

**CONTRACTOR CERTIFICATION REGARDING SAFETY AND ENVIRONMENTAL
(PROJ 659-17-101)**

| | 2015 | 2016 | 2017 | |
|---|------|------|------|--|
| Number of serious, willful, or repeat violations from OSHA within the last 3 years. Please attach explanation for any violations. (Four serious, one repeat, or one willful disqualifies the contractor.) | | | | |

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: _____