

A successful contractor is a combination of many elements; primary of which is a coordinated team effort toward the common goal of a quality end product, completed on time and safely, with a profit. Two essential parts of this team are our subcontractors and suppliers, and we have established some minimum requirements necessary to continue to do projects together. With this information, we maintain an approved subcontractor/supplier list for each trade category.

To qualify as an approved Subcontractor/Supplier, the following requirements must be met before you will be invited to bid on our projects:

1. Completed Subcontractor/Supplier Prequalification Package on file, including:
 - a. Subcontractor/Supplier Information Form
 - b. Signed copy of our Jobsite Procedures whereby you agree to follow our company safety and procedure standard (see attached)
 - c. Project History/Reference Form
 - d. Safety Questionnaire
 - e. Subcontractor/Supplier Trade Categories

- 2) Certificate of Insurance on file, which meets our minimum insurance requirements. This form should be given to your insurance carrier for completion. Suppliers must also submit the Certificate of Insurance if materials are delivered by the supplier to our jobsites.

INSURANCE REQUIREMENTS: Please be sure that you meet all of Woodward's insurance requirements: (1) Worker's Compensation coverage - \$1,000,000; (2) Commercial General Liability - \$2,000,000 **on a per project basis** on products and general aggregate, \$1,000,000 on each occurrence; (3) \$1,000,000 excess coverage over primary. (4) Comprehensive automotive liability - \$1,000,000 combined single limit on any auto, hire and non-owned. Woodward Design+Build, LLC and Owner are to be listed as additional insured on General Liability and Auto Umbrella, and provided with a waiver of subrogation on General Liability, Auto and Worker's Compensation Umbrella. ** You are also required to meet all requirements as stated in the project specifications.

All of the information you provide will be handled in a confidential manner and used only in the qualification procedure.

Please return this qualification package to the Estimating Department at est.department@woodwarddesignbuild.com at your earliest convenience. You will not be included in our listing of approved contractors until these forms have been checked and reviewed.

We appreciate the time you will take to complete the questionnaire. We have made an effort to ask only that information that we absolutely need so that your time will not be wasted.

Thank you for your continued interest in working with Woodward Design+Build. We look forward to doing business with you in the future.

SUBCONTRACTOR/SUPPLIER INFORMATION FORM

Company Name: _____ **Date:** _____

P.O. Box: _____ Zip (if different from below) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Hours: _____ After-Hours / Emergency Telephone No: _____

Company Email: _____

Company Website: _____

Estimating Contact: Mr. / Ms. _____

Position/Title: _____ Bid Decision Maker: YES NO

Office Phone No: _____ Fax No: _____

Mobile No: _____ Other No: _____

Email: _____

Operations Contact: Mr. / Ms. _____

Position/Title: _____ Bid Decision Maker: YES NO

Office Phone No: _____ Fax No: _____

Mobile No: _____ Other No: _____

Email: _____

Business Type: Consultant General Contractor Subcontractor Supplier

Organization Type: Corporation Joint Venture LLC Partnership Proprietorship Sub S. Corporation

Date of Incorporation/Organization: _____

Number of Years in Business: _____

State of Incorporation/Organization: _____

President's Name: _____

Vice President's Name: _____

Secretary's Name: _____

Treasurer's Name: _____

Other's Name: _____

Number of Employees: _____

Minimum Contract Size Desired: _____

Approximate Maximum Contract Limit: _____

Bank Name: _____

Contact Name & Phone: _____

Dun & Bradstreet Number: _____ Dun & Bradstreet Rating: _____

Surety Company Name: _____

Contact Name & Phone: _____

Bond Rate: _____ Largest Bond to Date: _____

Bonding Capacity – Per Job: _____ Aggregate: _____

At what range are you most competitive and capable to perform work?

If so, which classifications apply? Please provide any certification numbers/certificates.

- | | |
|--|--|
| <input type="checkbox"/> < \$200,000 | <input type="checkbox"/> \$1.2 million – \$2 million |
| <input type="checkbox"/> \$200,000 – \$500,000 | <input type="checkbox"/> \$2 million – \$5 million |
| <input type="checkbox"/> \$500,000 – \$800,000 | <input type="checkbox"/> \$5 million – \$10 million |
| <input type="checkbox"/> \$800,000 – \$1.2 million | <input type="checkbox"/> \$10 million – _____ |

Please describe the largest dollar volume or most challenging contract completed to date:

Date Completed: _____ Owner: _____

Contact: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Scope of Work: _____

Is your company a small business, as defined by the Federal/State Government? Yes No

If so, which classifications apply? Please provide any certification numbers/certificates & certifying agency.

- Disadvantaged Business Enterprise (DBE) _____
- HUBZone Small Business _____
- Service Disabled Veteran Owned Small Business _____
- Small Disadvantaged Business (8a) _____
- State & Local Disadvantaged Business Enterprise (SLDBE) _____
- Women Owned Small Business _____
- Veteran Owned Small Business _____

Does your firm operate as a Union Shop? Yes No **as a Merit Shop?** Yes No

Louisiana Subcontractor Contractor's License Number: _____ **Expiration:** _____

Louisiana General Contractor's License Number: _____ **Expiration:** _____

How many years have you been licensed in Louisiana? _____

In what other states do you perform work? Please list license numbers, license classification and expiration dates.

Do you have any additional certifications/qualifications (example: AISC, PCA)?

Legal Questions

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? Yes No If yes, please explain.

Have any of the owners, officers or major stockholders of your company ever been indicated or convicted of a felony or other criminal conduct? Yes No If yes, please explain.

Has your company ever been precluded from pursuing public work or ever been found to be non-responsive by a public agency? Yes No If yes, please explain.

Has your company ever been or are you currently involved in litigation or arbitration against an owner, general contractor, construction manager, architect or subcontractor? Yes No If yes, please explain.

Has your company ever been released from a contract due to failure to perform? Yes No If yes, please explain.

Has your company ever had to pay liquidated damages due to a missed completion date? Yes No If yes, please explain.

Has your company participated in any jobs requiring certified payroll in the last 5 years? Yes No If yes, how many?

Has your company ever been audited and/or investigated by the Department of Labor? Yes No If yes, what were the results?

Please submit any additional information that you feel will help us determine your firm's qualifications and expertise. If available, please attach an updated copy of your firm's AIA A305 Document.

JOBSITE PROCEDURES

It is the intent of WDB to provide a safe work place for all employees of WDB, our subcontractors, and suppliers, with an emphasis on safety awareness. Safety and accident prevention are the responsibility of every person on our jobsite. In support of that philosophy, we will enforce the following basic rules without exception.

A. SAFETY

1. Hard hats will be worn at all times, except where there is no danger of head injuries from impact, flying or falling objects, or electrical shock and burns. Every individual on the jobsite must have immediate access to a hard hat at all times. The WDB project superintendent will decide if and when it is not necessary to wear hard hats.
2. When working conditions warrant, appropriate goggles and ear protection must be worn.
3. Hard-soled shoes are required.
4. All scaffolding must be provided with appropriate decking, toeboards, and handrails, and secured in accordance with OSHA regulations to prevent shifting, etc.
5. All vehicles and equipment must be in compliance with OSHA regulations (i.e., back-up alarms etc.).
6. The use of personal radios and tape players will not be permitted on the job because it interferes with proper safety procedures.
7. Drinking or use of illegal drugs on the job or reporting for work under the influence of alcohol or drugs is cause for removal from the jobsite.
8. Immediately report every safety hazard or injury, no matter how slight, to your foreman.

B. TRAFFIC AND PARKING

All vehicles (commercial and private) must be parked only in areas designated by the WDB job superintendent.

C. JOB CLEANLINESS

Each subcontractor is responsible for maintaining a clean jobsite. All aisles and passageways must be kept clear, as we believe a clean job increases the efficiency of the project.

D. PROFESSIONALISM

WDB works hard to promote its reputation as a professional organization. For this reason, we insist that employees of our subcontractors follow our basic rules of dress: long pants must be worn, and shirts are to be worn at all times (no tank tops).

NOTE: The WDB superintendent on each project has been given the responsibility and authority to enforce the safety program outlined above.

Our firm agrees to abide by the rules and policies outlined above. We understand that failure to abide by these standards may cause for removal from your bid list.

Signature

Date

Title

Company Name

PROJECT HISTORY / REFERENCE FORM

***Please fill out at least 3 project references in a combination of any of the 3 categories.**

Please identify all building types on which you have worked:

- | | | |
|---|---|---|
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Industrial / Petro Chemical | <input type="checkbox"/> Recreation / Entertainment |
| <input type="checkbox"/> Church/School | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Dist. Center / Warehouse | <input type="checkbox"/> Office Building | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hotel / Multi-Family | <input type="checkbox"/> Physician / Medical Facility | _____ |

Prior Woodward Design+Build Projects

Have you performed work for Carl E. Woodward, LLC / Woodward Design+Build? Yes No
Please identify and explain your most recent projects.

Project #1: _____

Date Completed: _____ Subcontract Value: _____

WD+B Project Manager: _____ Bonded: Yes No

Scope of Work: _____

Project #2: _____

Date Completed: _____ Subcontract Value: _____

WD+B Project Manager: _____ Bonded: Yes No

Scope of Work: _____

Project #3: _____

Date Completed: _____ Subcontract Value: _____

WD+B Project Manager: _____ Bonded: Yes No

Scope of Work: _____

Has your company had experience within the last 5 years in which you acted as the contractor or subcontractor on health care / hospital projects? Yes No

If yes, please identify and explain your most recent health care projects.

Project #1: _____

Date Completed: _____ Subcontract Value: _____

Contact Name & Phone: _____ Bonded: Yes No

Scope of Work: _____

Project #2: _____

Date Completed: _____ Subcontract Value: _____

Contact Name & Phone: _____ Bonded: Yes No

Scope of Work: _____

Project #3: _____

Date Completed: _____ Subcontract Value: _____

Contact Name & Phone: _____ Bonded: Yes No

Scope of Work: _____

Other Projects with Professional References

(General Contractors or Building Owners)

Please give a brief description of project including your overall scope of work and approximate contract amount, and reference name and contact information.

Project #1: _____

Date Completed: _____ Subcontract Value: _____

Contact Name & Phone: _____ Bonded: Yes No

Scope of Work: _____

Project #2: _____

Date Completed: _____ Subcontract Value: _____

Contact Name & Phone: _____ Bonded: Yes No

Scope of Work: _____

Project #3: _____

Date Completed: _____ Subcontract Value: _____

Contact Name & Phone: _____ Bonded: Yes No

Scope of Work: _____

SAFETY QUESTIONNAIRE

This questionnaire is not intended to be, nor is it, a comprehensive review of your safety program.

1. Provide the following Insurance Information:

A. Who is your current Insurance broker/agent? _____

Contact Name: _____ Phone: _____

B. What types of insurance do you carry?

- Commercial General Liability
 Pollution
 Professional Liability
 Excess Liability
 Automobile Liability
 Workers Compensation & Employer's Liability

C. What are your EMR Rates? Last Year _____ 2 Years Ago _____ 3 Years Ago _____

What is your recordable Incident Rate? Last Year _____ 2 Years Ago _____ 3 Years Ago _____

2. Provide the following OSHA 200 safety information for the past three years. (Items A, B, C and D are in accordance with ANSI 326.4 Standard).

	<u>Last Year</u>	<u>2 Years Ago</u>	<u>3 Year Ago</u>
A. Overall Total OSHA Recordable Incident Rate**	_____	_____	_____
B. Lost Workday Case Incident Rate**	_____	_____	_____
C. Number of Recordable Injury Cases	_____	_____	_____
D. Number of Lost Workday Cases	_____	_____	_____
E. Number of Fatalities	_____	_____	_____
F. Total Manhours Worked	_____	_____	_____

** ***Incidents x 200,000***
 Manhours Worked

3. Has OSHA cited you in the past three years? **Yes** _____ **No** _____

If yes, explain in detail: Add more pages if necessary.

4. Have you had any fatalities in the past 10 years? Yes No If yes, please explain.

5. Do you have a written safety program? Yes No Will you provide upon request? Yes No
6. Does your company have a respirator program? Yes No If so, do you also have a voluntary respirator program? Yes No And does it meet OSHA CFR 1910.134(c)? Yes No
7. Under your respirator program do you conduct air monitoring to identify airborne hazards? Yes No
8. Does your company erect their own scaffolds? Yes No If so, are your employees trained according to OSHA CFR 1926.454(a)? Yes No
9. Do you have a full-time Safety Director? Yes No
10. Who completes your safety training? Explain.

11. Does your company maintain an OSHA 300 log? Yes No If yes, submit your latest 300a.
12. Does your company have any employees that are OSHA 10 or 30 certified? Yes No
13. Does your company conduct random and post accident drug testing? Yes No
14. Does your company have a written accident investigation policy? Yes No
15. Do you have a written fall protection policy? Yes No
16. Does your company reward for safety? Yes No Explain.

17. Does your company have a process safety management program per OSHA 1910.119? Yes No
18. Does your company have a Lock Out/Tag Out Program? Yes No
19. Does your company have a Return to Work Program? Yes No
20. Do you conduct job-site audits? Yes No

By whom? _____ How often? _____

Is this documented? Yes No

21. Do you hold "Tool Box Talks" for employees? Yes No

How often? _____ Is this documented? Yes No

22. Do you have a written Hazardous Communication Program? Yes No Can you provide proof of employee training upon request? Yes No

23. Do you have an orientation program for new hires? Yes No

If yes, what does this include?

24. Do you have a training program for all employees exposed to workplace hazards? Yes No

If yes, what does this include? Can you provide proof of employee training upon request? Yes No

25. Do you have trained Competent Persons (as defined by 29 CFR 1926) in the following areas?

A. Scaffolding Yes No

B. Excavation Yes No

C. Fall Protection Yes No

D. Powered Equip. Yes No

E. Demolition Yes No

F. Cranes Yes No

G. Electrical Yes No

H. Asbestos Yes No

I. Lead Yes No

26. Please submit a copy of your programs.

TRADE CATEGORIES

***Please check those categories which your company self performs or supplies materials.**

_____		_____	03440	Architectural Precast Concrete Plant
_____	Division 1 – General Requirements	_____	03454	Cast Stone
_____	01001	_____	03470	Tilt-Up Concrete
_____	01010	_____	03472	Tilt-Up Erectors
_____	01020	_____	03510	Gypsum Concrete
_____	01031	_____	03520	Insulating Concrete Decks
_____	01223	_____	03560	Epoxy & Urethane Coatings
_____	01312	_____		
_____	01330	_____	Division 4 - Masonry	
_____	01400	_____	04200	Unit Masonry (subs)
_____	01500	_____	04220	Concrete Unit Masonry Suppliers
_____	01519	_____	04400	Stone
_____	01520	_____	04500	Masonry Restoration & Cleaning
_____	01600	_____	04700	Simulated Masonry
_____	01710	_____	04720	Cast Stone
_____	01990 General Contractors	_____		
_____		_____	Division 5 - Metals	
_____	Division 2 – Site Construction	_____	05100	Structural Metal Framing
_____	02010	_____	05200	Metal Joists
_____	02050	_____	05300	Metal Decking
_____	02100	_____	05400	Cold Formed Metal Framing
_____	02130	_____	05410	Load-bearing Metal Stud Systems
_____	02140	_____	05414	Metal Trusses
_____	02150	_____	05420	Cold Formed Metal Joist Systems
_____	02200	_____	05500	Metal Fabrications (misc. steel only)
_____	02201	_____	05509	Prefabricated Mezzanines
_____	02202	_____	05510	Metal Stairs
_____	02280	_____	05521	Fiberglass Railings
_____	02350	_____	05522	Glass Railings
_____	02443	_____	05560	Stainless Steel Fabrication
_____	02450	_____	05580	Sheet Metal Fabrication
_____	02480	_____	05700	Ornamental Metal
_____	02500	_____	05715	Prefabricated Spiral Stairs
_____	02580	_____	05800	Expansion Control
_____	02600	_____		
_____	02820	_____	Division 6 – Wood & Plastics	
_____	02830	_____	06010	Lumber Yards
_____	02900	_____	06050	Fasteners & Adhesives
_____	02980	_____	06101	Framers (Labor only)
_____		_____	06190	Wood Trusses
_____	Division 3 - Concrete	_____	06221	Millwork (Materials only)
_____	03100	_____	06222	Millwork (Labor only)
_____	03210	_____	06223	Trim Suppliers
_____	03222	_____	06242	Laminated Counter Tops
_____	03231	_____	06320	Fire Retardant Treatment
_____	03232	_____	06330	Insect Treatment
_____	03300	_____	06402	Countertops
_____	03345	_____	06410	Custom Casework (Cabinets)
_____	03347	_____	06412	Manufactured Cabinets
_____	03362	_____	06413	Cabinet Doors
_____	03410	_____	06430	Stairwork & Handrails

TRADE CATEGORIES (CONT.)

06440	Wood Ornaments
06443	Wood Columns
06510	Fiberglass Grating
06610	Glass Fiber & Resin Fabrications
06620	Cast Plastic Fabrications

Division 7 – Thermal & Moisture Protection

07100	Waterproofing
07150	Damp proofing
07190	Vapor Retarders
07195	Air Barriers
07196	Radiant Barriers
07200	Insulation
07240	Exterior Insulation & Finish Systems
07241	EIFS - Supplier
07255	Cementitious Fireproofing
07260	Intumescent Mastic Fireproofing
07265	Mineral Fiber Fireproofing
07270	Firestopping
07310	Asphalt Shingle Roofing
07311	Asphalt Shingle Roofing - Suppliers
07314	Slate Shingle Roofing
07315	Slate Shingle Roofing – Suppliers
07400	Preformed Roofing & Cladding/Siding
07460	Siding
07500	Membrane Roofing
07510	Built-up bituminous Roofing
07570	Traffic Coatings
07600	Flashing & Sheet Metal
07700	Roof Specialties & Accessories
07800	Skylights
07900	Joint Sealer

Division 8 – Doors & Windows

08100	Metal Doors & Frames
08200	Wood & Plastic Doors
08230	Impact Rubber Metal Doors
08303	Mirror Doors
08305	Access Doors
08311	Horizontal Sliding Fire Doors
08315	Pressure Resistant Doors
08320	Security Doors
08325	Cold Storage Doors
08330	Coiling Doors & Grilles
08350	Folding Doors & Grilles
08360	Sectional Overhead Doors
08371	Hi Speed Roll up Fabric Doors
08400	Entrances & Storefronts
08470	Revolving Entrance Doors
08510	Steel Windows
08520	Aluminum Windows

08610	Wood Windows
08651	Residential Windows
08700	Hardware
08900	Glazed Curtain Walls
08950	Translucent Wall & Skylight Systems
08960	Sloped Glazing Systems
08970	Structural Glass Curtain Walls

Division 9 - Finishes

09200	Lath & Plaster
09250	Gypsum Board
09280	Columns
09300	Tile
09400	Terrazzo
09500	Acoustical Treatment
09550	Wood Flooring
09600	Stone Flooring
09650	Resilient Flooring
09680	Carpet
09705	Resinous Flooring
09800	Special Coatings
09900	Painting
09950	Wall Coverings

Division 10 - Specialties

10100	Visual Display Boards
10150	Compartments & Cubicles
10160	Metal Toilet Compartments
10165	Plastic Laminate Toilet Compartments
10170	Plastic Toilet Compartments
10180	Stone Toilet Compartments
10186	Shower Doors & Enclosures
10190	Cubicles
10200	Louvers & Vents
10260	Wall & Corner Guards
10270	Access Flooring
10290	Pest Control
10300	Fireplaces & Inserts
10342	Steeple
10350	Flagpoles
10400	Identifying Devices
10450	Pedestrian Control Devices
10500	Lockers
10520	Fire Protection Specialties
10530	Protective Covers
10550	Postal Specialties
10605	Wire Mesh Partitions
10652	Folding Panel Partitions
10670	Storage Shelving
10700	Exterior Protection Devices Openings
10750	Telephone Specialties

TRADE CATEGORIES (CONT.)

_____ 10800 Toilet & Bath Accessories
_____ 10880 Scales
_____ 10900 Wardrobe & Closet Specialties

Division 11 - Equipment

_____ 11012 Vacuum Cleaning Systems
_____ 11014 Window Washing Systems
_____ 11020 Security & Vault Equipment
_____ 11030 Teller & Service Equipment
_____ 11040 Ecclesiastical Equipment
_____ 11050 Library Equipment
_____ 11060 Theater & Stage Equipment
_____ 11100 Mercantile Equipment
_____ 11108 Food Processing Equipment
_____ 11110 Commercial Laundry/Dry Clean Equipment
_____ 11120 Vending Equipment
_____ 11130 Audio-Visual Equipment
_____ 11140 Vehicle Service Equipment
_____ 11150 Parking Control Equipment
_____ 11160 Loading Dock Equipment
_____ 11170 Solid Waste Handling Equipment
_____ 11190 Detention Equipment
_____ 11200 Water Supply & Treatment Equipment
_____ 11300 Fluid Waste Treat/Dispose Equipment
_____ 11400 Food Service Equipment
_____ 11401 Kitchen Equipment Consultant
_____ 11450 Residential Equipment
_____ 11470 Darkroom Equipment
_____ 11480 Athletic Recreational Therapy Equipment
_____ 11500 Industrial Process Equipment
_____ 11600 Laboratory Equipment
_____ 11680 Office Equipment
_____ 11700 Medical Equipment

Division 12 - Furnishings

_____ 12100 Artwork
_____ 12110 Murals
_____ 12140 Sculpture
_____ 12170 Stained Glass Work
_____ 12300 Manufactured Casework
_____ 12500 Window Treatment
_____ 12600 Furniture & Accessories
_____ 12670 Rugs & Mats
_____ 12700 Multiple Seating
_____ 12775 Seat & Table Systems
_____ 12800 Interior Plants & Planters

Division 13 – Special Construction

_____ 13025 Integrated Ceilings
_____ 13030 Special Purpose Rooms
_____ 13070 Marine Specialty Contractor

_____ 13081 Blast Resistant Doors & Windows
_____ 13083 Blast Dampers
_____ 13090 Radiation Protection
_____ 13095 Radio Frequency Shielding
_____ 13110 Pre-Engineered Structures
_____ 13125 Grandstands & Bleachers
_____ 13145 Modular Mezzanines
_____ 13150 Aquatic Facilities
_____ 13152 Swimming Pools
_____ 13160 Aquariums
_____ 13170 Tubs & Spas
_____ 13180 Site Constructed Incinerators
_____ 13300 Utility Control Systems
_____ 13600 Solar Energy Systems
_____ 13700 Wind Energy Systems
_____ 13750 Cogeneration Systems
_____ 13800 Building Automation Systems

Division 14 – Conveying Systems

_____ 14100 Dumbwaiters
_____ 14200 Elevators
_____ 14300 Escalators & Moving Walks
_____ 14420 Wheelchair Lifts
_____ 14440 Sidewalk Lifts
_____ 14450 Vehicle Lifts
_____ 14500 Material Handling Systems
_____ 14560 Chutes
_____ 14580 Pneumatic Tube System
_____ 14600 Hoists & Cranes
_____ 14800 Scaffolding
_____ 14900 Transportation Systems

Division 15 - Mechanical

_____ 15001 General Mechanical (subs)
_____ 15002 Mechanical Suppliers
_____ 15175 Tanks
_____ 15200 Vibration
_____ 15300 Fire Protection
_____ 15370 Dry Chemical Extinguishing Systems
_____ 15400 Plumbing (only)
_____ 15401 Plumbing Suppliers
_____ 15475 Pool & Fountain Equipment
_____ 15500 Heating Ventilating Air Cond. (only)
_____ 15501 HVAC Suppliers
_____ 15650 Refrigeration

Division 16 - Electrical

_____ 16001 General Electrical
_____ 16002 Electrical Suppliers
_____ 16210 Generators
_____ 16500 Lighting

TRADE CATEGORIES (CONT.)

- _____ 16600 Special Systems
- _____ 16610 Uninterruptible Power Supply Systems
- _____ 16640 Cathodic Protection
- _____ 16670 Lightning Protection Systems
- _____ 16700 Communications
- _____ 16705 Hotel Cabling
- _____ 16720 Alarm & Detection Systems
- _____ 16770 Public Address & Music Systems
- _____ 16780 Television Systems
- _____ 16900 Controls
- _____ 16940 Instrumentation
- _____ 16950 Testing

Other Scopes of Work you company performs:
