE EQUIPMENT AND VEHICLE CERTIFICATION

If the Bidder owns, leases or controls all the necessary equipment and vehicles required, Bidder shall complete Part 1A together with the Bidder's Agreement to Provide Equipment and Vehicles included in the Bid Documents. If the Bidder owns, leases or controls a portion of the necessary equipment and vehicles required, Bidder shall complete Part 1B together with the Bidder's Agreement to Provide Equipment and Vehicles included in the Bid Documents and Bidder shall have Part 2 completed together with the Third Party Equipment and Vehicle Owner's Agreement to Provide Bidder with Equipment and Vehicles included in the Bid Documents for the remaining portion of the necessary equipment and vehicles required to accomplish the Work in the Bid Documents. Should the Bidder not own, lease or control the necessary equipment and vehicles required, Bidder shall have Part 2 completed together with the Third Party Equipment and Vehicle Owner's Agreement to Provide Bidder with Equipment and Vehicles included in the Bid Documents. This Equipment and Vehicle Certification shall be attached to and submitted with the Bid.

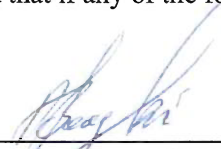
Part 1A

This is to certify that I, the Bidder signing the attached Bid, own, lease or control all the necessary equipment and solid waste vehicles required and list below to accomplish the Work described in the Bid Documents. In addition, I certify that the solid waste vehicles will meet the air pollution control ("Diesel Retrofit Program") standards set forth within N.J.A.C. 7:27-32 et seq.

I certify that the foregoing statements made by me are true. I understand that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

4/1/25

Date



Signature of Bidder

Part 1B

This is to certify that I, the Bidder signing the attached Bid, own, lease or control a portion of the necessary equipment and solid waste vehicles required and list below to accomplish the Work described in the Bid Documents. In addition, I certify that the solid waste vehicles will meet the air pollution control ("Diesel Retrofit Program") standards set forth within N.J.A.C. 7:27-32 et seq. I certify that the remaining necessary equipment and solid waste vehicles required to accomplish the Work described in the Bid Documents are set forth in Part II.

I certify that the foregoing statements made by me are true. I understand that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

N/A

Date

N/A

Signature of Bidder

Part 2

MORRIS COUNTY MUA

Equipment and Vehicle Certification

This is to certify that I, the undersigned, own or control the equipment and vehicles required and listed below, and definitely grant or will grant the Bidder named below the control of said equipment and vehicles during such time as may be required for that portion of the Work described in the Bid Documents for which said equipment and vehicles are necessary. In addition, I certify that the solid waste vehicles will meet the air pollution control ("Diesel Retrofit Program") standards set forth within N.J.A.C. 7:27-32 et seq.

I certify that the foregoing statements made by me are true. I understand that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

N/A

Date

N/A

Signature of Third Party Owner

N/A

Name of Bidder

N/A

Business Address of Above

MORRIS COUNTY MUA

Equipment and Vehicle Certification

List of Equipment and Vehicles

(Attachment to Equipment and Vehicle Certification)

Please provide copies of all Vehicle and Equipment Registrations

VIN	VIN	LICENSE PLATE	DECAL #'S	MAKE	MODEL
2NPTL40XXGM	271520	AS 714U		PET	
5FPYK3F14P30	37568	XN PU 70		HONDA	
1FBZK2ZM5GK	A 68804	XFWZ 34		FORD	
M 2MD BAAINS00	3599				

(Attach Additional Sheet as Required)

EXPIRES: 05/31/2025

NEW JERSEY APPORTIONED CAB CARD
KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER: AS714U

UNIT NO. 100	YEAR 2016	MAKE PET	ACCOUNT NUMBER NJ-32894		NJ 066000	AL 066000	AR 066000	AZ 066000
VEHICLE IDENTIFICATION NUMBER 2NPTL40XXGM271520				FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11	CA 066000	DC 066000
TYPE TK	AXLES 4	GROSS WEIGHT 66000	FUEL D	REGISTRATION DATE 06/01/2024		DE 066000	FL 066000	GA 066000
DESCRIPTION COMMERCIAL TRUCK			TRANS ID # IU202532894001000		IL 066000	IN 066000	IA 066000	KS 066000
OWNER ARCO CONSTRUCTION INC					ME 066000	MI 066000	MA 066000	MD 066000
REGISTRANT ARCO CONSTRUCTION INC 15 FAIRFIELD PL CALDWELL, NJ 07006					MS 066000	MT 066000	MN 066000	MO 066000
					NE 066000	NH 066000	NC 066000	ND 066000
					NY 066000	NM 066000	NV 066000	NV 066000
					PA 066000	OH 066000	OK 066000	OR 066000
					PE 029932	RI 066000	SC 066000	SD 066000
					QC 04 AXL	TX 066000	UT 066000	VA 066000
					** *****	WA 066000	WI 066000	WV 066000
					** *****	AB 029932	BC 029932	MB 029932
					** *****	NB 029932	NS 029932	ON 029932
					** *****	NL 029932	SK 029932	** *****
					** *****	QC 04 AXL	** *****	** *****
					** *****	** *****	** *****	** *****
					** *****	** *****	** *****	** *****

THE VEHICLE DESCRIBED HEREIN HAS BEEN PROPORTIONALLY REGISTERED BETWEEN THE STATE OF NEW JERSEY AND THE ABOVE JURISDICTIONS.

000009242

Motor Carrier Responsible for Safety
USDOT Number: 1246266
ARCO CONSTRUCTION INC
15 FAIRFIELD PLACE
WEST CALDWELL, NJ 07006



This document is the property of the State of New Jersey. It may be recalled at any time if it is determined that the registrant supplied incorrect information and/or failed to pay appropriate registration fees.

This document grants registration reciprocity with the states/provinces whose two-letter postal abbreviation appears on this page. You must still comply with all other laws a state/province may have regarding intra and interstate operations.

Change of name or address must be reported in writing to the New Jersey Motor Vehicle Commission, Motor Carriers Unit, PO BOX 178, Trenton, NJ 08611-0178, within thirty(30) days.

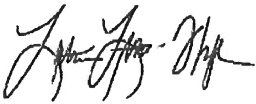
Remember: Compulsory vehicle insurance is the law in New Jersey.



New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

DEAR REGISTERED OWNER:

HERE IS YOUR NEW REGISTRATION. WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.



Latrecia Littles-Floyd, Acting Chief Administrator



ARCO CONSTRUCTION INC
15 FAIRFIELD PLACE
WEST CALDWELL NJ 07006



VEHICLE REGISTRATION
PLATE NO: **XNPU70** GOOD THRU: **06/2026**
VIN: **5FPYK3F14PB037568**
HON 2023 PKUP WT RID GW:5000
ARCO CONSTRUCTION INC **COMMERCIAL 11**
15 FAIRFIELD PLACE CC:052217460070060
WEST CALDWELL NJ 07006 RENEWAL PT:CM
FEE: 105.00 WW202508600012160

IMPORTANT REMINDERS:

- This document may serve as proof of your registration:
 - Print document or;
 - Use as a digital document by saving on your electronic/computer device in a secure place.
- Your MVC printed card will arrive in the mail within 7 to 14 days.

Be sure to check the inspection sticker on your windshield to find the date your vehicle is due.

-- The Choice is Yours --
State or Private Inspection
-- For Your Convenience --

Private garages, if licensed by the state, can perform your inspection or reinspection. This gives you the option of having your vehicle inspected at a state inspection station or a licensed private garage. If you choose to have your vehicle inspected by a licensed private garage, the cost of the inspection must be conspicuously posted by the business.

DEAR REGISTERED OWNER:

HERE IS YOUR NEW REGISTRATION. WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.



Latrecia Littles-Floyd, Acting Chief Administrator



VEHICLE REGISTRATION



ARCO CONSTRUCTION INC
15 FAIRFIELD PLACE
WEST CALDWELL NJ 07006

PLATE NO: **XFWZ34** GOOD THRU: **06/2026**
VIN: **1 1FBZX2ZM5GKA68804**
FOR 2016 WAGON WT TRA GW:6990
ARCO CONSTRUCTION INC **COMMERCIAL 11**
15 FAIRFIELD PLACE CC:052217460070060
WEST CALDWELL NJ 07006 RENEWAL PT:CM
FEE: 128.00 WW202508600012047

IMPORTANT REMINDERS:

- This document may serve as proof of your registration:
 - Print document or;
 - Use as a digital document by saving on your electronic/computer device in a secure place.
- Your MVC printed card will arrive in the mail within 7 to 14 days.

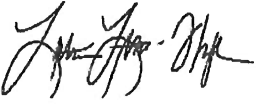
Be sure to check the inspection sticker on your windshield to find the date your vehicle is due.

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State or Private Inspection
-- For Your Convenience --

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DEAR REGISTERED OWNER:

HERE IS YOUR NEW REGISTRATION. WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.



Latrecia Littles-Floyd, Acting Chief Administrator

ARCO CONSTRUCTION INC
15 FAIRFIELD PLACE
WEST CALDWELL NJ 07006



VEHICLE REGISTRATION



PLATE NO: **XPKV48** GOOD THRU: **12/2025**
VIN: **1 1M2MDBAA1NS003599**
MAC 2022 TRK WHITE MD6 GW:26000
ARCO CONSTRUCTION INC **COMMERCIAL 11**
15 FAIRFIELD PLACE CC:052217460070060
WEST CALDWELL NJ 07006 RENEWAL PT:CM
FEE: 409.50 WW202500600005080

IMPORTANT REMINDERS:

- This document may serve as proof of your registration:
 - Print document or;
 - Use as a digital document by saving on your electronic/computer device in a secure place.
- Your MVC printed card will arrive in the mail within 7 to 14 days.

Be sure to check the inspection sticker on your windshield to find the date your vehicle is due.

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Private garages, if licensed by the state, can perform your inspection or reinspection. This gives you the option of having your vehicle inspected at a state inspection station or a licensed private garage. If you choose to have your vehicle inspected by a licensed private garage, the cost of the inspection must be conspicuously posted by the business.

MORRIS COUNTY MUA

Subcontractor Utilization Plan Form

Before submitting his bid, the Bidder shall completely familiarize himself with Section 40A:11-16 of the New Jersey Local Public Contracts Law (New Jersey Statutes Annotated 40A:11-16). On contracts for the erection, alteration or repair of any public building, if the Bidder will use subcontractors for the plumbing work and gas fitting and all kindred work, steam and hot water heating and ventilating apparatus, steam power plants and kindred work, electrical work, structural steel and ornamental iron work he shall list below the name and address of each subcontractor to be used for these respective and kindred categories of work.

Instructions: PLEASE CHECK ONE OF THE BELOW LISTED BOXES:

If awarded this contract, I will engage subcontractors to provide certain goods and/or services.

If awarded this contract, I do not intend to engage subcontractors to provide any goods and/or services.

PRINCIPAL OF FIRM:

Name: Eric Baginski

Signature: 

Title: President

Date: 4/1/25

MORRIS COUNTY MUA

Subcontractor Utilization Plan Form

SUBCONTRACTOR UTILIZATION PLAN (REFERENCED IN BID STANDARD TERMS AND CONDITIONS)	
WORK CATEGORY	SUBCONTRACTOR'S NAME & ADDRESS
Plumbing & Gas Fitting, And all kindred work	N/A
Steam Power Plants, Steam & Hot Water Heating and Ventilating Apparatus, And all kindred works	N/A
Electrical Work	Positive Electric
Structural Steel and Ornamental Iron Work	N/A

ATTACH ADDITIONAL PAGES AS REQUIRED

NOTE: Submission of the names and addresses of the subcontractors required by N.J.S.A. 40A:11-16 is essential and non-waivable. The names and addresses for subcontractors must be provided for each work category above, otherwise the bid will be deemed nonresponsive. Where **more than one** subcontractor is named for a work category, the bidder must submit certification setting forth the scope of work that is to be performed by each subcontractor, as required by N.J.S.A 40A:11-16. Failure to comply with these statutory requirements will result in the Bid being deemed nonresponsive.

MORRIS COUNTY MUA

Subcontractor Utilization Plan Form

NOTICE OF INTENT TO SUBCONTRACT FORM

THIS **NOTICE OF INTENT TO SUBCONTRACT** FORM MUST BE COMPLETED AND INCLUDED AS PART OF EACH BIDDER'S PROPOSAL. FAILURE TO SUBMIT THIS FORM WILL BE CAUSE FOR REJECTION OF THE BID AS NON-RESPONSIVE.

Solicitation Number: BID#2025-SW03	Solicitation Title: PARSIPPANY TRANSFER STATION ROOF AND PARTIAL FASCIA REPLACEMENT	
Bidder's Name and Address: Name Arco Construction INC		
Address 15 Fairfield Place		
West Caldwell City	NJ State	07006 Zip Code

INSTRUCTIONS: PLEASE CHECK ONE OF THE BELOW LISTED BOXES:

If awarded this contract, I will engage subcontractors to provide certain goods and/or services.

ALL BIDDERS THAT INTEND TO ENGAGE SUBCONTRACTORS MUST ALSO SUBMIT A COMPLETED AND CERTIFIED **SUBCONTRACTOR UTILIZATION PLAN** WITH THEIR BID PROPOSALS.

If awarded this contract, I do not intend to engage subcontractors to provide any goods and/or services.

ALL BIDDERS THAT DO NOT INTEND TO ENGAGE SUBCONTRACTORS MUST ATTEST TO THE FOLLOWING CERTIFICATION:

I hereby certify that if the award is granted to my firm and if I determine at any time during the contract to engage subcontractors to provide certain goods and/or services, pursuant to Section 3.11 of the Standard Terms and Conditions, I will submit the **Subcontractor Utilization Plan (Plan)** for approval to the Division of Purchase and Property in advance of any such engagement of subcontractors. Additionally, I certify that in engaging subcontractors, I will make a good faith effort to achieve the subcontracting set-aside goals established for this contract, and I will attach to the **Plan** documentation of such efforts in accordance with NJAC 17:13-4 and the **Notice to All Bidders**.

PRINCIPAL OF FIRM:

(Signature)



President

(Title)

4/1/25

(Date)

MORRIS COUNTY MUA

Subcontractor Utilization Plan Form

SUBCONTRACTOR UTILIZATION PLAN <small>(REFERENCED IN BID STANDARD TERMS AND CONDITIONS)</small>	Solicitation No.: BID#2025-SW03
NOTE: If utilizing subcontractors, failure to submit the properly completed form will be sufficient cause for rejection of the bid as non-responsive.	Solicitation Title: PARSIPPANY TRANSFER STATION ROOF AND PARTIAL FASCIA REPLACEMENT
Bidder's Name and Address: Arco Construction INC	Bidder's Telephone No.: 973.575.5200 Bidder's Contact Person: Eric Baginski

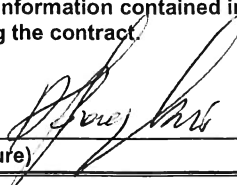
INSTRUCTIONS: List all businesses to be used as subcontractors. This form may be duplicated for extended lists.

SUBCONTRACTOR'S NAME ADDRESS, ZIP CODE TELEPHONE NUMBER AND VENDOR ID NUMBER	TYPE(S) OF GOODS OR SERVICES TO BE PROVIDED	ESTIMATED VALUE OF SUBCONTRACTS
Positive Electric 355 Route 10 E, Whippany NJ 07981 P:973-759-9238 ID:34E100751300	Electrical work	\$5,000

I hereby certify that this Subcontractor Utilization Plan (Plan) is being submitted in good faith. I certify that each subcontractor has been notified that it has been listed on this Plan and that each subcontractor has consented, in writing, to its name being submitted for this contract. Additionally, I certify that I shall notify each subcontractor listed on the Plan, in writing, if the award is granted to my firm, and I shall make all documentation available to Morris County Municipal Utilities Authority upon request.

I further certify that all information contained in this Plan is true and correct and I acknowledge that the Authority will rely on the truth of the information in awarding the contract.

PRINCIPAL OF FIRM:



 (Signature)

President

(Title)

4/1/25

(Date)

MORRIS COUNTY MUA

Subcontractor Utilization Plan Form

MORRIS COUNTY MUA

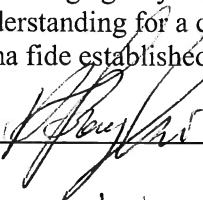
Non-Collusion Affidavit

STATE OF NEW JERSEY
MORRIS COUNTY MUNICIPAL UTILITIES AUTHORITY ss:


I certify that I am President
of the firm of Arco Construction INC

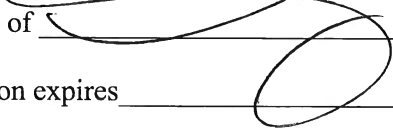
the Respondent making this Proposal for the bid or proposal for the above named project, that I executed the said proposal with full authority to do so; that said bidder has not, directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and this affidavit are true, correct, and made with full knowledge that the Morris County Municipal Utilities Authority relies upon the truth of the statements contained in said Proposals and in the statements contained in this affidavit in awarding the contract for the said project.

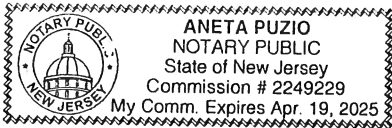
I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies.

Signature of Representative: 

Subscribed and sworn to before me this 1st day of APRIL, 2025

Print Name of Affiant: ERIC BAGINSKI 

Notary Public of 
My commission expires _____



MORRIS COUNTY MUA

Lowest Bidder Prevailing Wage Certification

In the matter of an award of a contract for public) State of New Jersey - Department of Labor
Work for a project described as:) Workforce Development Division of Wage &
(Description of Work)) Hour Compliance

Eric Baginski, of full age and under oath, duly provides the following sworn statement:

1. I am the owner and/or highest-ranking official or officer of a company or firm named Arco Construction INC, which holds a currently valid public works contractor registration pursuant to the New Jersey Public Works Contractor Registration Act, N.J.S.A. 34:11-56.48 et seq., certificate number 64407
2. I submitted a bid for a contract award in the above identified project and the public body has informed me that I am the lowest bidder by 10 percent or more as compared to the next lowest bid submitted.
3. The amount of my bid does include paying the prevailing wage rate to all workers who perform work on the project at rates of pay, including both base wage and fringe benefits, set forth in applicable Wage Determinations,
 - a. For appropriate locality
 - b. For the appropriate work classification (e.g. carpenter, electrician, mason, plumber)
 - c. For the appropriate job title (e.g. Apprentice, Journeyman, Forman), published by the New Jersey Department of Labor and Workforce Development (NJDOL) pursuant to the New Jersey Prevailing Wage Act (NJPWA) N.J.S.A. 34:11-56.25 et seq., and corresponding NJDOL rules, N.J.A.C. 12:60.

I certify under penalty of perjury that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, I am subject to punishment. See N.J.S.A. 2C:28-1 et seq., specifically, N.J.S.A. 2C28-3, within the New Jersey Code of Criminal Justice.

Date: 4/1/25

Name (Printed): Eric Baginski

Signature: 

Title: President

MORRIS COUNTY MUA

Certification of Non-Involvement in Prohibited Activities in Russia or Belarus

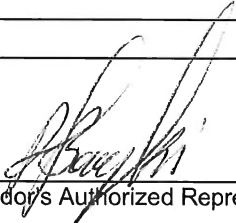
Pursuant to N.J.S.A. 52:32-60.1, et seq. and N.J.S.A.40A:11-2.2 (L. 2022, c. 3) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a local contracting unit subject to the Local Public Contracts Law for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: <https://sanctionssearch.ofac.treas.gov/>. If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify

(Check the Appropriate Box)

- A. That the Vendor is not identified on the [OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus](#).
- OR*
- B. That I am unable to certify as to "A" above, because the Vendor is identified on the [OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus](#).
- OR*
- C. That I am unable to certify as to "A" above, because the Vendor is identified on the [OFAC Specially Designated Nationals and Blocked Persons list](#). However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

(Attach Additional Sheets If Necessary.)

	4/1/25
Signature of Vendor's Authorized Representative	Date
Eric Baginski President	22-3406247
Print Name and Title of Vendor's Authorized Representative	Vendor's FEIN
Arco Construction INC	973.575.5200
Vendor's Name	Vendor's Phone Number
15 Fairfield Place	973-575-5210
Vendor's Address (Street Address)	Vendor's Fax Number
West Caldwell, NJ 07006	eric@arcorooft.com
Vendor's Address (City/State/Zip Code)	Vendor's Email Address

ⁱ Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).

MORRIS COUNTY MUA

Disclosure of Investment Activities in Iran

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed for which I am authorized to bid/renew:

Bidder/Offeror: Arco Construction INC

- is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

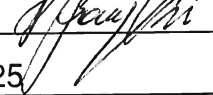
In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above-referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the Division of Purchase under penalty of perjury. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

Name: N/A Relationship to Bidder/Offeror: N/A
Description of Activities: N/A
Duration of Engagement: N/A Anticipated Cessation Date: N/A
Bidder/Offeror Contact Name: N/A Contact Phone Number: N/A

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that Town/ Township/ Borough/Government Agency is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the MCMUA to notify the MCMUA in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with Morris County Municipal Utilities Authority, New Jersey and that the MCMUA at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Eric Baginski Signature: 
Title: President Date: 4/1/25

MORRIS COUNTY MUA

Pay to Play Advisory

PAY TO PLAY ADVISORY

Disclosure Requirement

**P.L. 2005, Chapter 271, Section 3 Reporting
(N.J.S.A. 19:44A – 20.27)**

Any business entity that has received \$50,000 or more in contracts from government entities in a calendar year will be required to file an annual disclosure report with ELEC.

The report will include certain contributions and contract information for the current calendar year.

At a minimum, a list of all business entities that file an annual disclosure report will be listed on ELEC's website at www.elec.state.nj.us.

If you have any questions please contact ELEC at:
1-888-313-ELEC (toll free in NJ) or
609-292-8700

An analyst from ELEC's Special Programs Section will assist you.

Initials EB

MORRIS COUNTY MUA

Affidavit of Non-Debarred Status

STATE OF NEW JERSEY)
) SS:
COUNTY OF Essex)

I, Eric Baginski of the City/Town of

Fairfield, in the County of Essex

and the State of New Jersey, of full age, being duly sworn according to law on my oath depose and say that:

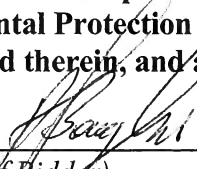
I am Eric Baginski, a President
(Name) (Title, Position, etc.)

of Arco Construction INC, the Bidder
(Name of Firm, Company or Corporation)

making the Bid for the Morris County Municipal Utilities Authority (MCMUA) and that I executed the said Bid with full authority so to do; that said Bidder at the time of making this Bid is not included on the State of New Jersey, State Treasurer's List of Debarred, Suspended and Disqualified Bidders and Department of Labor's Workplace Accountability in Labor List ; and all statements contained in said Bid and in this affidavit are true and correct and made with the full knowledge that the Morris County Municipal Utilities Authority relies upon the truth of the statements contained in said Bid and in the Statements contained in this affidavit in awarding Contract for said project.

The undersigned further warrants that should the name of the firm, company or corporation making this Bid appear on the State Treasurer's List of Debarred, Suspended and Disqualified Bidders and Department of Labor's Workplace Accountability in Labor List at any time prior to, and during the life of the Contract, including the Guarantee Period, that the Morris County Municipal Utilities Authority (MCMUA) shall be immediately so notified by the signatory to this Eligibility Affidavit.

The undersigned understands that the firm, company or corporation making the Bid as a CONTRACTOR is subject to debarment, suspension and/or disqualification in contracting with the State of New Jersey and the Department of Environmental Protection if the CONTRACTOR, pursuant to NJAC 7:1-5.2, commits any of the acts listed therein, and as determined according to applicable law and regulation.



(Signature of Bidder)

Eric Baginski President

(Printed or Typed Name & Title of Bidder)

(Seal if Corporation)

14 Boxwood Drive, Fairfield NJ 07004 Essex County
(Address of Bidder)

MORRIS COUNTY MUA

Non-Debarment Certification – Federal Level

CERTIFICATION THAT BIDDER AND ALL ITS AFFILIATES ARE NOT DEBARRED AT THE FEDERAL LEVEL FROM CONTRACTING WITH ANY FEDERAL GOVERNMENT AGENCY

STATE OF NEW JERSEY

ss

COUNTY OF Essex

I, Eric Baginski of the City of Fairfield

in the County of Essex and the State of New Jersey of full age,

being duly sworn according to law on my oath depose and say that:

I am President, an officer of the firm of Arco Construction INC and that I executed and submitted the within bid with full authority to do so that said bidder and any affiliate¹ of the bidder at the time of making of this bid, is not debarred at the federal level from contracting with a federal government agency; and that all statements contained in said bid and in this certification are true and correct, and made with the full knowledge that The Morris County Municipal Utilities Authority as local unit relies upon the truth of the statements contained in the bid and in the statements contained in this certification in awarding the contract for the work to be performed.

The undersigned further warrants that should the name of the bidder making this bid or any affiliate of the bidder or any successors of the same become debarred from contracting with any federal government agency or appear on the federal System for Award Management at any time prior to, and during the life of the contract, including the guarantee period, that the Morris County Municipal Utilities Authority shall be immediately notified of such debarment.

The undersigned understands that any natural person, company, firm, association, corporation, or other entity and any affiliate of the same that is debarred at the federal level from contracting with a federal government agency shall be debarred from contracting for any public work in this State.

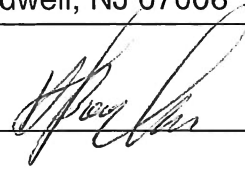
Arco Construction INC 15 Fairfield Place WestCaldwell, NJ 07006

(Insert Name and Address of Contractor)

Eric Baginski

President

(Insert Name and Title of Affiant)



Subscribed and sworn

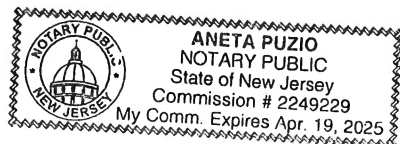
before me this 1st day

of April 2025

Notary Public of _____

My commission expires _____, 20____

¹ An "affiliate" is defined to mean any entity that (1) directly, indirectly, or constructively controls another entity, (2) is directly, indirectly, or constructively controlled by another entity, or (3) is subject to the control of a common entity. Any entity controls another entity if it owns, directly or individually, more than 50% of the ownership interest in that entity.



MORRIS COUNTY MUA

W-9

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Arco Construction INC

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

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

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

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

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

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ^a _____

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

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

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

15 Fairfield Place

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

Requester's name and address (optional)

West Caldwell, NJ 07006

6 City, state, and ZIP code

7 List account number(s) here (optional)

Taxpayer Identification Number (TIN)

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

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

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Social security number

or
Employer identification number

2	2		3	4	0	6	2	4	7
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Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here
Signature of U.S. person ^a

Date ^a

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to

www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number

MORRIS COUNTY MUA

W-9

(ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

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

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

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

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—

A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLA accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ³ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

To be completed, signed, and returned with Bid.

PREVAILING WAGES COMPLIANCE CERTIFICATION

PARSIPPANY TRANSFER STATION ROOF AND PARTIAL FASCIA REPLACEMENT

The AUTHORITY determines that this public works project will total more than \$2,000.00 (two thousand dollars). Therefore, prevailing wage rules and regulations apply as promulgated by the New Jersey Prevailing Wage Act and in conformance with N.J.S.A. 34:11-56:25 et seq.

Certification

I certify that our company/firm understands that we shall pay all workers a wage rate not less than the published prevailing wage rates for the locality in which the work is being performed, as designated by the New Jersey Department of Labor and Workforce Development. I further certify that all subcontractors named in this bid understand that this project requires the subcontractor to pay its workers prevailing wages in full accordance with the law.

Certified Payrolls—Form MW 562 (6/23)

I agree to submit certified payrolls to the AUTHORITY for each payroll period within ten (10) days of the payment of wages. The contractor shall use the New Jersey Department of Labor/Workforce Development **Form MW-562 (6/23)** to certify payroll records. I further understand that the Authority will not make any payments if certified payrolls are not received. The AUTHORITY reminds all contractors of the following.

- o **Submission of Certified Payrolls—Online to NJ Wage HUB**

Contractors are required to submit certified payrolls for each payroll period using the online Form MW-562 (6/23) through the *New Jersey Wage Hub*.

- o **Reminder to the Contractor**

Submitting Form MW-562 (6/23) online to the New Jersey Wage Hub will NOT satisfy the requirement to submit them to the AUTHORITY.

Non-compliance Statement

I understand that if it is found that any worker employed by the contractor or any subcontractor covered by said contract has been paid a rate of wages less than the prevailing wage required to be paid by such contract, the AUTHORITY may begin proceedings to terminate the contractor's or subcontractor's right to proceed with the work, or such part of the work as to which there has been a failure to pay required wages and to prosecute the work to completion or otherwise. The contractor and his sureties shall be liable for any excess costs occasioned thereby to the public body.

NOTIFICATION OF VIOLATIONS – New Jersey Department of Labor and Workforce Development

Has the bidder or any person having an “interest” with the bidder been notified by the New Jersey Department of Labor and Workforce Development by a notice issued pursuant to N.J.S.A. 34:11-56:37 that he/she has been in violation for failure to pay prevailing wages as required by the 18 within the last five (5) years?

* Yes _____ No X

*If yes, please attach a signed document explaining any/or all administrative proceedings with the Department within the last five (5) years. Please include any pending administrative proceedings with the department.

Submission of Certified Payroll Records

All certified payroll records are to be submitted to the person named below, who is coordinating the activities for the project:

Shana O'Mara
MORRIS COUNTY MUNICIPAL UTILITY AUTHORITY

Name of Company Arco Construction INC
Authorized Agent Eric Baginski

Authorized Signature 

Workplace Accountability in Labor List (The WALL)

P.L. 2019, c. 366 (N.J.S.A. 34:1A-1.16) authorized the New Jersey Department of Labor and Workforce Development (NJDOL) to create a list on its website, dubbed the Workplace Accountability in Labor List (The WALL), of any person found in violation of any State wage, benefit, and tax laws and against whom a final order has been issued by the NJDOL for such violation.

Any person or business named on The WALL is prohibited from contracting with any contracting unit until the liability for violations of State wage, benefit, and tax laws have been paid in full. The WALL is live at <https://www.nj.gov/labor/ea/osec/wall.shtml>.

All bidders are required to submit a sworn statement, found in Attachment, indicating whether or not the bidder is, at the time of the bid, included on the State Department of Labor and Workforce Development; Prevailing Wage Debarment List or the State of New Jersey Consolidated Debarment Report, or the Federal Debarred Vendor List--Excluded Parties List System—System for Award Management—SAM.gov/exclusions.

Arco Construction INC

Name of Company

CERTIFICATIONS

• **Debarment/Suspension**

I certify that the entity listed on the form or any person employed by this entity, nor the person's affiliates, are not debarred or suspended from contracting with a federal government agency, nor debarred or suspended from contracting with the State of New Jersey. The Authority will verify the certification by consulting the following.

- New Jersey Department of Treasury – Consolidated Debarment Report
- NJ Department of Labor and Workforce Development– Prevailing Wage Debarment List
- Federal Debarred Vendor List—System for Award Management (SAM.gov/exclusions)

• **Direct/Indirect Interests**

I declare and certify that no member of the Morris County Utility Authority, nor any officer or employee, or person whose salary is payable in whole or in part by said Morris County Utility Authority or their immediate family members are directly or indirectly interested in this bid or in the supplies, materials, equipment, work or services to which it relates, or in any portion of profits thereof. If a situation so exists where a Board member, employee, officer of the board has an interest in the bid, etc., then please attach a letter of explanation to this document, duly signed by the president of the firm or company.

• **Gifts; Gratuities; Compensation**

I declare and certify that no person from my firm, business, corporation, association, or partnership offered or paid any fee, commission, or compensation or offered any gift, gratuity, or other things of value to any official, board member, or employee of the Morris County Utility Authority.

• **Vendor Contributions**

I declare and certify that I fully understand N.J.A.C. 6A:23A-6.3 (a) (1-4) concerning vendor contributions to Authority members.

• **False Material Representation/Truth in Contracting**

I further certify that I understand that it is a crime in the second degree in New Jersey to knowingly make a false material representation in connection with the negotiation, award, or performance of a government contract. I further acknowledge my understanding of the New Jersey Truth in Contracting Laws.

Eric Baginski

President or Authorized Agent


Signature



**STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE**

Taxpayer Name:

ARCO CONSTRUCTION, INC.

Trade Name:

Address:

15 FAIRFIELD PLACE
WEST CALDWELL, NJ 07006

Certificate Number:

0097929

Effective Date:

March 21, 1996

Date of Issuance:

August 04, 2023

For Office Use Only:

20230804201922838

Certificate Number
64407

Registration Date: 07/27/2024
Expiration Date: 07/26/2026



State of New Jersey

Department of Labor and Workforce Development Division of Wage and Hour Compliance

Public Works Contractor Registration Act

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:

ARCO Construction Inc
2024

Responsible Representative(s):
Arkadiusz Baginski, President

Robert Asaro-Angelo, Commissioner
Department of Labor and Workforce Development

NON TRANSFERABLE

This certificate may not be transferred or assigned and may be revoked for cause by the Commissioner of Labor and Workforce Development.



State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION
33 W. STATE STREET
PO BOX 034
TRENTON, NEW JERSEY 08625-0034

REPLY TO:
TEL: (609) 943-3400
FAX: (609) 292-7651

TOTAL AMOUNT OF UNCOMPLETED CONTRACTS

(This form is to be used with the NOTICE OF CLASSIFICATION when submitting bids to the Department of Education.)

I Certify that the amount of uncompleted work on contracts is \$ 3,621,928.75

The amount claimed includes uncompleted portions of all currently held contracts from all sources (public and private) in accordance with N.J.A.C. 17:19-2.13.

I further certify that the amount of this bid proposal, including all outstanding incomplete contracts does not exceed my prequalification dollar limit.

Affix corporate seal here

Respectfully submitted,

By ARCO CONSTRUCTION INC
Name of Firm

Signature [Handwritten Signature]

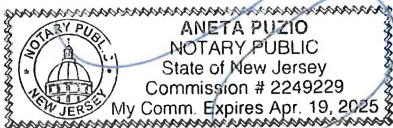
president
Title

15 Fairfield Place
Business Address
West Caldwell, NJ 07004

973 575-5200
Phone

Sworn to and subscribed before me This 31st day of March 2025

Notary Public



NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
HOME IMPROVEMENT CONTRACTORS

ARCO CONSTRUCTION INC
15 Fairfield Place
WestCaldwell NJ 07006

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Business Cont

02/20/2025 TO 03/31/2026
VALID

13VH00018800
LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


DIRECTOR

ARCO CONSTRUCTION INC

EXPIR.

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 00018800**

CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS USE THIS SECTION
CHANGES YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY
BELOW

HOME IMPROVEMENT CONTRACTORS
PO BOX 45016
NEWARK, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC

HOME

BUSINESS

PRINT YOUR NEW **MAILING**
YOUR MAILING ADDRESS IN
THE DIVISION OF CONSUMER AFFAIRS
CORRESPONDENCE

HOME

BUSINESS



CONTRACTOR NOTICE OF PREQUALIFICATION

for
Arco Construction, Inc.
15 Fairfield Place
West Caldwell, NJ 07006

In accordance with N.J.S.A. 18A:7G-41 and any rules and regulations issued pursuant hereto, your firm has been approved with the NJSDA for Prequalification:

Effective Date: January 7, 2024

Expiration Date: December 29, 2026

Aggregate Limit: \$15 Million

Table with 3 columns and 40 rows of construction services. Each row contains a checkbox and a service name. Some services are checked with an 'X' in a box, including Roofing-Membrane EPDM, Roofing-Membrane PVC/CPE/CSPE, Roofing-Membrane Modified Bitumen, Roofing-Urethane, Roofing-Built Up, Roofing-Metal, Caulking & Waterproofing, and Roofing-TPO.

ANY ATTEMPT TO ALTER OR MISREPRESENT ANY INFORMATION CONTAINED IN THIS NOTICE MAY RESULT IN PROSECUTION, DEBARMENT, AND/OR DISQUALIFICATION.

Information contained in this notice can be verified at: <https://sda03.njsda.gov/PublicReportsUI/VendorSearch.aspx>

Arco Construction Inc.
 15 Fairfield Place
 West Caldwell, NJ 07006
 973 ♦ 575 ♦ 5200



CURRENT UNCOMPLETED CONTRACTS

14-Jan-25

PROJECT	Contract Amount	Completed	Uncompleted	% Completed	Expected Completion
Kearny High School & Lincoln Middle School	\$1,599,480.00	\$1,391,547.60	\$207,932.40	87.00%	31-Jan-2025
Sussex County Mosquito Building	\$75,496.00	\$73,608.60	\$1,887.40	97.50%	10-Jan-2025
Kitatimny High School	\$300,082.99	\$270,074.69	\$30,008.30	90.00%	15-Jan-2024
Lafayette Twp School	\$624,000.00	\$0.00	\$624,000.00	0.00%	1-Sep-2025
Mount Olive MS	\$388,500.00	\$310,800.00	\$77,700.00	80.00%	30-Nov-2024
Hillside Hose Fire Company	\$62,189.00	\$59,079.55	\$3,109.45	95.00%	24-Dec-2024
Mt. Kemble Fire Company	\$54,139.00	\$46,018.15	\$8,120.85	85.00%	30-Jan-2025
Heller Bldg 5 Flashing	\$9,900.00	\$9,405.00	\$495.00	95.00%	3-Jan-2025
Bloomfield High School	\$2,599,000.00	\$0.00	\$2,599,000.00	0.00%	1-Sep-2025
Jefferson Twp Sewer Authority	\$7,056.00	\$6,826.68	\$229.32	96.75%	3-Jan-2025
		\$0.00	\$0.00		
		\$0.00	\$0.00		
		\$0.00	\$0.00		
TOTALS:	\$5,719,842.99	\$2,167,360.27	\$3,552,482.72	61.01%	

Arco Construction Inc.

15 Fairfield Place
West Caldwell, NJ 07006
Phone: (973) 575-5200
Fax: (973) 575-5210



Major Projects Completed 2022 - 2025

Projects Completed of a Similar Nature and/or Similar Importance

- **Winston S. Churchill School | June - Aug 2024**

- *Scope of Work / Major Construction Items (50,300 SqFt)*
 - SHINGLE REPLACEMENT - 39,300 SQFT (TAMKO)
 - FLAT ROOF REPLACEMENT - 11,000 SQFT (GARLAND MOD-BIT SBS | 30-YEAR WARRANTY)
- CONTRACT AMOUNT: \$680,900.00
- AMOUNT COMPLETED BY ARCO: 100%
- LOCATION: 233 FAIRFIELD ROAD, FAIRFIELD, NJ 07004
- CONTACT: NORBERTO FIGUEROA, SR. CONSTRUCTION ADMINISTRATOR, DICARA RUBINO ARCHITECTS
 - 973-256-0202 / 30 GALESI DRIVE, WAYNE, NJ 07470

- **MIDLAND ELEMENTARY SCHOOL | AUG - SEP 2023**

- *Scope of Work/Major Construction Items (318,500 SqFt)*
 - SHINGLE REPLACEMENT: 8,500 SQFT (GAF)
 - FLAT ROOF REPLACEMENT - 310,000 SQFT (TREMCO MOD-BIT SBS | 25-YEAR WARRANTY)
- CONTRACT AMOUNT: \$1,391,016.00
- AMOUNT COMPLETED BY ARCO: 100%
- LOCATION: 241 W. MIDLAND AVENUE, PARAMUS, NJ 07652
- CONTACT: GLENN HINKSMON, ARCHITECT, LAN ASSOCIATES
 - 201-447-6400 / 445 GODWIN AVENUE, MIDLAND PARK, NJ 07432

- **River Vale Public Library | Sep - Nov 2023**

- *Scope Of Work / Major Construction Items (12,000 Sqft)*
 - MANSARD ROOF REPLACEMENT - 3,500 SQFT EXISTING SHINGLES (REPLACED WITH TREMCO METAL PANELS)
 - FLAT ROOF REPLACEMENT - 8,500 SQFT (TREMCO .060 FLEECEBACK KEE | 25-YEAR WARRANTY)
- CONTRACT AMOUNT: \$495,000
- AMOUNT COMPLETED BY ARCO: 100%
- LOCATION: 412 RIVERVALE ROAD, RIVER VALE, NJ 07675
- CONTACT: KYLE SWEPPENHEISER, ROOF SYSTEM MANUFACTURER'S REPRESENTATIVE, TREMCO CONSTRUCTION PRODUCTS GROUP
 - 973-294-1680 / 3735 GREEN ROAD, BEACHWOOD, OH 44122

Arco Construction Inc.

15 Fairfield Place
West Caldwell, NJ 07006
Phone: (973) 575-5200
Fax: (973) 575-5210



MAJOR PROJECTS COMPLETED CONTINUED

- **Bergen County Community College – Oct 2023 – June 2024**

- ***Roof Replacement at the Pitkin Education Center Roof / Science Wing Roof***

- *Scope of Work / Major Construction Items (28,500 SqFt)*
 - FLAT ROOF REPLACEMENT – 28,500 SQFT (SIMON ROOFING PRODUCTS MOD-BIT SBS | 25-YEAR WARRANTY)
 - SKYLIGHT REPLACEMENT – 293' LINEAR FEET (KALWALL SLOPED 2 ¾" TRANSLUCENT PANEL SYSTEM – 14' ON SLOPE)
 - CONTRACT AMOUNT: \$1,329,000
 - AMOUNT COMPLETED BY ARCO 100%
 - LOCATION: 400 PARAMUS ROAD, PARAMUS, NJ 07042
 - CONTACT: TIM HENNESSEY, PROJECT MANAGER, RSC ARCHITECTS
 - 201-941-3040 / 3 UNIVERSITY PLAZA DRIVE, HACKENSACK, NJ 07601

- **Plainfield Public Library – April 2023 – June 2023**

- *Scope of Work / Major Construction Items (25,500 SqFt)*
 - FLAT ROOF REPLACEMENT – 25,500 SQFT (GAF HYBRID SBS & .080 FLEECEBACK TPO | 35-YEAR WARRANTY)
 - (5) SKYLIGHT INSTALLATION – 1,675 SQFT SKYLIGHT AREA (KALWALL 2 ¾" TRANSLUCENT PANEL SYSTEM)
 - LOCATION: 800 PARK AVE, PLAINFIELD, NJ 07060
 - CONTRACT AMOUNT: \$928,000
 - AMOUNT COMPLETED BY ARCO: 100%
 - CONTACT: TODD HAUSE, PROJECT ARCHITECT, ARCARI + IOVINO ARCHITECTS
 - 201-641-0600 / ONE KATHERINE STREET, LITTLE FERRY, NJ 07643

- **WHITE TOWNSHIP CONSOLIDATED SCHOOL – JULY 2023 – AUG 2023**

- *Scope of Work / Major Construction Items (7,600 SqFt)*
 - FLAT ROOF REPLACEMENT – 7,600 SQFT (GARLAND MOD-BIT SBS | 25 YEAR WARRANTY)
 - CONTRACT AMOUNT: \$276,800
 - AMOUNT COMPLETED BY ARCO: 100%
 - LOCATION: 565 CR 519, BELVIDERE, NJ 07823
 - CONTACT: TREVOR YOUNGBLOOD, PROJECT MANAGER, PARETTE SOMJEN ARCHITECTS
 - 973-586-2400 / 439 ROUTE 46, ROCKAWAY, NJ 07866

Arco Construction Inc.

15 Fairfield Place
West Caldwell, NJ 07006
Phone: (973) 575-5200
Fax: (973) 575-5210



MAJOR PROJECTS COMPLETED CONTINUED

- **LINCOLN SCHOOL – JULY 2022**
 - *Scope of Work / Major Construction Items (8,300 SqFt)*
 - SHINGLE REPLACEMENT – 6,500 SQFT (GAF)
 - FLAT ROOF REPLACEMENT & RESTORATION (TREMCO MOD-BIT SBS | TREMCO LIQUID COATING)
 - BUILT -IN GUTTER RESTORATION (500 LINEAR FEET COPPER GUTTER LINING)
 - METAL WALL PANELS (ARCO FABRICATED & INSTALLED 500 SQFT ALUMINUM WALL PANELS)
 - CONTRACT AMOUNT: \$262,500
 - LOCATION: 414 MONTROSS AVE, RUTHERFORD, NJ 07070
 - AMOUNT COMPLETED BY ARCO: 100%
 - CONTACT: JOHN GAMBOA, OWNER'S REPRESENTATIVE, BUILDING AND GROUNDS SUPERVISOR - RUTHERFORD BOARD OF EDUCATION | 201-438-7675
 - GENERAL CONTRACTOR & DESIGN SPECIFICATIONS: WEATHERPROOFING TECHNOLOGIES INC.
 - REPRESENTATIVE: YARO GORBAN | 216-212-5626 / 3735 GREEN ROAD, BEACHWOOD, OH 44122

- **Fredon Township School - July 2023 – August 2023**
 - *Scope of Work / Major Construction Items (18,000 SqFt)*
 - FLAT ROOF REPLACEMENT – 18,000 SQFT (GARLAND MOD-BIT SBS & FLOOD COAT | 30 YEAR WARRANTY)
 - CONTRACT AMOUNT: \$668,000
 - AMOUNT COMPLETED BY ARCO: 95%
 - LOCATION: 459 NJ-94, NEWTON, NJ 07860
 - CONTACT: ANTHONY GIANFORCARO, PROJECT ARCHITECT, GIANFORCARO ARCHITECTS, ENGINEERS, & PLANNERS
908-879-6001 / 111 Howard Blvd, Mt Arlington, NJ 07856



KEY PERSONNEL

Experience & Background

- Eric Baginski- President and Founder (Arco since 1996)
 - Eric has been fabricating and installing sheet metal and roofing for the last 30 years. He founded Arco Construction in 1996, and he is currently head of the the day-to-day operations of the business.
 - Contact: 201-394-1572, eric@arcoroof.com

- Luigi Colella- General Manager and Head Estimator (Arco since 1997)
 - Luigi has been estimating and managing roofing and sheet metal projects for the last 30 years. Luigi joined Eric and together grew Arco to its current volume over the last 27 years.
 - Contact: 201-410-2644, lou@arcoroof.com

- Greg Bubienko- Head Field Site Supervisor (Arco since 2000)
 - Greg has been a roofer, foreman, and site supervisor at Arco for the last 25 years. He worked his way into his current role as Head Field Site Supervisor where he schedules and oversees all field operations. He is also experienced and licensed in running multiple types of heavy equipment, including cranes.
 - Contact: 201-410-3555, greg@arcoroof.com

- Derek Bolka- Head Sheetmetal Supervisor (Arco since 2003)
 - Derek has been working with sheet metal and composite metals for the last 22 years. Derek handles the day-to-day operations of Arco's sheet metal department and shop.
 - Contact: 201-638-0810, derek@arcoroof.com

- Adam Bolka- Field Site Supervisor (Arco since 2010)
 - Adam has been a roofer, foreman, and site supervisor for the last 15 years, working his way into his current role.
 - Contact: 201-961-2995, adambolka@arcoroof.com



CERTIFICATE OF EMPLOYEE INFORMATION REPORT

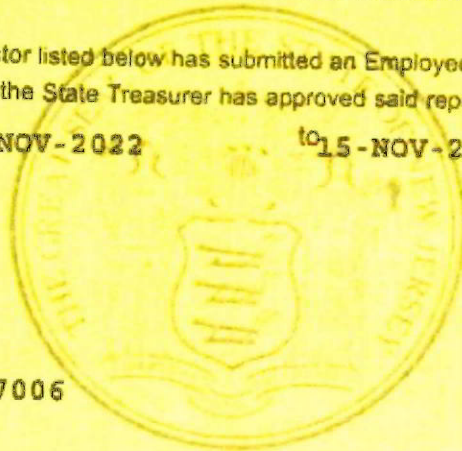
RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of

15-NOV-2022

to 15-NOV-2029

ARCO CONSTRUCTION INC.
15 FAIRFIELD PLACE
WEST CALDWELL NJ 07006



A handwritten signature in cursive script, reading "Elizabeth Maher Muoio".

ELIZABETH MAHER MUOIO
State Treasurer

Request for Taxpayer Identification Number and Certification

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

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

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.	<p>1 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.)</p> <p>ARCO CONSTRUCTION, INC</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership). Note: 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.</p> <p><input type="checkbox"/> Other (see instructions)</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3).</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p>
	<p>3b 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.</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions</p> <p>15 FAIRFIELD PLACE</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p>WEST CALDWELL, NJ 07006</p>	
	<p>7 List account number(s) here (optional)</p>	

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.

Social security number									
or									
Employer identification number									
2	2	-	3	4	0	6	2	4	7

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.

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here

Signature of U.S. person

Date

1/8/2025

General Instructions

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

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

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

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

ARCO CONSTRUCTION INC
15 Fairfield Place
WestCaldwell NJ 07006

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
ARCO CONSTRUCTION INC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
02/02/2024 TO 03/31/2025
VALID

SIGNATURE
Cari Zois
ACTING DIRECTOR
13VH00018800
License/Registration/Certificate #

02/02/2024 TO 03/31/2025
VALID

Signature of Licensee/Registrant/Certificate Holder

13VH00018800

LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

ARCO CONSTRUCTION INC

EXPIRATION DATE 2025

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 00018800 . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME

BUSINESS

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME

BUSINESS

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should within reasonable proximity of your original license/registration/certificate at your principal office or place of business



Page 1 of 1

State of New Jersey

DEPARTMENT OF THE TREASURY DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION

33 WEST STATE STREET - P.O. BOX 034 TRENTON, NEW JERSEY 08625-0034

NOTICE OF CLASSIFICATION FOR:

ARCO CONSTRUCTION, INC.
15 FAIRFIELD PLACE
WEST CALDWELL, NJ, 07006

BOND AMOUNT: \$ 15,000,000.00

In accordance with N.J.S.A. 18A:18A-27 et seq. (Department of Education) and N.J.S.A. 52:35-1 (Department of the Treasury) and any rules and regulations issued pursuant hereto, you are hereby notified of your classification to do State work for the Department(s) as previously noted.

Aggregate Rating	Trade(s) & License(s)	Effective Date	Expiration Date
\$15,000,000.00	C066 – ROOFING-MEMBRANE EPDM	12/30/2024	12/29/2026
	C067 – ROOFING-MEMBRANE		
	C068 – ROOFING-MEMBRANE		
	C070 – ROOFING-BUILT UP		
	C071 – ROOFING-METAL		
	C072 – ROOFING-		
	C073 – CAULKING & C076 – ROOFING-TPO		

- Licenses associated with certain trades are on file with the Division of Property Management & Construction (DPMC).
- Current license information must be verified prior to bid award.
- Information on aggregate amounts can be verified on the DPMC WEB SITE.

ANY ATTEMPT BY A CONTRACTOR TO ALTER OR MISREPRESENT ANY INFORMATION CONTAINED IN THIS FORM MAY RESULT IN PROSECUTION AND/OR DEBARMENT, SUSPENSION OR DISQUALIFICATION.

STATE OF NEW JERSEY
 DEPARTMENT OF THE TREASURY
 DIVISION OF TAXATION
 SALES TAX COLLECTION SCHEDULE
 RATE 7% EFFECTIVE JULY 15, 2008

Amount of Sale	Tax to be Collected	Amount of Sale	Tax to be Collected
\$0.01 to \$0.10	None	\$5.91 to \$6.10	\$0.42
0.11 to 0.19	\$0.01	6.11 to 6.19	.43
0.20 to 0.32	.02	6.20 to 6.32	.44
0.33 to 0.47	.03	6.33 to 6.47	.45
0.48 to 0.62	.04	6.48 to 6.62	.46
0.63 to 0.77	.05	6.63 to 6.77	.47
0.78 to 0.90	.06	6.78 to 6.90	.48
0.91 to 1.10	.07	6.91 to 7.10	.49
1.11 to 1.19	.08	7.11 to 7.19	.50
1.20 to 1.32	.09	7.20 to 7.32	.51
1.33 to 1.47	.10	7.33 to 7.47	.52
1.48 to 1.62	.11	7.48 to 7.62	.53
1.63 to 1.77	.12	7.63 to 7.77	.54
1.78 to 1.90	.13	7.78 to 7.90	.55
1.91 to 2.10	.14	7.91 to 8.10	.56
2.11 to 2.19	.15	8.11 to 8.19	.57
2.20 to 2.32	.16	8.20 to 8.32	.58
2.33 to 2.47	.17	8.33 to 8.47	.59
2.48 to 2.62	.18	8.48 to 8.62	.60
2.63 to 2.77	.19	8.63 to 8.77	.61
2.78 to 2.90	.20	8.78 to 8.90	.62
2.91 to 3.10	.21	8.91 to 9.10	.63
3.11 to 3.19	.22	9.11 to 9.19	.64
3.20 to 3.32	.23	9.20 to 9.32	.65
3.33 to 3.47	.24	9.33 to 9.47	.66
3.48 to 3.62	.25	9.48 to 9.62	.67
3.63 to 3.77	.26	9.63 to 9.77	.68
3.78 to 3.90	.27	9.78 to 9.90	.69
3.91 to 4.10	.28	9.91 to 10.10	.70*
4.11 to 4.19	.29	Over \$10	.70*
4.20 to 4.32	.30	Over \$20	1.40*
4.33 to 4.47	.31	Over \$30	2.10*
4.48 to 4.62	.32	Over \$40	2.80*
4.63 to 4.77	.33	Over \$50	3.50*
4.78 to 4.90	.34	Over \$60	4.20*
4.91 to 5.10	.35	Over \$70	4.90*
5.11 to 5.19	.36	Over \$80	5.60*
5.20 to 5.32	.37	Over \$90	6.30*
5.33 to 5.47	.38	Over \$100	7.00*
5.48 to 5.62	.39	Over \$200	14.00*
5.63 to 5.77	.40	Over \$300	21.00*
5.78 to 5.90	.41	Over \$400	28.00*

In amounts above \$10.00, the tax shall be \$0.07 on each dollar of the amount of sale, plus the tax on each part a dollar in excess of a full dollar in accordance with the above formula.
 ST-75 (7-06)

NOTICE: The enclosed N.J. State Sales Tax Certificate of Authority (CA-1) is a permit to:

- Collect N.J. State Sales Tax
- Issue N.J. Resale Certificates (ST-3)
- Issue N.J. Exempt Use Certificates (ST-4)

You must have a valid N.J. Sales Tax Certificate to collect Sales Tax or issue certificates.

If you are not subject to collect N.J. Sales Tax but need to issue Resale or Exempt Use Certificates, you can request to be placed on a "Non-reporting Basis". Call or write the Division to obtain the proper forms (ST-6205) at:

State of New Jersey Division of Taxation P O Box 252 Trenton, N.J. 08646-0252 (609) 292-9292.

This Certificate of Authority (CA-1) must be displayed at your place of business.

223-406-247/000

STATE OF NEW JERSEY
Certificate of Authority

DIVISION OF TAXATION
 TRENTON, N J 08695


The person, partnership or corporation named below is hereby authorized to collect.
NEW JERSEY SALES & USE TAX

pursuant to: **N.J.S.A. 54:32B-1 ET SEQ.**

This authorization is good ONLY for the named person at the location specified herein.
 This authorization is null and void if any change of ownership or address is effected.

ARCO CONSTRUCTION, INC.
15 FAIRFIELD PLACE
WEST CALDWELL NJ 07006

Tax Registration No.: **xxx-xxx-247/000**
 Tax Effective Date: **03-30-96**
 Document Locator No.: **B0000601272**
 Date Issued: **04-04-12**


 Acting Director, Division of Taxation

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

Appx. 14

Dave Fetterman

From: DPM&C CClass [TREAS] <CClass@treas.nj.gov>
Sent: Wednesday, September 11, 2024 8:20 AM
To: DPM&C CClass [TREAS]
Subject: Notice of Classification

MICHAEL GINGERELLI, INC. T/A POSITIVE ELECTRIC
241 CEDAR KNOLLS ROAD, UNIT A
CEDAR KNOLLS, NJ 07927

State of New Jersey



**DEPARTMENT OF THE TREASURY
DIVISION OF PROPERTY MANAGEMENT AND
CONSTRUCTION
33 WEST STATE STREET - P.O. BOX 034
TRENTON, NEW JERSEY 08625-0034**



NOTICE OF CLASSIFICATION

In accordance with N.J.S.A. 18A:18A-27 et seq (Department of Education) and N.J.S.A. 52:35-1 (Department of the Treasury) and any rules and regulations issued pursuant hereto, you are hereby notified of your classification to do State work for the Department (s) as previously noted.

Aggregate Amount	Trade(s) & License(s)	Effective Date	Expiration Date
\$15,000,000	C047 -ELECTRICAL license #: 34EB00751300	09/10/2024	09/09/2026

- Licenses associated with certain trades are on file with the Division of Property Management & Construction (DPMC).
- Current license information must be verified prior to bid award.
- A copy of the DPMC 701 Form (Total Amount of Uncompleted Projects) may be accessed from the DPMC website at <https://www.nj.gov/treasury/dpmc/Assets/Files/DPMC701.pdf>.

ANY ATTEMPT BY A CONTRACTOR TO ALTER OR MISREPRESENT ANY INFORMATION CONTAINED IN THIS FORM MAY RESULT IN PROSECUTION AND/OR DEBARMENT, SUSPENSION OR DISQUALIFICATION. INFORMATION ON AGGREGATE AMOUNTS CAN BE VERIFIED ON THE DPMC WEB SITE.

Certificate Number
604559

Registration Date: 05/08/2024
Expiration Date: 05/07/2026



State of New Jersey

Department of Labor and Workforce Development Division of Wage and Hour Compliance

Public Works Contractor Registration Act

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:

Positive
2024

Responsible Representative(s):

Michael Gingerelli, Owner

Handwritten signature of Robert Asaro-Angelo.

Robert Asaro-Angelo, Commissioner
Department of Labor and Workforce Development

NON TRANSFERABLE

This certificate may not be transferred or assigned and may be revoked for cause by the Commissioner of Labor and Workforce Development.

APR 11



Appn. I

State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION
33 W. STATE STREET
PO BOX 034
TRENTON, NEW JERSEY 08625-0034

REPLY TO:
TEL: (609) 943-3400
FAX: (609) 292-7651

TOTAL AMOUNT OF UNCOMPLETED CONTRACTS

(This form is to be used with the NOTICE OF CLASSIFICATION when submitting bids to the Department of Education.)

I Certify that the amount of uncompleted work on contracts is \$ 7,036,062.00

The amount claimed includes uncompleted portions of all currently held contracts from all sources (public and private) in accordance with N.J.A.C. 17:19-2.13.

I further certify that the amount of this bid proposal, including all outstanding incomplete contracts does not exceed my prequalification dollar limit.



Respectfully submitted,

By Michael Gingerelli Inc. T/A Positive Electric Co.
Name of Firm

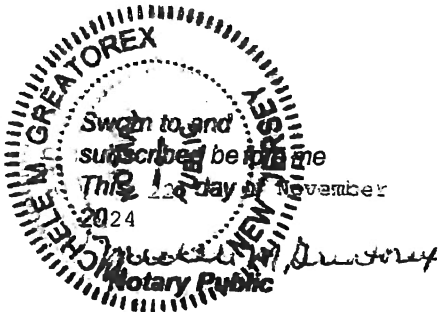
Signature

President
Title

241 Cedar Knolls Road, Unit A
Business Address

Cedar Knolls, NJ 07927

973-759-9238
Phone



MICHELE M. GREATOREX
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES 12/14/2025

Appx. N2

Taxpayer Identification# 223-250-258/000

02/08/17

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,

James J. Fruscione

James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08846-0252
TAXPAYER NAME: MICHAEL GINGERELLI INC	TRADE NAME: POSITIVE ELECTRIC	
ADDRESS: 355 ROUTE 10 EAST WHIPPANY NJ 07981	SEQUENCE NUMBER: 0104169	
EFFECTIVE DATE: 10/12/01	ISSUANCE DATE: 02/08/17	
	<i>James J. Fruscione</i> Director New Jersey Division of Revenue	

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

APPX. X

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

**State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs**

THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors

HAS LICENSED

MICHAEL A. GINGERELLI
241 Cedar Knolls Road
Unit A
Cedar Knolls NJ 07927

FOR PRACTICE IN NEW JERSEY AS A(N): **Electrical Contractor**

03/08/2024 TO 03/31/2027
VALID

34E100751300
LICENSE/REGISTRATION/CERTIFICATION #



Cari Zain
ACTING DIRECTOR

Signature of Licensee/Registrant/Certificate Holder