



# **METRO EXPRESS, INC.**

State Wide General & Engineering Contractors  
CGCO50965 - E-201301

LICENSED  
INSURED  
BONDED

**CITY OF DORAL**

**CITY CLERK'S OFFICE**

**8401 NW 53 TERRACE**

**DORAL, FL 33166**

## **BID BOND**

**Bid Title: Storm Drain and Right-of-Way Repair  
Services.**

**ITB No.": 2025-06**

**Bid Due & Time: 06/10/2025 AT 2:00 P.M.**

# CITY OF DORAL



## Request for Qualifications

**RFQ No. 2025-06**

### ***Storm Drain and Right-of-Way Repair Services***

Bid Opening: June 10, 2025 at 2:00pm

**Procurement and Asset Management Director:  
ROMAN MARTINEZ, MPA, CPPO, CPPB**

**SECTION 4**  
**PROPOSAL SUBMITTAL FORM**  
**RFQ No. 2025-06**

THIS PROPOSAL IS SUBMITTED TO:

**City of Doral**  
**8401 NW 53<sup>rd</sup> Terrace**  
**Doral, Florida 33166**

1. The undersigned Bidder proposes and agrees, if this Proposal is accepted, to enter into an agreement with The City of Doral to perform and furnish all goods and/or services as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this RFQ and in accordance with the other terms and conditions of the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Advertisement or Request for Proposal and Instructions to Bidders, including without limitation those dealing with the disposition of Bid Security. This Proposal will remain subject to acceptance for 90 days after the day of Proposal opening. Proposer agrees to sign and submit the Agreement with the Bonds and other documents required by the Bidding Requirements within ten days after the date of City's Notice of Award. (If applicable)
3. In submitting this Proposal, Proposer represents, as more fully set forth in the Agreement, that:
  - (a) Proposer has examined copies of all the Proposal Documents and of the following Addenda (receipt of all which is hereby acknowledged.)

Addendum No.	<u>1</u>	No.	Dated:	<u>5/14/25</u>
Addendum No.	<u>2</u>	No.	Dated:	<u>5/19/25</u>
Addendum No.	<u>3</u>		Dated:	<u>5/19/25</u>
Addendum No.	<u>4</u>		Dated:	<u>5/28/25</u>

- (b) Proposer has familiarized themselves with the nature and extent of the Contract Documents, required goods and/or services, site, locality, and all local conditions and Law and Regulations that in any manner may affect cost, progress, performance, or furnishing of the Work.
    - (c) Proposer has carefully studied all reports and drawings of subsurface conditions and drawings of physical conditions.
    - (d) Proposer has obtained and carefully studied (or assumes responsibility for obtaining and carefully studying) all such examinations, investigations, explorations, tests and studies (in addition to or to supplement those referred to in (c) above) which pertain to the subsurface or physical conditions at the site or otherwise may affect the cost, progress, performance, or furnishing of the Work at the Contract Price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents, and no additional examinations, investigations, explorations, tests, reports or similar information or data are or will be required by Bidder for such purposes.





**City of Doral**  
**RFQ 2025-06**  
**Storm Drain and Right-of-Way**  
**Repair Services**  
**Addendum No. 1**

May 14, 2025

The original Request for Qualifications (RFQ) documents shall remain in full force and effect, except as modified herein, which shall take precedence over any contrary provisions in the prior documents.

This addendum is being issued to address the availability of the public pre-proposal meeting scheduled for Monday, May 19, 2025 at 10am. Meeting was going to be streamed thru gotomeetings, unfortunately, we have canceled that streaming service due to troubleshooting issues and will be streaming the meeting via Microsoft Teams. Below is the link to RFQ-2025-06 Pre-Proposal Meeting on Monday, May 19, 2025 at 10:00am.

**Pre-Proposal Meeting - RFQ-2025-06 - Storm Drain and Right-of-Way Repair Services**

**Microsoft Teams** [Need help?](#)

[Join the meeting now](#)

Meeting ID: 218 861 664 059 5

Passcode: Hm9HV6tT

*Note: No dial-in phone line availability.*

[https://teams.microsoft.com/join/19%3ameeting\\_NzE4YTQxMzEtNTFIYy00NjA4LWFhOGMtMDc5ZDg3ZDc4OWNi%40thread.v2/0?context=%7b%22Tid%22%3a%22f375165c-34cf-4c00-976b-64cde81346d6%22%2c%22Oid%22%3a%22dfb2fa46-bbd8-4633-aeed-b63a32faca46%22%7d](https://teams.microsoft.com/join/19%3ameeting_NzE4YTQxMzEtNTFIYy00NjA4LWFhOGMtMDc5ZDg3ZDc4OWNi%40thread.v2/0?context=%7b%22Tid%22%3a%22f375165c-34cf-4c00-976b-64cde81346d6%22%2c%22Oid%22%3a%22dfb2fa46-bbd8-4633-aeed-b63a32faca46%22%7d)

In addition, we are providing the link to the RFP Public Bid Opening for RFQ-2025-06 scheduled for June 10, 2025 at 2:00pm via Microsoft Teams as well.

**Microsoft Teams** [Need help?](#)

[Join the meeting now](#)

Meeting ID: 277 245 094 574 7

Passcode: Wb3PA223

*Note: No dial-in phone line availability.*

[https://teams.microsoft.com/join/19%3ameeting\\_NGUyMTYzZjltZDU1ZC00ZWlwLWE5YjQtZWwiODY4OGZiNGJl%40thread.v2/0?context=%7b%22Tid%22%3a%22f375165c-34cf-4c00-976b-64cde81346d6%22%2c%22Oid%22%3a%22dfb2fa46-bbd8-4633-aeed-b63a32faca46%22%7d](https://teams.microsoft.com/join/19%3ameeting_NGUyMTYzZjltZDU1ZC00ZWlwLWE5YjQtZWwiODY4OGZiNGJl%40thread.v2/0?context=%7b%22Tid%22%3a%22f375165c-34cf-4c00-976b-64cde81346d6%22%2c%22Oid%22%3a%22dfb2fa46-bbd8-4633-aeed-b63a32faca46%22%7d)

The following revisions have been made to the above-referenced solicitation.



The following Exhibits are released regarding the above-referenced solicitation:

- Amended page 5 of the original solicitation updating the link to the live streaming on Microsoft Teams for the Pre-Proposal Meeting on Monday, May 19, 2025 at 10am.

If you should have any questions regarding this addendum, please do not hesitate to contact [roman.martinez@cityofdoral.com](mailto:roman.martinez@cityofdoral.com).

Sincerely,

Roman Martinez, MBA, CPPO, CPPB  
Procurement and Asset Management Director

**The City's tentative timeline for this Request for Qualifications is as follows:**

**RFQ Advertisement Date:** **May 5, 2025, at 5:00 P.M. EST.**

**Pre-Bid Meeting (Highly Recommended)** **May 19<sup>th</sup>, 2025, at 10:00 A.M. EST.**  
From your computer, tablet or smartphone  
**Microsoft Teams [Need help?](#)**  
**[Join the meeting now](#)**  
Meeting ID: 218 861 664 059 5  
Passcode: Hm9HV6tT

**Cut-off Date for Questions:** **May 27<sup>th</sup>, 2025, at 5:00 P.M. EST.**

**Deadline for Submittals and Public Bid Opening:** **June 10<sup>th</sup>, 2025, at 2:00 P.M. EST.**  
From your computer, tablet or smartphone  
**Microsoft Teams [Need help?](#)**  
**[Join the meeting now](#)**  
Meeting ID: 277 245 094 574 7  
Passcode: Wb3PA223

**Evaluation Committee Meeting Phase I:** **June 23<sup>th</sup>, 2025, at 2:00 P.M. EST.**  
From your computer, tablet or smartphone  
*Link to remote meeting will be issued at a later date*

**Evaluation Committee Meeting Phase II: (Optional)** **June 30<sup>th</sup>, 2025, at 2:00 P.M. EST.**  
From your computer, tablet or smartphone  
*Link to remote meeting will be issued at a later date*

**Notification of Award (by the City Council):** **August, 13, 2025, at 10:00 A.M. EST.**

*The above timeline may be amended as required. The pre-bid meeting will be scheduled on **Microsoft Teams** on May 19, 2025 at 10:00am, Eastern time. All scheduled meetings will be announced with sufficient time to allow the public full access to the scheduled meetings as per State of Florida in the Sunshine Law.*



**City of Doral**  
**RFQ 2025-06**  
**Storm Drain and Right-of-Way**  
**Repair Services**  
**Addendum No. 2**

May 19, 2025

The original Request for Qualifications (RFQ) documents shall remain in full force and effect, except as modified herein, which shall take precedence over any contrary provisions in the prior documents.

This addendum is being issued to provide an updated and amended page 36 (Form 5.2 RFQ Reference Survey) of the RFQ solicitation document. This form is to be provided to your clients and in turn they will submit to the attention of Roman Martinez, Procurement Director at the City of Doral at [roman.martinez@cityofdoral.com](mailto:roman.martinez@cityofdoral.com)

The following revisions/update have been made to RFQ-2025-06:

- **Amended page 36** of the original solicitation. Form is to be submitted by prospective proposer's clients to the attention of Roman Martinez, Procurement Director [roman.martinez@cityofdoral.com](mailto:roman.martinez@cityofdoral.com) by June 11, 2025 at 5pm.

If you should have any questions regarding this addendum, please do not hesitate to contact [roman.martinez@cityofdoral.com](mailto:roman.martinez@cityofdoral.com).

Sincerely,

Roman Martinez, MBA, CPPO, CPPB  
Procurement and Asset Management Director





## CITY OF DORAL PROCUREMENT

### 5.2 RFQ REFERENCE SURVEY

RFQ No. 2025-06

*Storm Drain and Right-of-Way Repair Services*

From:		To: PROCUREMENT DIRECTOR
Company:		Deadline: June 11, 2025 at 5pm
Phone No.:		Total #. Of Pages: 1
Fax No.		Ph. #: 305-593-6725, X 4006
Email:		Email: <a href="mailto:roman.martinez@cityofdoral.com">roman.martinez@cityofdoral.com</a>
Subject:	Reference for work completed regarding: <b>Storm Drain and Right-of-Way Repair Services.</b>	
Additional Details:		
<p>You as an individual or Your company has been given to us as a point of contact for a reference on a project completed for you (identified above). Description of City of Doral Project:</p> <p><i>The City of Doral is soliciting Statements of Qualifications from qualified and experienced firms to provide Storm Drain and Right-of-Way Repair Services.</i></p>		
Company you are providing a reference for: _____		
	Indicate:	"YES" or "NO"
1. Was the scope of work performed similar in nature?		
2. Did this company have the proper resources and personnel by which to get the job done?		
3. Were any problems encountered with the company's work performance?		
4. Were any change orders or contract amendments issued, other than owner initiated?		
5. Was the job completed on time based on the original established timeline?		
6. Was the job completed within budget based on the original established budget?		
7. On a scale of one to ten (1-10), ten being best, how would you rate the overall work performance, considering professionalism, final product, personnel, resources. Rate from 1 to 10 (10 being the highest)		
8. If the opportunity were to present itself, would you rehire this company?		
9. Please provide any additional comments pertinent to this company and the work performed for you:		
<p>Please Complete and return to the attention of: Roman Martinez, MPA, CPPO, CPPB, Procurement and Asset Management Director at <a href="mailto:roman.martinez@cityofdoral.com">roman.martinez@cityofdoral.com</a> RFQ No. 2025-06 <i>Storm Drain and Right-of-Way Repair Services</i></p>		
Print Name _____		Title _____
Signature _____		Date _____



**City of Doral**  
**RFQ 2025-06**  
**Storm Drain and Right-of-Way**  
**Repair Services**  
**Addendum No. 3**

May 19, 2025

The original Request for Qualifications (RFQ) documents shall remain in full force and effect, except as modified herein, which shall take precedence over any contrary provisions in the prior documents.

This addendum is being issued to **update form 5.23 - Required Affidavit Regarding the Use of Coercion for Labor and Services** on Section 5 of the RFQ solicitation.

Attached find an updated version of form **5.23**, this form replaces original form issued with the solicitation. Prospective proposers are to review, acknowledge and sign this form and submit with all other forms in Section 5.

If you should have any questions regarding this addendum, please do not hesitate to contact [roman.martinez@cityofdoral.com](mailto:roman.martinez@cityofdoral.com).

Sincerely,

Roman Martinez, MBA, CPPO, CPPB  
Procurement and Asset Management Director

**5.23 REQUIRED AFFIDAVIT REGARDING THE USE OF COERCION FOR  
LABOR AND SERVICES**

**RFQ-2025-06**

Contractor Name: Metro Express, Inc.  
Contractor FEIN: 65-0711071  
Contractor's Authorized Representative Name and Title: Delio A. Trasobares, President  
City: Medley State: FL Zip: 33178  
Phone Number: 305-885-1330  
Email Address: info@metroexpresscorp.com

Section 787.06(13), Florida Statutes requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. The City of Doral, is a governmental entity for purposes of this statute.

As the person authorized to sign on behalf of the Contractor, I certify that the Contractor identified does not:

- Use or threaten to use physical force against any person;
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit; or
- Provide a controlled substance as outlined in Schedule I or Schedule II of s. 893.03 to any person for the purpose.

Under penalties of perjury, I declare that I have read the foregoing document and the facts stated in it are true.

By:   
Authorized Signature

Print Name and Title: Delio A. Trasobares, President

Date: 6/10/25

**END OF SECTION**





**City of Doral**  
**RFQ 2025-06**  
**Storm Drain and Right-of-Way**  
**Repair Services**  
**Addendum No. 4**

May 28, 2025

The original Request for Qualifications (RFQ) documents shall remain in full force and effect, except as modified herein, which shall take precedence over any contrary provisions in the prior documents.

Below are answers to questions from prospective proposers of RFQ-2025-06.

1. Q. Can we get the plans or access for this project: RFQ No. 2025-06?  
  
A. **RFQ-2025-06 does not include plans or specifications at this time. This RFQ is for the prequalification of service providers. Projects associated with this RFQ will be assigned to pre-qualified firms as they are identified by the City.**
  
2. Q. We would like to know if there is any estimated cost related to this RFQ?  
  
A. **No estimated costs are available at this time, as this is a prequalification process. Specific projects have not yet been identified. Once projects are defined, the City may provide cost estimates to the selected pre-qualified service providers.**
  
3. Q. Also Bid Bond should be turned in person or online and what's the due date?  
  
A. **A bid bond is not required for RFQ-2025-06. This is a prequalification procurement process intended to establish a pool of qualified professional firms.**

***Important Reminder:***

***All prospective proposers of RFQ-2025-06 should note that Addendum No. 2, issued on May 19, 2025, includes a revised Client Survey form. This form should be forwarded to your clients who will be providing references on your behalf. Refer to Page 15 of the RFQ solicitation for the Evaluation Criteria—please note that “References” is one of the evaluated categories.***

All prospective proposers should acknowledge receipt of this Addendum in their proposal response.

Sincerely,

Roman Martinez, MBA, CPPO, CPPB  
Procurement and Asset Management Director

- (e) Proposer has correlated the results of all such observations, examinations, investigations, explorations, tests, reports, and studies with the terms and conditions of the Contract Documents.
  - (f) Proposer has given the City written notice of all conflicts, errors, discrepancies that it has discovered in the Contract Documents and the written resolution thereof by the City is acceptable to Proposer.
  - (g) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization, or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; Proposer has not solicited or induced any person, firm or corporation to refrain from submitting; and Proposer has not sought by collusion to obtain for itself any advantage over any other Proposer or over the City.
4. Proposer understands that the quantities provided are only provided for proposal evaluation only. The actual quantities may be higher or lower than those in the proposal form.
5. Proposer understands and agrees that the Contract Price is Unit Rate Contract to furnish and deliver all of the Work complete in place as such the Proposer shall furnish all labor, materials, equipment, tools superintendence, and services necessary to provide a complete Project.
6. Proposer agrees that the work will be completed as scheduled from the date stipulated in the Notice to Proceed.
7. Communications concerning this Proposal shall be addressed to:

Bidder:

Metro Express, Inc

Address:

9390 NW 109 St.

Medley, FL 33178

Telephone

305-885-1330

Facsimile Number

305-885-1327

Attention:

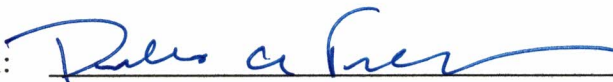
Delio A. Trasobares

8. The terms used in this Proposal which are defined in the General Conditions of the Contract included as part of the Contract documents have the meanings assigned to them in the General Conditions.

## STATEMENT

I understand that a "person" as defined in Para. 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding Contract and which Bids or applies to Bid on Contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "persons" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of any entity.

SUBMITTED THIS DAY 10 June, 2025.

Person Authorized to sign Proposal:  (Signature)  
Delio A. Trasobares (Print Name)  
President (Title)

Company Name: Metro Express, Inc.  
Company Address: 9390 NW 109 St.  
Medley, FL 33178

Phone: 305-885-1330

Fax: 305-885-1324

Email: info@metroexpresscorp.com



## **SECTION 5**

### **FORMS / DELIVERABLES**

**THE FOLLOWING MATERIALS ARE CONSIDERED ESSENTIAL AND NON-WAIVABLE FOR ANY RESPONSE TO AN INVITATION TO BID.**

**BIDDERS SHALL SUBMIT THE SUBSEQUENT FORMS IN THE EXACT SEQUENCE PROVIDED, INCLUDING INSERTION OF DOCUMENTS WHERE SPECIFIED.**

#### **LIST OF ATTACHED FORMS:**

- 5.1 Conflict of Interest Form
- 5.2 RFQ Reference Survey
- 5.3 Statement of No Response
- 5.4 Bidder Information Worksheet
- 5.5 Bidder Qualification Statement
- 5.6 Business Entity Affidavit
- 5.7 Non-Collusion Affidavit
- 5.8 No Contingency Affidavit
- 5.9 Americans with Disabilities Act (ADA) (Disability Non-Discrimination Statement)
- 5.10 Public Entity Crimes (Sworn Statement)
- 5.11 Drug Free Workplace Program
- 5.12 Copeland Act Anti-Kickback Affidavit
- 5.13 Equal Employment Opportunity Certification
- 5.14 Cone of Silence Certification
- 5.15 Tie Bids Certification
- 5.16 Respondents Certification
- 5.17 Certificate of Authority (Corporation)
- 5.18 Certificate of Authority (If Partnership)
- 5.19 Certificate of Authority (If Joint Venture)
- 5.20 Certificate of Corporate Principal
- 5.21 Acknowledgement of Conformance with OSHA Standards
- 5.22 Affidavit Regarding Unauthorized Aliens Under 448.085, Florida Statutes
- 5.23 Required Affidavit Regarding the Use of Coercion for Labor and Services

#### **Exhibit "A" – Minimum Insurance Requirements**

- Proposer is to submit a completed
  - [IRS Form W-9](#) - Request for Taxpayer Identification Number and Certification
- Sample Agreement

**5.1 CONFLICT OF INTEREST FORM**

**REQUEST FOR QUALIFICATIONS (RFQ) 2025-06**

**Storm Drain and Right-of-Way Repair Services**

The undersigned proposer and each person signing on behalf of the proposer certifies, and in the case of a sole proprietorship, partnership or corporation, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief, no member of the City of Doral, nor any employee, or person, whose salary is payable in whole or in part by the City of Doral, has a direct or indirect financial interest in the award of this Request for Proposal, or in the services to which this Proposal relates, or in any of the profits, real or potential, thereof, except as noted otherwise herein.

Signature 

Company Name Metro Express, Inc.

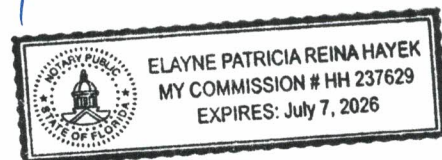
Date 6/10/25

Subscribed and sworn to before me this

10 day of June, 2025.

Notary Public in and for the County of Miami-Dade, State of FL

\_\_\_\_\_. My commission expires: 



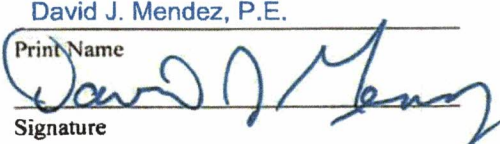


## CITY OF DORAL PROCUREMENT

### 5.2 RFQ REFERENCE SURVEY

**RFQ No. 2025-06**

#### ***Storm Drain and Right-of-Way Repair Services***

From:	David J. Mendez, P.E.	To: PROCUREMENT MANAGER
Company:	Village of Pinecrest	Date: May 27 <sup>th</sup> , 2022
Phone No.:	305-669-6916	Total #. Of Pages: 1
Fax No.:		Ph. #: 305-593-6725
Email:	dmendez@pinecrest-fl.gov	Email: <a href="mailto:procurement@cityofdoral.com">procurement@cityofdoral.com</a>
Subject:	Reference for work completed regarding: <b>Storm Drain and Right-of-Way Repair Services.</b>	
Additional Details:		
<p>You as an individual or Your company has been given to us as a point of contact for a reference on a project completed for you (identified above). Description of City of Doral Project:</p> <p><i>The City of Doral is soliciting Statements of Qualifications from qualified and experienced firms to provide Storm Drain and Right-of-Way Repair Services.</i></p>		
Company you are providing a reference for: <u>MetroExpress</u>		
	<b>Indicate:</b>	<b>"YES" or "NO"</b>
1. Was the scope of work performed similar in nature?		Yes
2. Did this company have the proper resources and personnel by which to get the job done?		Yes
3. Were any problems encountered with the company's work performance?		No
4. Were any change orders or contract amendments issued, other than owner initiated?		No
5. Was the job completed on time based on the original established timeline?		Yes
6. Was the job completed within budget based on the original established budget?		Yes
7. On a scale of one to ten (1-10), ten being best, how would you rate the overall work performance, considering professionalism, final product, personnel, resources. Rate from 1 to 10 (10 being the highest)		10
8. If the opportunity were to present itself, would you rehire this company?		Yes
9. Please provide any additional comments pertinent to this company and the work performed for you:		
<p>Please Complete and return to the attention of:  Roman Martinez, MPA, CPPO, CPPB, Procurement and Asset Management Director  at <a href="mailto:roman.martinez@cityofdoral.com">roman.martinez@cityofdoral.com</a>  <b>RFQ No. 2025-06</b>  <b><i>Storm Drain and Right-of-Way Repair Services</i></b></p>		
David J. Mendez, P.E. Print Name  Signature		Public Works Director Title June 6, 2025 Date





## CITY OF DORAL PROCUREMENT

### 5.2 RFQ REFERENCE SURVEY

RFQ No. 2025-06

#### Storm Drain and Right-of-Way Repair Services

From:	Public Works / Transportation Department	To: PROCUREMENT MANAGER
Company:	City of Aventura	Date: May 27 <sup>th</sup> , 2022
Phone No.:	305 466 8927	Total #. Of Pages: 1
Fax No.	305 466 3277	Ph. #: 305-593-6725
Email:	amihalko@cityofaventura.com	Email: <a href="mailto:procurement@cityofdoral.com">procurement@cityofdoral.com</a>
Subject:	Reference for work completed regarding: Storm Drain and Right-of-Way Repair Services.	
Additional Details:		
You as an individual or Your company has been given to us as a point of contact for a reference on a project completed for you (identified above). Description of City of Doral Project:		
<i>The City of Doral is soliciting Statements of Qualifications from qualified and experienced firms to provide Storm Drain and Right-of-Way Repair Services.</i>		
Company you are providing a reference for: <u>Metro Express</u>		
	Indicate:	"YES" or "NO"
1. Was the scope of work performed similar in nature?		Yes
2. Did this company have the proper resources and personnel by which to get the job done?		Yes
3. Were any problems encountered with the company's work performance?		No
4. Were any change orders or contract amendments issued, other than owner initiated?		No
5. Was the job completed on time based on the original established timeline?		Yes
6. Was the job completed within budget based on the original established budget?		Yes
7. On a scale of one to ten (1-10), ten being best, how would you rate the overall work performance, considering professionalism, final product, personnel, resources. Rate from 1 to 10 (10 being the highest)		10
8. If the opportunity were to present itself, would you rehire this company?		Yes
9. Please provide any additional comments pertinent to this company and the work performed for you: <u>Yacht Club Drive Stormwater Improvements</u>		
Please Complete and return to the attention of: Roman Martinez, MPA, CPPO, CPPB, Procurement and Asset Management Director at <a href="mailto:roman.martinez@cityofdoral.com">roman.martinez@cityofdoral.com</a> RFQ No. 2025-06 Storm Drain and Right-of-Way Repair Services		
<u>Anthony Mihalko</u> Print Name		<u>Stormwater Coordinator</u> Title
<u></u> Signature		<u>6/6/25</u> Date





## CITY OF DORAL PROCUREMENT

### 5.2 RFQ REFERENCE SURVEY

**RFQ No. 2025-06**

***Storm Drain and Right-of-Way Repair Services***

From:	Frank Ruiz	To: PROCUREMENT MANAGER
Company:	Miami Shores Village	Date: May 27 <sup>th</sup> , 2022
Phone No.:	3053010938	Total #. Of Pages: 1
Fax No.		Ph. #: 305-593-6725
Email:	ruizf@msvfl.gov	Email: <a href="mailto:procurement@cityofdoral.com">procurement@cityofdoral.com</a>
Subject:	Reference for work completed regarding: <b>Storm Drain and Right-of-Way Repair Services.</b>	
Additional Details: Multimodal Sidewalk Widening and Drainage Imp		
<p>You as an individual or Your company has been given to us as a point of contact for a reference on a project completed for you (identified above). Description of City of Doral Project:</p> <p><i>The City of Doral is soliciting Statements of Qualifications from qualified and experienced firms to provide Storm Drain and Right-of-Way Repair Services.</i></p>		
Company you are providing a reference for: <u>Metro Express Inc</u>		
	<b>Indicate:</b>	<b>“YES” or “NO”</b>
1. Was the scope of work performed similar in nature?		Y
2. Did this company have the proper resources and personnel by which to get the job done?		Y
3. Were any problems encountered with the company's work performance?		N
4. Were any change orders or contract amendments issued, other than owner initiated?		Y
5. Was the job completed on time based on the original established timeline?		Y
6. Was the job completed within budget based on the original established budget?		Y
7. On a scale of one to ten (1-10), ten being best, how would you rate the overall work performance, considering professionalism, final product, personnel, resources. <b>Rate from 1 to 10 (10 being the highest)</b>		10
8. If the opportunity were to present itself, would you rehire this company?		Y
9. Please provide any additional comments pertinent to this company and the work performed for you:		
<p>Please Complete and return to the attention of:</p> <p>Roman Martinez, MPA, CPPO, CPPB, Procurement and Asset Management Director at <a href="mailto:roman.martinez@cityofdoral.com">roman.martinez@cityofdoral.com</a></p> <p><b>RFQ No. 2025-06</b></p> <p><b><i>Storm Drain and Right-of-Way Repair Services</i></b></p>		
<u>Frank V Ruiz</u> Print Name <u><i>Frank V Ruiz</i></u> Signature		<u>Assistant PW Dir</u> Title <u>06/09/25</u> Date

**5.3 STATEMENT OF NO RESPONSE**  
**RFQ No. 2025-06**

If you are not proposing on this service/commodity, please complete and return this form to City of Doral Procurement at [roman.martinez@cityofdoral.com](mailto:roman.martinez@cityofdoral.com). Failure to respond may result in the removal of your firm's name from the qualified vendor list for the City of Doral.

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

We, the undersigned have declined to submit a Bid on the above because of the following reasons:

- \_\_\_\_\_ Specifications/Scope of Work too "tight", i.e., geared toward brand or manufacturer only  
(Explain below)
- \_\_\_\_\_ Insufficient time to respond
- \_\_\_\_\_ We do not offer this product, service or an equivalent
- \_\_\_\_\_ Our schedule would not permit us to perform
- \_\_\_\_\_ Unable to meet bond requirements
- \_\_\_\_\_ Specifications unclear (explain below)
- \_\_\_\_\_ Other (specify below)

REMARKS: \_\_\_\_\_

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



**5.4 BIDDER INFORMATION WORKSHEET**

**RFQ No. 2025-06**

**COMPANY/AGENCY/FIRM NAME:** Metro Express, Inc.

**ADDRESS:** 9390 NW 109 St. Medley, FL 33178

**BUSINESS EMAIL ADDRESS:** info@metroexpress.com **PHONE No.:** 305-885-1330

**CONTACT PERSON & TITLE:** Delio A. Trasobares, President

**CONTACT EMAIL ADDRESS:** info@metroexpress.com **PHONE No.:** 305-885-1330

**BUSINESS HOURS:** 24 hrs.

**BUSINESS LEGAL STATUS:** (circle one) CORPORATION / PARTNERSHIP/JOINT VENTURE / LLC

**BUSINESS IS A:** (circle one) PARENT / SUBSIDIARY / OTHER \_\_\_\_\_

**DATE BUSINESS WAS ORGANIZED/INCORPORATED:** 11/21/1996

**ADDRESS OF OFFICE WHERE WORK IS TO BE DONE FOR THIS PROJECT**  
(if different from address provided above):  
\_\_\_\_\_  
\_\_\_\_\_

**INDIVIDUALS(S) AUTHORIZED TO MAKE REPRESENTATIONS FOR THE BIDDER:**

<u>Delio A. Trasobares</u>	<u>President</u>	<u>305-885-1330</u>
(First, Last Name)	(Title)	(Contact Phone Number)
<u>Daniel Trasobares</u>	<u>P. Manager</u>	<u>305-885-1330</u>
(First, Last Name)	(Title)	(Contact Phone Number)
<u>Angel Fernandez</u>	<u>P. Manager</u>	<u>305-885-1330</u>
(First, Last Name)	(Title)	(Contact Phone Number)

**SIGNATURE:** [Signature] **DATE:** 6/10/25

**PRINT NAME:** Delio A. Trasobares

## 5.5 BIDDER QUALIFICATION STATEMENT

### RFQ No. 2025-06

The Bidder's response to this questionnaire will be utilized as part of the City's overall Bid Evaluation to ensure that the Bidder meets, to the satisfaction of the City of Doral, the minimum requirements for participating in this solicitation.

The following minimum experience is required for this project as specified in Section 2.

ON THE FORM BELOW, BIDDER MUST PROVIDE DETAILS FULFILLING ABOVE MINIMUM EXPERIENCE REQUIREMENTS. IT IS MANDATORY THAT BIDDERS USE THIS FORM IN ORDER TO INDICATE THAT THE MINIMUM EXPERIENCE REQUIREMENT IS MET. NO EXCEPTIONS WILL BE MADE.

1. Project Name/Location Street Improvements  
Owner Name City of Coral Gables  
Contact Person Noel Polo  
Contact Telephone No. 305-733-0068  
Email Address: npolo@coralgables.com  
Yearly Budget/Cost \$ 1,379,810.20  
Dates of Contract From: January 2022 To: Dec 2022  
Project Description Drainage, Paving and Sidewalk.
2. Project Name/Location Intersection Improvements P.B. Urrutia  
Owner Name Miami-Dade County  
Contact Person Freddy Valero  
Contact Telephone No. 305-315-4317

Email Address: freddy.valeo@miamidade.gov

Yearly Budget/Cost \$ 2,092,042.00

Dates of Contract From: Jan 2023 To: Dec. 2023

Project Description Drainage, Concrete Pavement,  
Installation of Traffic Calms  
Device, etc.

3. Project Name/Location Alameda N.W. & W. Lakes Gardens 2<sup>nd</sup> Addition Drainage Imp.

Owner Name Town of Miami Lakes

Contact Person Omar Santos.

Contact Telephone No. 305-364-6100

Email Address: santos@miamilakes-fl.gov

Yearly Budget/Cost \$ 1,247,786

Dates of Contract From: Jan 2023 To: Sept. 2023

Project Description Drainage and Paving

4. Project Name/Location Miami Gardens Drainage & Sidewalk FY23

Owner Name City of Miami Gardens

Contact Person Bernard Buxton-Tetteh

Contact Telephone No. 786-279-1270

Email Address: bbuxton-tetteh@miamigardens-fl.gov



Yearly Budget/Cost \$ 4,500,000.00

Dates of Contract From: Jan. 2023 To: Dec 2023

Project Description Drainage and Sidewalk.

\_\_\_\_\_

\_\_\_\_\_

5. Project Name/Location B-50110 NW 18 Ter Improvements

Owner Name City of Miami

Contact Person Lidia Duabo

Contact Telephone No. 786-614-7478

Email Address: lduabo@miamigov. com

Yearly Budget/Cost \$ 153,222.44

Dates of Contract From: \_\_\_\_\_ To: 2023

Project Description Drainage, valley gutter

and curb, milling and

paving.

END OF SECTION

**5.6 BUSINESS ENTITY AFFIDAVIT**  
**(VENDOR / BIDDER DISCLOSURE)**

**RFQ No. 2022-14**

I, Delio A. Trasobares, being first duly sworn

state: The full legal name and business address of the person(s) or entity contracting or transacting business with the City of Doral ("City") are (Post Office addresses are not acceptable), as follows:

65-0711071

FEDERAL EMPLOYER IDENTIFICATION NUMBER (IF NONE, SOCIAL SECURITY NUMBER)

Metro Express, Inc.

Name of Entity, Individual, Partners, or Corporation

Doing business as, if same as above, leave blank

9390 NW 109 St.

STREET ADDRESS

SUITE

Kedley

CITY

FL

STATE

33178

ZIP CODE

**OWNERSHIP DISCLOSURE AFFIDAVIT**

1. If the contact or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. All such names and addresses are (Post Office addresses are not acceptable), as follows:

Full Legal Name

Address  
Ownership

Delio A. Trasobares

9390 NW 109 St

100 %

%

%

2. The full legal names and business address of any other individual (other than subcontractors, material men, suppliers, laborers, or lenders) who have, or will have, any interest (legal, equitable, beneficial or otherwise) in the contract or business transaction with the City are (Post Office addresses are not acceptable), as follows:

N/A

[Signature]  
Signature of Affiant

06/10/25  
Date

Delio A. Trasobares  
Printed Name of Affiant

The foregoing Affidavit was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 10 day of June, 2025 (year), by Delio A. Trasobares

who is personally known to me or who has produced a Florida driver's license as identification.

Personally known ✓

OR

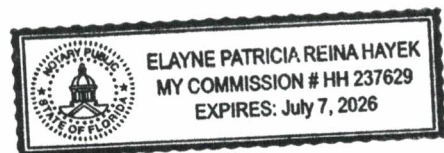
Produced identification \_\_\_\_\_

Notary Public-State of FL

\_\_\_\_\_  
Type of Identification

My commission expires: \_\_\_\_\_

[Signature]  
Printed, typed, or stamped commissioned name of Notary Public





## 5.7 NON-COLLUSION AFFIDAVIT


RFQ No. 2025-06

State of FL )  
 ) SS  
County of Miami-Dade )

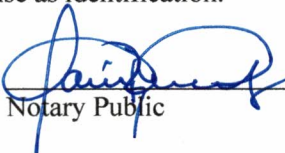
**BEFORE ME**, the undersigned authority, personally appeared Delio P. Trabonnes, who, after being duly sworn, deposes and states that all of the facts herein are true:

- (1) He/She/They is are the President  
(Owner, Partner, Officer, Representative or Agent) of Metro Express, Inc., the BIDDER that has submitted the attached Bid;
- (2) He/She/They is are fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;
- (3) Such Bid is genuine and is not a collusive or sham Bid;
- (4) Neither the said BIDDER nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm, or person to submit a collusive or sham Bid in connection with the Work for which the attached Bid has been submitted; or to refrain from bidding in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any BIDDER, firm, or person to fix any overhead, profit, or cost elements of the Bid or of any other BIDDER, or to fix any overhead, profit, or cost elements of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work; and
- (5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

FURTHER AFFIANT SAYETH NOT

By:   
Print Name: Delio A. Trassabore

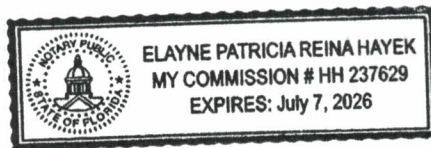
The foregoing Affidavit was acknowledged before me, by means of ☒ physical presence or ☐ online notarization,  
this 10 day of June, 2025 (year), by Delio A. Trassabore who is personally  
known to me or who has produced a Florida driver's license as identification.

  
Notary Public

State of FL at Large

My Commission Expires:

My Commission Number:



**5.8 NO CONTINGENCY AFFIDAVIT**  
**RFQ No. 2025-06**

State of FL )  
 ) SS  
County of Miami-Dade )

**BEFORE ME**, the undersigned authority, personally appeared Delio A. Trasobares, who, after being duly sworn, deposes and states that all of the facts herein are true:

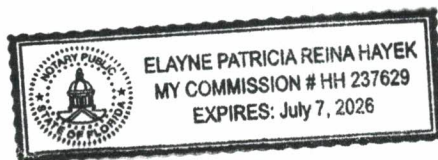
- (1) He/She/They (s) are President Owner, Partner, Officer, Representative or Agent of Metro Express Inc., the BIDDER that has submitted the attached Bid;
- (2) Bidder warrants that neither it, nor any principal, employee, agent, representative or family member has promised to pay, and Firm has not, and will not; pay a fee the amount of which is contingent upon the City of Doral awarding this contract. Firm warrants that neither it, nor any principal, employee, agent, representative has procured, or attempted to procure, this contract in violation of any of the provisions of the Miami-Dade County conflict of interest and code of ethics ordinances; and
- (3) Further, Firm acknowledges that a violation of this warranty may result in the termination of the contract and forfeiture of funds paid, or to be paid, to the Firm, if the Firm is chosen for performance of the contract.

FURTHER AFFIANT SAYETH NOT

By: Delio A. Trasobares

Print Name: Delio A. Trasobares

The foregoing Affidavit was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 10 day of June, 2025 (year), by Delio A. Trasobares who is personally known to me or who has produced a Florida driver's license as identification.



Elayne Patricia Reina Hayek  
Notary Public  
State of FL at Large

My Commission Expires:  
My Commission Number:



**5.9. AMERICANS WITH DISABILITIES ACT (ADA)**  
**DISABILITY NONDISCRIMINATION STATEMENT**

**RFQ No. 2025-06**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY  
PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted to the City of Doral, Florida

by: Delio A. Trascobares, President  
(print individual's name and title)

for: Metro Express, Inc.  
(print name of entity submitting sworn statement)

whose business address is: 9390 NW 109th St. Medley, FL 33178

and (if applicable) its Federal Employer Number (FEIN) is: 65-0711071  
(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn  
statement: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.)

I, being duly first sworn state:

That the above-named firm, corporation or organization is in compliance with and agreed to continue to  
comply with, and assure that any subcontractor, or third-party contractor under this project complies  
with all applicable requirements of the laws listed below including, but not limited to, those provisions  
pertaining to employment, provision of programs and services, transportation, communications, access  
to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC  
1210112213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services;  
Title III, Public Accommodations and Services Operated by Private entities; Title IV,  
Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501  
553.513, Florida Statutes:

The Rehabilitation Act of 1973, 229 USC Section 794;  
The Federal Transit Act, as amended 49 USC Section 1612;  
The Fair Housing Act as amended 42 USC Section 3601-3631.

Delio A. Trascobares  
SIGNATURE

The foregoing Affidavit was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 10 day of June, 2025 (year), by Detw. F. Casabares who is personally known to me or who has produced a Florida driver's license as identification.

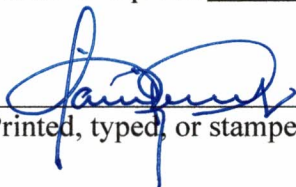
Personally known ☒

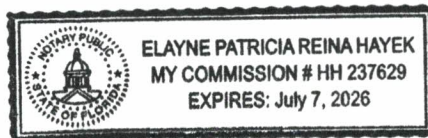
OR

Produced Identification \_\_\_\_\_

Notary Public- State of FL

My commission expires: \_\_\_\_\_

  
Printed, typed, or stamped commissioned name of Notary Public



**5.10 SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(a)**  
**FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

**RFQ No. 2025-06**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to City of Doral  
by Dario + Trasobares  
for Metro Express, Inc.  
whose business address is 9390 NW 109 St. Medley, FL 33178  
and (if applicable) its Federal Employer Identification number (FEIN) is 65-0711071 (If the entity had no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_).

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any Bid or Contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Para. 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Para. 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime; or
2. Any entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executors, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prime facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Para. 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding Contract and which Bids or applies to Bid on Contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "persons"



includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of any entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies.)

X Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order.)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY, CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

By: Delio A. Trascobares

(Printed Name) Delio A. Trascobares

(Title) President

The foregoing Affidavit was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 10 day of June, 2025 (year), by Delio A. Trascobares who is personally

known to me or who has produced a Florida driver's license as identification.

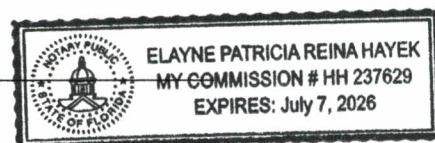
Personally known ☒

Or Produced Identification ☐

Notary Public - State of FL

My Commission Expires January

(Type of Identification) (Printed, typed, or stamped commission name of notary public)



**5.11 DRUG-FREE WORKPLACE PROGRAM**  
**RFQ No. 2025-06**

The undersigned firm in accordance with Florida statute 287.087 hereby certifies that

Metro Express, Inc.  
(Name of Firm)

does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform Employees about the dangers of drug abuse in the workplace, the business' policy of maintaining drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a conditions of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Delio A. Trasobares, President  
Name and Title

6/10/25  
Date

[Signature]  
Signature

Metro Express, Inc.  
Firm

9390 NW 109st  
Street address

Melbourne, FL 32908  
City, State, Zip code

**5.12 COPELAND ACT ANTI-KICKBACK AFFIDAVIT**

**RFQ No. 2025-06**

STATE OF FL }

}SS:

COUNTY OF Miami-Dade }

I, the undersigned, hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the City of Doral, its elected officials, and \_\_\_\_\_ or its design consultants, as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

By:

[Signature]

Title:

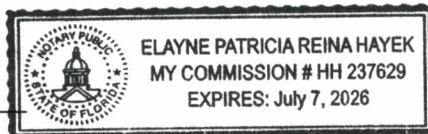
President

The foregoing Affidavit was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 10 day of June, 2025 (year), by Delia A. Trasobares who is personally known to me or who has produced a Florida driver's license as identification.

[Signature]  
Notary Public

(Printed Name)

My commission expires: \_\_\_\_\_





**5.13 EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION**

**RFQ No. 2025-06**

I, Delio A. Trasobares, President  
(Individual's Name) (Title)

of the Metro Express, Inc., do hereby certify that  
(Name of Company)

I have read and understand the Compliance with Equal Employment Opportunity requirements set forth under sub-section 2.15.3 of this document.

Attachment of this executed form, as such, is required to complete a valid bid.

Delio A. Trasobares  
Individual's Signature

6/10/25  
Date

**5.14 CONE OF SILENCE CERTIFICATION**

**RFQ No. 2025-06**

I, Delio A. Trasobares, President  
(Individual's Name) (Title)

of the Metro Express Inc., do hereby certify that  
(Name of Company)

I have read and understand the terms set forth under section 1.11 of this document titled 'Cone of Silence'.

Attachment of this executed form, as such, is required to complete a valid bid.

Delio A. Trasobares  
Individual's Signature

6/10/25  
Date

**5.15 TIE BIDS CERTIFICATION**

**RFQ No. 2025-06**

I, Delio A Trasobares, President  
(Individual's Name) (Title)

of the Metro Express, Inc., do hereby certify that  
(Name of Company)

I have read and understand the requirements/procedures for Tie Bids set forth under sub-section 2.15.5 of this document.

Attachment of this executed form, as such, is required to complete a valid bid.

Delio A Trasobares  
Individual's Signature

6/10/25  
Date



## 5.16 RESPONDENT'S CERTIFICATION

### **RFQ No. 2025-06**

I have carefully examined the Invitation to Bid, Instructions to Respondents, General and/or Special Conditions, Vendor's Notes, Specifications, proposed agreement and any other documents accompanying or made a part of this Invitation to Bids.

I hereby propose to furnish the goods or services specified in the RFQ. I agree that my Proposal will remain firm for a period of 365 days in order to allow the City adequate time to evaluate the Proposals.

I certify that all information contained in this Proposal is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this proposal on behalf of the firm as its act and deed and that the firm is ready, willing and able to perform if awarded the contract.

I further certify, under oath, that this proposal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a Proposal for the same product or service; no officer, employee or agent of the City of Doral or any other Respondent is interested in said Respondent; and that the undersigned executed this Respondent's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crimes may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to public entity, may not be awarded or perform work as a contractor, supplier, sub-contractor, or consultant under a contract with a public entity, and may not transact business with any public entity in excess of the threshold amount provided in Sec. 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

Metro Express, Inc.  
Name of Business

The foregoing Affidavit was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 10 day of June, 2025 (year), by \_\_\_\_\_ who is personally known to me or who has produced a Florida driver's license as identification.

[Signature]  
Signature

Delio A. Trascobares President  
Name and Title, Typed or Printed

9390 NW 109 St  
Mailing Address

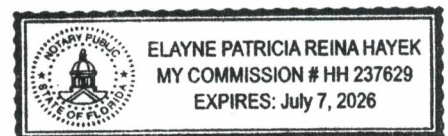
Medley, FL 33178  
City, State and Zip Code

305-885-1330  
Telephone Number

[Signature]  
Notary Public

STATE OF FL

My Commission Expires \_\_\_\_\_



**5.17 CERTIFICATE OF AUTHORITY (IF CORPORATION)**

**RFQ No. 2025-06**

STATE OF FL )  
 ) SS:  
COUNTY OF Miami-Dade )

I HEREBY CERTIFY that a meeting of the Board of Directors of the  
Metro Express, Inc.

a Corporation existing under the laws of the State of FL, held on 06/10, 2025, the  
following resolution was duly passed and adopted:

"RESOLVED, that, as President of the Corporation, be and is hereby authorized to execute the Bid dated,  
06/10, 2025, to the City of Doral and this Corporation and that their execution thereof, attested by the  
Secretary of the Corporation, and with the Corporate Seal affixed, shall be the official act and deed of this Corporation."

I further certify that said resolution is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Corporation this 10, day  
of June, 2025.

Secretary: *[Signature]*

(SEAL)



**5.18 CERTIFICATE OF AUTHORITY (IF PARTNERSHIP)**

**RFQ No. 2025-06**

STATE OF                    )  
                                  ) SS:  
COUNTY OF                )

I HEREBY CERTIFY that a meeting of the Partners of the \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ a Corporation existing under the  
laws of the State of \_\_\_\_\_, held on \_\_\_\_\_, 20\_\_\_\_\_, the following resolution was duly passed and  
adopted:

"RESOLVED, that, \_\_\_\_\_, as \_\_\_\_\_ of the Partnership, be and is hereby  
authorized to execute the Bid dated, \_\_\_\_\_ 20\_\_\_\_\_, to the City of Doral and this partnership and that their  
execution thereof, attested by the \_\_\_\_\_ shall be the official act and deed of this  
Partnership."

I further certify that said resolution is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_.

Secretary: \_\_\_\_\_

(SEAL)



**5.19 CERTIFICATE OF AUTHORITY (IF JOINT VENTURE)**

**RFQ No. 2025-06**

STATE OF \_\_\_\_\_ )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

I HEREBY CERTIFY that a meeting of the Principals of the  
\_\_\_\_\_  
a corporation existing under the laws of the State of \_\_\_\_\_, held on \_\_\_\_\_,  
20\_\_\_\_\_, the following resolution was duly passed and adopted:

"RESOLVED, that, \_\_\_\_\_ as \_\_\_\_\_ of the Joint Venture be and  
is hereby authorized to execute the Bid dated, \_\_\_\_\_ 20\_\_\_\_\_,  
to the City of Doral official act and deed of this Joint Venture."

I further certify that said resolution is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_.

Secretary: \_\_\_\_\_

(SEAL)

END OF SECTION

**5.20 CERTIFICATE OF CORPORATE PRINCIPAL**

**RFQ No. 2025-06**

I, Delio A. Trasobares, certify that I am the Secretary of the Corporation named as Principal in the foregoing Payment Bond; that Delio A. Trasobares, who signed the Bond on behalf of the Principal, was then President, Secretary of said corporation; that I know his/her their signature; and his/her their signature thereto is genuine; and that said Bond was duly signed, sealed and attested to on behalf of said Corporation by authority of its governing body.

(CORPORATE SEAL)



Delio A. Trasobares  
(Name of Corporation)

END OF SECTION

**5-21 ACKNOWLEDGMENT OF CONFORMANCE WITH OSHA STANDARDS**

**RFQ No. 2025-06**

To the City of Doral,

We Metro Express, Inc., hereby acknowledge and  
Prime Contractor

agree that we, as the Prime Contractor for City of Doral, ***Storm Drain and Right-of-Way Repair Services***, as specified, have the sole responsibility for compliance with all the requirements of the Federal Occupational Safety and Health Act of 1970, and all State and local safety and health regulations, and agree to indemnify and hold harmless the City of Doral, against any and all liability, claims, damages losses and expenses they may incur due to the failure of:

MTX Highway Solutions Corp.  
(Subcontractor's Names)

OSHA standards  
to comply with such act or regulation.

Rula Chumy, Pres  
CONTRACTOR

Rula Chumy, sec  
ATTEST

BY: Rula Chumy



**5.22 AFFIDAVIT REGARDING UNAUTHORIZED ALIENS UNDER  
448.095, FLORIDA STATUTES**

**RFQ-2025-06**

In compliance with section 2(b)(1) of 448.095, Florida Statutes,

Name of Entity Metro Express, Inc.

hereby affirms that it does not employ, contract

with, or subcontract with an unauthorized alien.

Delio A. Trasobares      President      [Signature]

Printed Name of Affiant

Printed Title of Affiant

Signature of Affiant

Metro Express, Inc.      6/10/25

Name of Entity

Date

9390 NW 109 St.      FL      33178

Address of Entity

State

Zip Code

**Notary Public Information**

Notary Public State of FL County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this 10/6 day of 2025

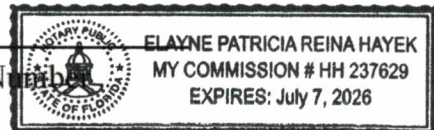
By Delio A. Trasobares

He or she is personally known to me ☒ or has produced identification ☐

Type of identification produced

[Signature]  
Signature of Notary Public

Serial Number



Print or Stamp of Notary Public

Expiration Date

Notary Public Seal

**5.23 REQUIRED AFFIDAVIT REGARDING THE USE OF COERCION FOR  
LABOR AND SERVICES**

**RFQ-2025-06**

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

Contractor FEIN: \_\_\_\_\_

Contractor's Authorized Representative Name and Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_


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

Section 787.06(13), Florida Statutes requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. The District Board of Trustees of Miami Dade College, Florida, is a governmental entity for purposes of this statute.

As the person authorized to sign on behalf of the Contractor, I certify that the Contractor identified does not:

- Use or threaten to use physical force against any person;
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit; or
- Provide a controlled substance as outlined in Schedule I or Schedule II of s. 893.03 to any person for the purpose.

Under penalties of perjury, I declare that I have read the foregoing document and the facts stated in it are true.

By:  \_\_\_\_\_  
Authorized Signature

Print Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

**END OF SECTION**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/20/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> RSC Insurance Brokerage, Inc. 9350 S Dixie Hwy Suite 1400 Miami FL 33156		<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): (305) 446-2271 FAX (A/C, No): E-MAIL ADDRESS: MIA-Certificates@Risk-Strategies.com															
<b>INSURED</b> Metro Express, Inc. 9390 NW 109th Street Medley FL 33178		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Monroe Guaranty Ins Co</td><td>32506</td></tr><tr><td>INSURER B: Evanston Insurance Company</td><td>35378</td></tr><tr><td>INSURER C: Illinois Union Insurance Company</td><td>27960</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Monroe Guaranty Ins Co	32506	INSURER B: Evanston Insurance Company	35378	INSURER C: Illinois Union Insurance Company	27960	INSURER D:		INSURER E:		INSURER F:	
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INSURER E:																	
INSURER F:																	

## COVERAGES

CERTIFICATE NUMBER: CL2492090744

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GL 100087326 01	9/22/2024	9/22/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			CA 100087327 01	9/22/2024	9/22/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO		SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR		XS24651143A	9/22/2024	9/22/2025	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/>	<input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$ 3,000,000				
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		\$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			830-38388	9/22/2024	9/22/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Pollution Liability			CPY G71126559 004	9/22/2024	9/22/2026	Occurrence/Aggregate \$1M/\$2M Retention \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

City of Doral 8401 NW 53rd Terrace Doral, FL 33166	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE R Ins. Brokerage/PREL <i>RSC Insurance Brokerage Inc.</i>

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# *State of Florida*

## *Department of State*

I certify from the records of this office that METRO EXPRESS, INC. is a corporation organized under the laws of the State of Florida, filed on November 21, 1996.

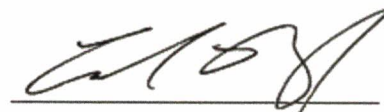
The document number of this corporation is P96000096781.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on January 2, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Second day of January, 2025*



  
Secretary of State

Tracking Number: 0626354594CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

**EXHIBIT "A"**  
**MINIMUM INSURANCE REQUIREMENTS**  
**RFQ-2025-06**

**I. Commercial General Liability**

Limits of Liability

Bodily Injury & Property Damage Liability	
Each Occurrence	\$2,000,000
Policy Aggregate (Per Project)	\$4,000,000
Personal & Advertising Injury	\$2,000,000
Products & Completed Operations	\$2,000,000

Coverage / Endorsements Required

City of Doral included as an additional insured

Primary Insurance Clause Endorsement

Coverage for X, C, U Included

Waiver of Subrogation in favor of City

No limitation on the scope of protection afforded to the City, its officials, employees, or volunteers.

**II. Business Automobile Liability**

Limits of Liability

Bodily Injury and Property Damage	
Combined Single Limit	
Any Auto/Owned Autos or Scheduled Autos	
Including Hired and Non-Owned Autos	
Any One Accident	\$1,000,000

Coverage / Endorsement Required

Employees are covered as insureds

City of Doral included as an additional insured

**III. Workers Compensation**

Statutory- State of Florida

Include Employers' Liability Limits:

\$100,000 for bodily injury caused by an accident, each accident

\$100,000 for bodily injury caused by disease, each employee

\$500,000 for bodily injury caused by disease, policy limit

**Workers Compensation insurance is required for all persons fulfilling this contract, whether employed, contracted, temporary or subcontracted Waiver of Subrogation in favor of City.**

IV. **Umbrella/Excess Liability (Excess Follow Form)** can be utilized to provide the required limits. Coverage shall be "following form" and shall not be more restrictive than the underlying insurance policy coverages, including all special endorsements and City as Additional Insured status. Umbrella should include Employer's Liability.

V. **Professional Liability/Errors & Omissions**

Limits of Liability

Each Claim	\$2,000,000
Policy Aggregate	\$2,000,000

If claims made, retro Date applies prior to contract inception.

Coverage is to be maintained and applicable for a minimum of 3 years following contract completion.

VI. **Cyber Liability (If Applicable)**

A. Limits of Liability	
Each Occurrence	\$1,000,000
Including Liability for Data Breach, Media Content, Privacy Liability and Network Security for third parties. Retro Date – Prior to commencement of job.	

**Subcontractors' Compliance:** It is the responsibility of the contractor to ensure that all subcontractors comply with all insurance requirements.

All above coverage must remain in force and Certificate of Insurance on file with City without interruption for the duration of this agreement. Policies shall provide the City of Doral with 30 days' written notice of cancellation or material change from the insurer. If the insurance policies do not contain such a provision, it is the responsibility of the Contractor to provide such written notice within 10 days of the change or cancellation.

Certificate Holder: City of Doral, Florida  
8401 NW 53<sup>rd</sup> Terrace  
Doral, FL 33166



Certificates/Evidence of Property Insurance forms must confirm insurance provisions required herein. Certificates shall include Agreement, Bid/Contract number, dates, and other identifying references as appropriate.

Insurance Companies must be authorized to do business in the State of Florida and must be rated no less than "A-" as to management, and no less than "Class V" as to financial strength, by the latest edition of AM Best's Insurance Guide, or its equivalent.

Coverage and Certificates of Insurance are subject to review and verification by City of Doral Risk Management. City reserves the right but not the obligation to reject any insurer providing coverage due to poor or deteriorating financial condition. The City reserves the right to amend insurance requirements in order to sufficiently address the scope of services. These insurance requirements shall not limit the liability of the Contractor/Vendor. The City does not represent these types or amounts of insurance to be sufficient or adequate to protect the Contractor/Vendor's interests or liabilities but are merely minimums.

ACKNOWLEDGED:

---

(Signature and Date)

**This document must be completed and returned with your Submittal**

**Proposer is to submit a completed**

- [IRS Form W-9](#) - Request for Taxpayer Identification Number and Certification

# Request for Taxpayer Identification Number and Certification

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

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

Print or type.  
See Specific Instructions on page 3.

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

**METRO EXPRESS INC.**

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) ► \_\_\_\_\_
- 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) ► \_\_\_\_\_

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.)

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

**9390 NW 109th ST**

6 City, state, and ZIP code

**MEDLEY, FL 33178**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

or

Employer identification number

6 5 - 0 7 1 1 0 7 1

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ►

*[Signature]*

Date ►

*04-10-2025*

## 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](http://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 (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.