IMPORTANT - THIS SECTION MUST BE READ, FILLED OUT, AND RETURNED WITH SUBMISSION:

VENDOR REPORT OF PRIOR VIOLATIONS ON CONSTRUCTION SEALED BIDS
RFB#110118

This form is applicable to all sealed bids for construction projects issued by the Finance and Administration Cabinet, Division of Real Properties in accordance with KRS 45A.080.

The Prime Bidder on any construction sealed bid shall complete and provide a signed and notarized form with the required information attached, for the Prime Bidder, as an attachment to the bid.

All subcontractors for the best evaluated Prime Bidder shall also provide a signed and notarized form with the required information attached through the Prime Bidder to DECA within five (5) calendar days of the bid opening date. The Prime Bidder shall provide copies of this form to the subcontractors for their execution.

The information required is specifically - any final determination(s) of violations within the last five (5) calendar years of the following:

1. Violations of KRS Chapter 136 (Corporation and Utility Taxes);
2. Violations of KRS Chapter 139 (Sales and Use Taxes);
3. Violations of KRS Chapter 141 (Income Taxes);
4. Violations of KRS Chapter 337 (Wages and Hours);
5. Violations of KRS Chapter 338 (Occupational Safety and Health of Employees);
6. Violations of KRS Chapter 341 (Unemployment Insurance);
7. Violations of KRS Chapter 342 (Workers Compensation); and
8. Violations of Occupational Safety and Health Laws in any other states and at the federal level.

If there are no violations for a particular category, vendor should attach a statement to that effect.

If there are violations for a particular category, the vendor should list them and provide the following information for each: the date of the violation, a short description of the violation (including statutory citation), the name of the governmental enforcement agency involved, and the amount of any penalties imposed as a result of the final determination.

Please note that this information may be provided to other governmental agencies, such as the Kentucky Labor Cabinet, as part of the bid process. DECA reserves the unqualified right to disqualify any vendors from participating further in this bid process if appropriate under law.

In addition, the successful prime bidder and subcontractors shall remain in continuous compliance with KRS 45A.485 during the life of any contract awarded, and shall notify DECA of any new final determinations of violations in any of the above-mentioned categories, which occur after contract award, and during the life of any contract awarded. Failure to comply with...
these requirements may result in the bidder and subcontractors being disqualified from participating in future bid opportunities for the Commonwealth.

THIS VENDOR VIOLATION FORM IS BEING SENT TO THE LABOR CABINET FOR VERIFICATION. PLEASE MAKE SURE ALL YOUR VIOLATIONS ARE LISTED WITHIN THE LAST FIVE (5) YEARS. IF AN BIDDER LISTS “NONE” AND HAS VIOLATIONS, THEIR BID MAY BE REJECTED. FOR A LIST OF YOUR VENDOR VIOLATIONS, YOU CAN FAX OR EMAIL THE LABOR CABINET WITH YOUR REQUEST. FAX NUMBER IS (502) 696-1984 OR EMAIL: labor.desam@ky.gov

COMPANY NAME: ____________________________________
TAX PAYER #: ____________________________________

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<th>Violation Category</th>
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<th>Description</th>
<th>Govt. Enforcement Agency</th>
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NOTARIZED STATEMENT OF COMPLIANCE

I certify, under penalty of perjury, that I have provided all pertinent information required by this form and this information is true and accurate. I also certify that I have completely read and understand this form and will comply with these requirements during the life of any contract awarded.

SIGNATURE ____________________________________ Printed Name ____________________________________
Title ________________________________ Date ________________________________
Company Name _____________________________________________________________________
Address _______________________________________________________________________

Subscribed and sworn to before me by_________________________________________ (Affiant)
_________ of ____________  ______________________________ (Title) (Company Name)
this ________ day of ______________________, 20____.

________________________________________
Notary Public
[seal of notary]  My commission expires: