

**Contractor Certification Regarding Project: 610A4-11-106, Signage and Wayfinding Improvements**

|   | 2010 | 2011 | 2012 | 2013 |
|---|------|------|------|------|
| Number of serious, willful, or repeat violations from OSHA within the last 3 years. Please attach explanation for any violations. (Three serious, one repeat, or one willful violation could result in being determined non-responsible.) |      |      |      |      |

Company's Current Insurance Experience Modification Rate (EMR) = \_\_\_\_\_

*(Note: Contractor must support the EMR with a signed letter from Insurance Carrier on their letterhead.)*

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_