RFx: 3000023956

**ATTACHMENT B -**

**JOBSITE VERIFICATION FORM**

**JOBSITE VISIT CERTIFICATION**

Vendor must contact ***Monica Pierson-McDaniels at 225-354-3530 or*** [***Monica.McDaniels2@LA.GOV***](mailto:Monica.McDaniels2@LA.GOV) to schedule an appointment for inspection.

This signed statement certifies that the vendor named below has visited the jobsite(s) and is familiar with all conditions surrounding fulfillment of the specifications for this project.

Jobsite Location:

Louisiana Department of Health

Office of Public Health

Bureau of Community Preparedness (BCP) Warehouse

2808 Court Street

Port Allen, LA 70767

Vendor’s Company Name

Vendor’s Signature Print Name

Agency Signature Print Name

Date

NOTE: This certification should be signed by vendor and Agency representative and should be submitted with the bid submission. A signed letter from the agency representative stating that vendor has visited the jobsite may be substituted for the above. **Failure to provide this form or a signed letter from an Agency representative shall eliminate your bid from consideration.**