

Solicitation Number: 21-0922
ASBESTOS & AIR QUALITY TESTING SERVICES

Submitted to:



Office of Procurement Services
315 West Main Street, Suite 441
Tavares, Florida 32778

Submitted By:



12467 Telecom Drive
Temple Terrace, Florida 33637
(813)-571-9788
21-10092

May 20, 2021



Steven A. Lipson, CIH, CSP, CIEC
Vice President Occupational Health, Safety
and Environmental Services

Attachment 1
Submittal Form

The undersigned hereby declares that: NV5, Inc. has examined and accepts the specifications, terms, and conditions presented in this Solicitation, satisfies all legal requirements to do business with the County, and to furnish **ASBESTOS AND AIR QUALITY TESTING SERVICES** for which Submittals were advertised to be received no later than 3:00 P.M. Eastern time on the date stated in the solicitation or as noted in an addenda. Furthermore, the undersigned is duly authorized to execute this document and any contracts or other transactions required by award of this Solicitation.

All pricing will be FOB Destination unless otherwise specified in this solicitation document. Pricing submitted will remain valid for a ninety (90) day period.

Vendor will accept payment through the County VISA-based payment system: YES

1.0 TERM OF CONTRACT

The Contract will be awarded for an initial one (1) year term with the option for four (4) subsequent one (1) year renewals. Renewals are contingent upon mutual written agreement.

The Contract will commence upon the date of execution. The Contract remains in effect until completion of the expressed and implied warranty periods. The County reserves the right to negotiate for additional services/items similar in nature not known at time of solicitation.

Contract prices resultant from this solicitation will prevail for the full duration of the Contract unless otherwise indicated elsewhere. Prior to completion of each exercised term, the County may consider an adjustment to price based on changes as published by the U.S. Department of Labor, Bureau of Labor Statistics. Refer to Exhibit A – Scope of Services. It is the Contractor's responsibility to request in writing any pricing adjustment under this provision.

2.0 METHOD OF PAYMENT

The Contractor must submit an accurate invoice to the County's using department. The date of the invoice must be after delivery but no more than 30 calendar days after delivery. Invoices must reference the: purchase or task order; delivery date, delivery location, and corresponding packing slip or delivery ticket signed by a County representative at the time of acceptance. Failure to submit invoices in the prescribed manner will delay payment.

Payments will be tendered in accordance with the Florida Prompt Payment Act, Part VII, Chapter 218, Florida Statutes. The County will remit full payment on all undisputed invoices within 45 days from receipt by the appropriate County using department. The County will pay interest not to exceed 1% per month on all undisputed invoices not paid within 30 days after the due date.

3.0 CERTIFICATION REGARDING LAKE COUNTY TERMS AND CONDITIONS:

I certify that I have reviewed the [Lake County General Terms and Conditions page](#) and accept the Lake County General Terms and Conditions dated 10/10/2019 as written including the Proprietary/Confidential Information section. YES Failure to acknowledge may result in Submittal being deemed non-responsive.

4.0 CERTIFICATION REGARDING FELONY CONVICTION:

Has any officer, director, or an executive performing equivalent duties, of the bidding entity been convicted of a felony during the past ten (10) years? NO

5.0 CONFLICT OF INTEREST DISCLOSURE CERTIFICATION:

Except as listed below, no employee, officer, or agent of the firm has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and, this Submittal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud. N/A

6.0 CERTIFICATION REGARDING BACKGROUND CHECKS:

Under any County Contract that involves Contractor or subcontractor personnel working in proximity to minors, the Vendor hereby confirms that any personnel so employed will have successfully completed an initial, and subsequent annual, Certified Background Check, completed by the Contractor at no additional cost to the County. The County retains the right to request and review any associated records with or without cause, and to require replacement of any Contractor employee found in violation of this requirement. Contractor shall indemnify the County in full for any adverse act of any such personnel in this regard. Additional requirements may apply in this regard as included within any specific contract award. YES

7.0 DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

The County does not establish specific goals for minority set-asides however, participation by minority and non-minority qualified firms is strongly encouraged. If the firm is a minority firm or has obtained certification by the State of Florida, Office of Supplier Diversity, (OSD) (CMBE), please indicate the appropriate classification(s) not applicable not applicable and enter OSD Certification Number N/A and enter effective date Click or tap to enter a date. to date Click or tap to enter a date.

8.0 RECIPROCAL VENDOR PREFERENCE:

Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code:

- A. Primary business location of the responding Vendor: Temple Terrace, Florida
- B. Does the responding vendor maintain a significant physical location in Lake County at which employees are located and business is regularly transacted: NO If “yes” is checked, provide supporting detail: Click or tap here to enter text.

9.0 GENERAL VENDOR INFORMATION:

Firm Name: NV5, Inc.

Street Address: 12467 Telecom Drive

City: Temple Terrace State and ZIP Code: Florida 33637

Mailing Address (if different): Click or tap here to enter text.

Telephone: 813-867-7083 Fax: Click or tap here to enter text.

Federal Identification Number / TIN: 27-1979486

DUNS Number: 078482872

10.0 SUBMITTAL SIGNATURE:

I hereby certify the information indicated for this Submittal is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an authorized representative of this Vendor and/or empowered to execute this Submittal on behalf of the Vendor. I, individually and on behalf of the Vendor, acknowledge and agree to abide by all terms and conditions contained in this solicitation as well as any attachments, exhibits, or addenda.

Name of Legal Representative Submitting this Proposal: *Steven A. Lipson*

Date: 5/20/2021

Print Name: Steven A. Lipson

Title: Vice President - OHS&E Services

Primary E-mail Address: Steve.lipson@nv5.com

Secondary E-mail Address: Donna.lipson@nv5.com

The individual signing this Submittal affirms that the facts stated herein are true and that the response to this Solicitation has been submitted on behalf of the aforementioned Vendor.

[The remainder of this page is intentionally blank]

Sunbiz Registration

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001138

Entity Name: NV5, INC.

Current Principal Place of Business:

200 SOUTH PARK ROAD
SUITE 350
HOLLYWOOD, FL 33021

Current Mailing Address:

200 SOUTH PARK ROAD
SUITE 350
HOLLYWOOD, FL 33021 US

FEI Number: 27-1979486

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, SECRETARY, EVP
Name O'BRIEN, MARY JO
Address 200 SOUTH PARK ROAD
SUITE 350
City-State-Zip: HOLLYWOOD FL 33021

Title PRESIDENT, DIRECTOR
Name HOCKMAN, ALEXANDER
Address 200 SOUTH PARK ROAD
SUITE 350
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR, ASSISTANT SECRETARY
Name TONG, RICHARD
Address 200 SOUTH PARK ROAD
SUITE 350
City-State-Zip: HOLLYWOOD FL 33021

Title TREASURER
Name CODISPOTI, EDWARD
Address 200 SOUTH PARK ROAD
SUITE 350
City-State-Zip: HOLLYWOOD FL 33021

Title VICE PRESIDENT
Name STERN, ERIC
Address 200 SOUTH PARK ROAD
SUITE 350
City-State-Zip: HOLLYWOOD FL 33021

Title VICE PRESIDENT
Name LIPSON, STEVEN
Address 200 SOUTH PARK ROAD
SUITE 350
City-State-Zip: HOLLYWOOD FL 33021

Title VICE PRESIDENT
Name LOCHRANE, ROBERT
Address 200 SOUTH PARK ROAD
SUITE 350
City-State-Zip: HOLLYWOOD FL 33021

Title CHIEF EXECUTIVE OFFICER,
DIRECTOR
Name WRIGHT, DICKERSON
Address 200 SOUTH PARK ROAD
SUITE 350
City-State-Zip: HOLLYWOOD FL 33021

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARYJO O'BRIEN

SECRETARY

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE PRESIDENT
Name CAMPBELL, JOHN
Address 200 SOUTH PARK ROAD
SUITE 350
City-State-Zip: HOLLYWOOD FL 33021

Title VICE PRESIDENT
Name CAVALERE, MICHAEL
Address 200 SOUTH PARK ROAD
SUITE 350
City-State-Zip: HOLLYWOOD FL 33021

W-9

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. NV5, Inc.</p> <p>2 Business name/disregarded entity name, if different from above NV5, Inc. - Air Quality Consulting, Inc.</p> <p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
<p>5 Address (number, street, and apt. or suite no.) See instructions. 12467 Telecom Drive</p> <p>6 City, state, and ZIP code Temple Terrace, Florida 33637</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

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

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																					
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Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶	Date ▶ <u>5/1/21</u>
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General Instructions

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

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

Purpose of Form

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

Addendum 1



REAL FLORIDA • REAL CLOSE
Office of Procurement Services

P.O. Box 7800 • 315 W. Main St., Suite 441 • Tavares, FL 32778

SOLICITATION: Asbestos and Air Quality Testing

05/18/2021

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM DOES NOT CHANGE THE DATE FOR RECEIPT OF PROPOSALS.

QUESTIONS/RESPONSES

Q1. Who is the current the incumbent(s) on this contract?

R1. The current incumbent is Wood Environment & Infrastructure Solutions, Inc. under Contract 16- 0212

Q2. How much has Lake County spent annually on this contract over the past contract period?

R2. The Purchase Orders for 2017 total \$12,500, 2018 (\$14,620), 2019 (\$12,500), 2020 (\$19,360) and 2021 (\$14,360)

Q3. How much is budgeted annually going forward with this contract?

R3. The projected spend will be in-line with what was previously spent annually

Q4. How many firms will be selected?

R4. The county is currently looking for one (1) firm to award.

Q5. Please provide a copy of the current existing contract(s) with the existing consultants. Or provide a web link where they can be viewed.

R5. The previous solicitation and current contract can be found online via the link below:

https://www.lakecountyfl.gov/offices/procurement_services/bid_details.aspx?bid_number=16-0212

Q6. Will selection be based solely on price or will past performance and references be considered?

R6. See Section 5.0 of the solicitation documents

Q7. Is it a requirement to complete every line of the pricing sheet or is it acceptable to leave some lines blank?

R7. Some of the lines on Attachment 2 - Pricing Sheet may be left blank by the proposer.

Q8. Is the prime contractor required to self-perform all disciplines, or is it acceptable to subcontract some services?

R8. Subcontracting is permitted

ACKNOWLEDGEMENT

Firm Name: NV5, Inc.

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: *Steven A. Lipson*

Date: 5/20/2021

Print Name: Steven A. Lipson

Title: Vice President – OHS&E Services

Primary E-mail Address: Steven.Lipson@nv5.com

Secondary E-mail Address: Donna.Lipson@nv5.com

Attachment 2
Pricing Sheet

NV5, Inc.

DESCRIPTION	UOM	COST
GENERAL HOURLY RATES		
Program Manager	HR	225
Corporate Consultant	HR	225
Principal Professional	HR	225
Senior Professional	HR	225
Project Manager	HR	125
Project Professional	HR	125
Staff Professional	HR	125
Senior Technician	HR	100
Project Technician	HR	90
Staff Technician	HR	85
Technician	HR	80
Secretary	HR	50
Administration	HR	50
MONITORING OF A BUILDING OR AN AREA OF A BUILDING		
Comprehensive Asbestos Hazard Assessment	SF	0.48
Pre-Demolition Asbestos Hazard Assessment	SF	0.52
Asbestos Abatement Monitoring Plan	EA	300
Asbestos Abatement Project Monitoring	8 HR Shift	800
Infrared Camera Testing	HR	100
IAQ Field Survey (under 10,000 SF)	SF	1700
IAQ Field Survey (over 10,000 SF)	SF	2300
IAQ Remediation Monitoring Plan	EA	300
IAQ Remediation Monitoring	HR	85
PER SAMPLE PRICING		
Airborne Bacteria Culture	Per Sample	54
Airborne Fungal Culture	Per Sample	40
Asbestos	Per Sample	8
Carbon Dioxide	Per Sample	0
Carbon Monoxide	Per Sample	0
Formaldehyde	Per Sample	112
Hydrogen Sulfide	Per Sample	0
Lead in Paint	Per Sample	10
Lead in Water	Per Sample	50
Mold Spore trap by optical microscopy	Per Sample	30
Mold Tape Lift	Per Sample	27
Ozone	Per Sample	85

DESCRIPTION	UOM	COST
Radon	Per Sample	30
Surface Wipe / Bacteria Culture	Per Sample	40
Surface Wipe / Fungal Culture	Per Sample	29
Temperature & Relative Humidity	Per Sample	0
Volatile Organic Compounds (Air)	Per Sample	60
Volatile Organic Compounds (Water)	Per Sample	100
<p>Lake County is exempt from all taxes (Federal, State, Local). A Tax Exemption Certificate will be furnished upon request for any direct purchasing. Contractor will be responsible for payment of taxes on all materials purchased by the Contractor for the project.</p>		
<p>Lake County will not accept nor authorize payment for travel time or expenses of service personnel to any of Lake County's facility locations. The hourly rate must commence on the job site. Billable time will be for service work performed.</p>		
<p>This is an indefinite quantity contract with no guarantee use of services. The County does not guarantee a dollar amount to be expended on any contract resulting from this solicitation.</p>		
<p>Lake County reserves the right to negotiate for additional services similar in nature but not known at time of solicitation.</p>		

Attachment 3
References

List no more than five projects which best illustrates qualifications relevant to the Solicitation. References must be less than five years old. LIST no more than two LAKE COUNTY GOVERNMENT PROJECTS (past, current, prime, and subcontractor) FIRST.

NV5, Inc.

PROJECT NAME: Numerous County owned and/or occupied facilities throughout Miami-Dade County

Agency: Miami-Dade County

Address: 3501 Northwest 46th Street

City, State, Zip code: Miami, Florida 33142

Contact Person: Mr. Juan Silva

Title: Miami-Dade County Internal Services Department - Facilities and Infrastructure Management Division Director

Email: Juan.Silva3@miamidade.gov

Telephone: 305-375-3465

Project Cost: \$69,000.00

Contract Start and End Dates: April 2015 - ongoing

SCOPE of Project (list tasks, outlines or descriptions of items): NV5 has provided and continues to provide consulting services and hazardous materials assessments for the following County entities: Water and Sewer Department; Fire Rescue Department; Internal Services; Public Housing Department; County Commission; and, the Parks and Recreation and Open Spaces Department. As consultant, we have provided the following services: surveys for asbestos containing materials, lead-based paint, mold, potable drinking water, COVID-19; indoor air quality assessments; preparation of remediation specifications / work procedures for asbestos and mold; remediation and construction contractor management assistance; remediation contractor oversight / project monitoring including sampling (i.e. air, surface) as applicable;

PROJECT NAME: Asbestos Surveys, Lead in Paint Surveys, Moisture and Microbial Assessments, and Indoor Air Quality Evaluations

Agency: Sarasota Housing Authority

Address: 269 South Osprey Avenue, Suite 100

City, State, Zip code: Sarasota, Florida 34236

Contact Person: Mr. Lance Clayton

Title: Director of Construction and Capital Improvement

Email: lclayton@sarasotahousing.org

Telephone: 941-544-8380

Project Cost: \$26,300.00

Contract Start and End Dates: March 2021 – February 2022

SCOPE of Project (list tasks, outlines or descriptions of items): NV5 has been under contract with Sarasota Housing Authority since 2016 to present. NV5 has performed numerous asbestos surveys and asbestos abatement air and project monitoring activities, including on-site PCM analysis. We have also conducted asbestos awareness training classes (OSHA Class IV), provided contractor bid assistance and prepared Operations & Maintenance Programs (O&M) for asbestos and lead-based paint. We have also

performed numerous lead in paint surveys, indoor air quality evaluations, moisture and microbial assessments, including bio-aerosol sampling and short-term radon testing and potable water testing viable/ non-viable of commercial properties and office buildings.

PROJECT NAME: Indoor Air Quality Evaluations, Microbial Evaluations, Asbestos Consulting Services and Industrial Hygiene Consulting Services

Agency: International Insurance Company (Company name withheld by Client request)

Address: 3075 Sanders Road, Suite G1D

City, State, Zip code: Northbrook, Illinois 60062

Contact Person: Mr. Pat Sarb

Title: Senior Manager, Environmental Sciences

Email: psarb@allstate.com

Telephone: 847-402-2120

Project Cost: \$60,000.00

Contract Start and End Dates: 2018 - Ongoing

SCOPE of Project (list tasks, outlines or descriptions of items): NV5 has been under contract with a Fortune 100 Nation Insurance Company for over 20 years to conduct asbestos surveys, industrial hygiene consulting, baseline indoor air quality evaluations and moisture and microbial investigations, including bio-aerosol sampling of commercial properties and office buildings. During the course of this contract, NV5 employees have performed in excess of 1,000 baseline IAQ evaluations throughout Florida, the United States (49 states) and Canada. The typical scope of work for these projects includes measurements for temperature, relative humidity, carbon monoxide, carbon dioxide, dust and volatile organic compounds (VOCs), and mold. In addition, projects consisting of infrared thermography, pollutant pathway investigations, bio-aerosol sampling (viable and non-viable), assessment of HVAC systems, source contamination mold and asbestos awareness training, surveys, air monitoring and Operations & Maintenance Programs (O&M), have also been conducted.

PROJECT NAME: Dyer Federal Courthouse Building

Agency: Miami-Dade College

Address: 11011 Southwest 104th Street

City, State, Zip code: Miami, Florida 33176

Contact Person: Mr. Ted “Lucky” Underwood, PMP, CCM, CGC

Title: Senior Project Manager

Email: tunderwo@mdc.edu

Telephone: 305-237-2137

Project Cost: \$480,582.00

Contract Start and End Dates: July 2018 - ongoing

SCOPE of Project (list tasks, outlines or descriptions of items): This project is currently being conducted under the Miami-Dade College for Environmental, Geotechnical and Materials Testing Serves that NV5 has held since July 25, 2018. NV5, as principal consultant, has provided and continues to provide consulting services and hazardous material assessments for the following: surveys for asbestos containing materials, lead-based paint; legionella and mold; preparation of remediation specifications / work procedures for asbestos, lead-based paint and mold; remediation and construction contractor

management assistance; remediation contractor oversight / project monitoring including background, work in progress (WIP) and, post-remediation sampling (i.e. air, surface) as applicable..

PROJECT NAME: Indoor Air Quality Evaluation, Moisture / Microbial Assessment, Short-Term Radon Testing

Agency: Marion County Board of County Commissioners

Address: 2602 SE 8th Street

City, State, Zip code: Ocala, Florida 34471

Contact Person: Mr. Jared Goodspeed

Title: Director Facilities Management

Email: Jared.Goodspeed@marioncountyfl.org

Telephone: 352-671-8750

Project Cost: \$25,000.00

Contract Start and End Dates: 2019

SCOPE of Project (list tasks, outlines or descriptions of items): NV5 has been contracted with Marion County Board of County Commissioners to conduct indoor air quality evaluations, moisture and microbial assessments, including bio-aerosol sampling and short-term radon testing and potable water testing viable/ non-viable of commercial properties and office buildings. During the course of this contract, NV5 employees have performed numerous evaluations. Many members of the NV5 staff are involved in this contract.

Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2022

4/27/2021

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : The Continental Insurance Company		35289
INSURER B : National Fire Insurance Co of Hartford		20478
INSURER C : Berkley Insurance Company		32603
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES CERTIFICATE NUMBER: 17452088 REVISION NUMBER: XXXXXXXX

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> Cross Liab Incl GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Deductible: None	Y	Y	7014856125	5/1/2021	5/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	7014842659	5/1/2021	5/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ \$0	N	N	7014841883	5/1/2021	5/1/2022	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	7014842824(AOS)	5/1/2021	5/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liab/Pollution	N	N	AEC-9044114-05	5/1/2021	5/1/2022	Each Claim \$ 10M Aggregate \$ 20M See attached
A	Contractor's Equip.			7014900785	5/1/2021	5/1/2022	

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

Lake County, A Political Subdivision of the State of Florida and The Board of County Commissioners is included as additional insured on a Primary and Non-contributory basis if required by written contract with respect to General Liability per the terms and conditions of the policy. A waiver of subrogation applies in favor of Lake County, A Political Subdivision of the State of Florida and The Board of County Commissioners if required by written contract with respect to General Liability per the terms and conditions of the policy where permitted by state law. *SEE PAGE TWO*

CERTIFICATE HOLDER

17452088

Lake County, A Political Subdivision of the State of Florida and The Board of County Commissioners
PO Box 7800
Tavares FL 32778-7800

CANCELLATION See Attachments

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

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A 30-day notice of cancellation is included if required by written contract with respect to General Liability per the terms and conditions of the policy.

Contractor's Equipment Coverage

Coverage: Contractor's Equipment

Carrier: Continental Insurance Company

Effective: 5/1/21-5/1/22

Policy Number: 7014900785

Blanket Policy Limit: \$3,897,564

Limit Per Item: \$500,000

Blanket Short-Term Equipment Leased, Borrowed, or Rented From Others Limit: \$500,000 Per occurrence/item



**Lake County, A Political Subdivision
PO Box 7800
Tavares, FL 32778-7800**

To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via the method listed below, referencing Certificate ID **17452088**.

Email: SE-EDelivery@lockton.com

- - Please include the above Certificate ID number and "Email Address for E-Deliver" in the subject line.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using the method above.

The above inbox is for automating electronic deliver of certificates only. Please do NOT send future certificate requests to this inbox.

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies

Lockton Companies
3280 Peachtree Road NE, Ste. 250
Atlanta, GA 30305



Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage Endorsement

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is understood and agreed as follows:

- I. **WHO IS AN INSURED** is amended to include as an **Insured** any person or organization whom you are required by **written contract** to add as an additional insured on this **coverage part**, but only with respect to liability for **bodily injury, property damage or personal and advertising injury** caused in whole or in part by your acts or omissions, or the acts or omissions of those acting on your behalf:
- A. in the performance of your ongoing operations subject to such **written contract**; or
 - B. in the performance of **your work** subject to such **written contract**, but only with respect to **bodily injury or property damage** included in the **products-completed operations hazard**, and only if:
 1. the **written contract** requires you to provide the additional insured such coverage; and
 2. this **coverage part** provides such coverage.
- II. But if the **written contract** requires:
- A. additional insured coverage under the 11-85 edition, 10-93 edition, or 10-01 edition of CG2010, or under the 10-01 edition of CG2037; or
 - B. additional insured coverage with "arising out of" language; or
 - C. additional insured coverage to the greatest extent permissible by law;
- then paragraph I. above is deleted in its entirety and replaced by the following:
- WHO IS AN INSURED** is amended to include as an **Insured** any person or organization whom you are required by **written contract** to add as an additional insured on this **coverage part**, but only with respect to liability for **bodily injury, property damage or personal and advertising injury** arising out of **your work** that is subject to such **written contract**.
- III. Subject always to the terms and conditions of this policy, including the limits of insurance, the Insurer will not provide such additional insured with:
- A. coverage broader than required by the **written contract**; or
 - B. a higher limit of insurance than required by the **written contract**.
- IV. The insurance granted by this endorsement to the additional insured does not apply to **bodily injury, property damage, or personal and advertising injury** arising out of:
- A. the rendering of, or the failure to render, any professional architectural, engineering, or surveying services, including:
 1. the preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 2. supervisory, inspection, architectural or engineering activities; or
 - B. any premises or work for which the additional insured is specifically listed as an additional insured on another endorsement attached to this **coverage part**.
- V. Under **COMMERCIAL GENERAL LIABILITY CONDITIONS**, the Condition entitled **Other Insurance** is amended to add the following, which supersedes any provision to the contrary in this Condition or elsewhere in this **coverage part**:

Primary and Noncontributory Insurance

CNA75079XX (10-16)

Policy No: 7014856125

Page 1 of 2

Effective Date: 05/01/2021

Insured Name: NV5 Global, Inc

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Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage Endorsement

With respect to other insurance available to the additional insured under which the additional insured is a named insured, this insurance is primary to and will not seek contribution from such other insurance, provided that a **written contract** requires the insurance provided by this policy to be:

1. primary and non-contributing with other insurance available to the additional insured; or
2. primary and to not seek contribution from any other insurance available to the additional insured.

But except as specified above, this insurance will be excess of all other insurance available to the additional insured.

VI. Solely with respect to the insurance granted by this endorsement, the section entitled **COMMERCIAL GENERAL LIABILITY CONDITIONS is amended as follows:**

The Condition entitled **Duties In The Event of Occurrence, Offense, Claim or Suit** is amended with the addition of the following:

Any additional insured pursuant to this endorsement will as soon as practicable:

1. give the Insurer written notice of any **claim**, or any **occurrence** or offense which may result in a **claim**;
2. send the Insurer copies of all legal papers received, and otherwise cooperate with the Insurer in the investigation, defense, or settlement of the **claim**; and
3. make available any other insurance, and tender the defense and indemnity of any **claim** to any other insurer or self-insurer, whose policy or program applies to a loss that the Insurer covers under this **coverage part**. However, if the **written contract** requires this insurance to be primary and non-contributory, this paragraph **3.** does not apply to insurance on which the additional insured is a named insured.

The Insurer has no duty to defend or indemnify an additional insured under this endorsement until the Insurer receives written notice of a **claim** from the additional insured.

VII. Solely with respect to the insurance granted by this endorsement, the section entitled **DEFINITIONS is amended to add the following definition:**

Written contract means a written contract or written agreement that requires you to make a person or organization an additional insured on this **coverage part**, provided the contract or agreement:

- A. is currently in effect or becomes effective during the term of this policy; and
- B. was executed prior to:
 1. the **bodily injury or property damage**; or
 2. the offense that caused the **personal and advertising injury**;
 for which the additional insured seeks coverage.

Any coverage granted by this endorsement shall apply solely to the extent permissible by law.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

CNA

**Blanket Additional Insured - Owners, Lessees or
Contractors - with Products-Completed
Operations Coverage Endorsement**

Primary and Noncontributory Insurance

With respect to other insurance available to the additional insured under which the additional insured is a named insured, this insurance is primary to and will not seek contribution from such other insurance, provided that a written contract requires the insurance provided by this policy to be:

1. primary and non-contributing with other insurance available to the additional insured; or
2. primary and to not seek contribution from any other insurance available to the additional insured. But except as specified above, this insurance will be excess of all other insurance available to the additional insured.

VI. Solely with respect to the insurance granted by this endorsement, the section entitled COMMERCIAL GENERAL LIABILITY CONDITIONS is amended as follows:

The Condition entitled Duties In The Event of Occurrence, Offense, Claim or Suit is amended with the addition of the following:

Any additional insured pursuant to this endorsement will as soon as practicable:

1. give the Insurer written notice of any claim, or any occurrence or offense which may result in a claim;
2. send the Insurer copies of all legal papers received, and otherwise cooperate with the Insurer in the investigation, defense, or settlement of the claim; and
3. make available any other insurance, and tender the defense and indemnity of any claim to any other insurer or self-insurer, whose policy or program applies to a loss that the Insurer covers under this coverage part. However, if the written contract requires this insurance to be primary and non-contributory, this paragraph 3. does not apply to insurance on which the additional insured is a named insured.

The Insurer has no duty to defend or indemnify an additional insured under this endorsement until the Insurer receives written notice of a claim from the additional insured.

VII. Solely with respect to the insurance granted by this endorsement, the section entitled DEFINITIONS is amended to add the following definition:

Written contract means a written contract or written agreement that requires you to make a person or organization an additional insured on this coverage part, provided the contract or agreement:

A. is currently in effect or becomes effective during the term of this policy; and

B. was executed prior to:

1. the bodily injury or property damage; or
 2. the offense that caused the personal and advertising injury;
- for which the additional insured seeks coverage.

Any coverage granted by this endorsement shall apply solely to the extent permissible by law.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

CNA75079XX (10-16)

POLICY NUMBER: 7014856125

EFFECTIVE DATE: 5/1/2021

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE	
Name Of Person Or Organization:	
Any person or organization against whom you have agreed to waive such right of recovery in a written contract or agreement.	

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

It is understood and agreed that the condition entitled **Transfer Of Rights Of Recovery Against Others To The Insurer** is amended by the addition of the following:

Solely with respect to the person or organization shown in the Schedule above, the Insurer waives any right of recovery the Insurer may have against such person or organization because of payments the Insurer makes for injury or damage arising out of the **Named Insured's** ongoing operations or **your work** done under a contract with that person or organization and included in the **products-completed operations hazard**.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.



It is understood and agreed that:

If you have agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if we cancel a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificateholders at least 30 days in advance of the date cancellation is effective.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificateholder on file with the Agent of Record will be sufficient to prove notice.

Any failure by us to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon us or the Agent of Record.

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy.

Form No: CNA68021XX (02-2013)

Endorsement Effective Date: 05/01/2021

Policy No: 7014856125, 7014842659,7014841883

NV5 Licenses



Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ASBESTOS LICENSING UNIT

THE ASBESTOS BUSINESS ORGANIZATION HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 469, FLORIDA STATUTES

NV5, INC

STEVEN ANDREW LIPSON
200 SOUTH PARK ROAD, SUITE 350
HOLLYWOOD FL 33021

LICENSE NUMBER: ZA419

EXPIRATION DATE: NOVEMBER 30, 2021

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Ron DeSantis, Governor

Halsey Beshears, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

ASBESTOS LICENSING UNIT

THE ASBESTOS CONSULTANT HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 469, FLORIDA STATUTES

LIPSON, STEVEN ANDREW

AIR QUALITY CONSULTING INC
1713 SOUTH KINGS AVENUE
BRANDON FL 33511

LICENSE NUMBER: AX0000043

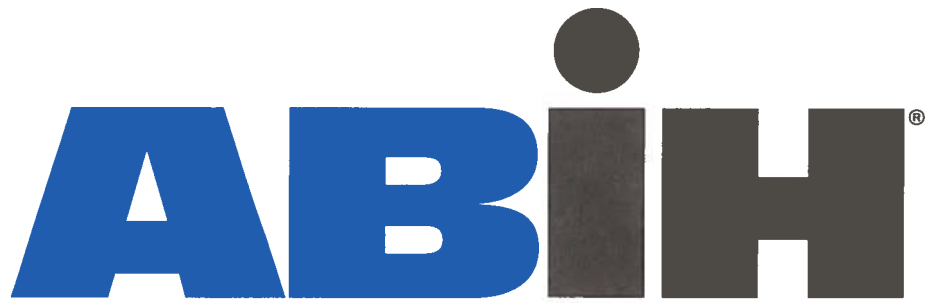
EXPIRATION DATE: NOVEMBER 30, 2022

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american board of industrial hygiene®

**organized to improve the practice of industrial hygiene
proclaims that**

Steven A. Lipson

**having met all requirements of
education, experience and examination, and
ongoing maintenance,
is hereby certified in the**

**COMPREHENSIVE PRACTICE
of
INDUSTRIAL HYGIENE**

and has the right to use the designations

CERTIFIED INDUSTRIAL HYGIENIST

CIH

Certificate Number	7658 CP
Awarded:	June 19, 1998
Expiration Date:	December 1, 2023



Jeffrey Miller

Chair, ABIH

Alvin K. Olson

Chief Executive Officer, ABIH

BCSP | BOARD OF CERTIFIED SAFETY PROFESSIONALS

Having met the applicable requirements, BCSP hereby
authorizes the use of

Certified Safety Professional (CSP)

to

Steven A Lipson

Effective
05/18/1996

Certificate
CSP-14191

Expires
12/31/2021



SECRETARY

To verify current status, visit directory.bcsp.org.

BCSP | Board of Certified[®]
Safety Professionals

— Since 1969 —

BCSP sets and certifies technical competency criteria for safety, health, and environmental practitioners worldwide; enhancing careers, advancing the profession, protecting the public.



Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MOLD-RELATED SERVICES LICENSING PROGRAM

THE MOLD ASSESSOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

LIPSON, STEVEN ANDREW

1713 S KINGS 1713 S KINGS AVE
BRANDON FL 33511

LICENSE NUMBER: MRSA187

EXPIRATION DATE: JULY 31, 2022

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American Council for Accredited Certification

hereby certifies that

Steven A. Lipson

has met all the specific standards and qualifications of the re-certification process,
including continued professional development, and is hereby re-certified as a

CIETC

Council-certified

Indoor Environmental Consultant

This certificate expires on January 31, 2022.

Charles F. Wiles

0801023

Charles F. Wiles, Executive Director

Certificate Number

This certificate remains the property of the American Council for Accredited Certification.



American Council for Accredited Certification

hereby certifies that

Donna Seavy Lipson

has met all the specific standards and qualifications of the re-certification process,
including continued professional development, and is hereby re-certified as a

CIEC

**Council-certified
Indoor Environmental Consultant**

This certificate expires on March 31, 2023

Charles F. Wiles, Executive Director

0610037

Certificate Number

This certificate remains the property of the American Council for Accredited Certification.



Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MOLD-RELATED SERVICES LICENSING PROGRAM

THE MOLD ASSESSOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

LIPSON, DONNA SEAVY

1713 SOUTH KINGS AVE
BRANDON FL 33511

LICENSE NUMBER: MRSA3370

EXPIRATION DATE: JULY 31, 2022

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American Council for Accredited Certification

hereby certifies that

Candice L. Zammataro

has met all the specific standards and qualifications of the certification process
and is hereby certified as a

CIEC

**Council-certified
Indoor Environmental Consultant**

This certificate expires on May 31, 2022.

Charles F. Wiles, Executive Director

2005025

Certificate Number

This certificate remains the property of the American Council for Accredited Certification.



STATE OF FLORIDA
DEPARTMENT OF HEALTH

Division of Disease Control and Health Protection
Bureau of Environmental Health, Radon Program
4052 Bald Cypress Way, Bin A08
Tallahassee, FL 32399-7017

014235

Audit Control No:

Original - Customer

Under the provisions of Chapter 404, Florida Statutes, this person is a certified RADON MEASUREMENT TECHNICIAN and may perform indoor radon measurements only through a certified radon measurement business.

Candice Zammataro
NV5 Incorporated
1713 S. Kings Avenue
Brandon, Florida 33511

Certification No. R2478

Issue Date: March 01, 2021

**Certification Automatically
Expires On: February 28, 2022**



STATE OF FLORIDA
DEPARTMENT OF HEALTH

Division of Disease Control and Health Protection
Bureau of Environmental Health, Radon Program
4052 Bald Cypress Way, Bin A08
Tallahassee, FL 32399-7017

014235

Audit Control No:

Duplicate - Customer File

Under the provisions of Chapter 404, Florida Statutes, this person is a certified RADON MEASUREMENT TECHNICIAN and may perform indoor radon measurements only through a certified radon measurement business.

Candice Zammataro
NV5 Incorporated
1713 S. Kings Avenue
Brandon, Florida 33511

Certification No. R2478

Issue Date: March 01, 2021

**Certification Automatically
Expires On: February 28, 2022**



Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MOLD-RELATED SERVICES LICENSING PROGRAM

THE MOLD ASSESSOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

ZAMMATARO, CANDICE

1713 SOUTH KINGS AVENUE
BRANDON FL 33511

LICENSE NUMBER: MRSA3373

EXPIRATION DATE: JULY 31, 2022

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STATE OF FLORIDA
DEPARTMENT OF HEALTH

Division of Disease Control and Health Protection
Bureau of Environmental Health, Radon Program
4052 Bald Cypress Way, Bin A08
Tallahassee, FL 32399-7017

014182

Audit Control No:

Original - Customer

Under the provisions of Chapter 404, Florida Statutes, this person is a certified RADON MEASUREMENT TECHNICIAN and may perform indoor radon measurements only through a certified radon measurement business.

Robert Annis
NV5
1713 S. Kings Avenue
Brandon, Florida 33511

Certification No. R2484

Issue Date: March 01, 2021

**Certification Automatically
Expires On: February 28, 2022**



STATE OF FLORIDA
DEPARTMENT OF HEALTH

Division of Disease Control and Health Protection
Bureau of Environmental Health, Radon Program
4052 Bald Cypress Way, Bin A08
Tallahassee, FL 32399-7017

014182

Audit Control No:

Duplicate - Customer File

Under the provisions of Chapter 404, Florida Statutes, this person is a certified RADON MEASUREMENT TECHNICIAN and may perform indoor radon measurements only through a certified radon measurement business.

Robert Annis
NV5
1713 S. Kings Avenue
Brandon, Florida 33511

Certification No. R2484

Issue Date: March 01, 2021

**Certification Automatically
Expires On: February 28, 2022**