



ITB 25-016

Shrieve Chemical

Supplier Response

Event Information

Number: ITB 25-016
Title: Sulfuric Acid 93% for Water Treatment Plant Operations
Type: Invitation to Bid
Issue Date: 4/18/2025
Deadline: 5/14/2025 02:00 PM (ET)
Notes: The City of Deerfield Beach is soliciting sealed responses from qualified vendors to submit bids to provide the City and participating members of the Southeast Governmental Cooperative Agency Group with 93% Sulfuric Acid for use in water utility operations, in accordance with the terms, conditions, scope of work for the above-mentioned Invitation to Bid (ITB).

The City will not Hold an Pre-Bid Conference.

Questions and Answers: The City provides a specified time for Vendors to ask questions and seek clarification regarding the

requirements of the solicitation. All questions or clarification inquiries must be submitted through eProcurement Marketplace by the date and time referenced in the solicitation document (including any addenda). The City will respond to all questions via eProcurement.

Licensing Requirements: The Vendor must possess Florida business license or current certificate of competency issued by Broward County Examining Board having jurisdiction over licensing of Contractors in the type of work involved in this contract. Refer to Qualification of Bidders for additional information.

The City of Deerfield Beach is exempt from Federal and State Taxes for tangible personal property tax.

The City of Deerfield Beach reserves the right to accept or reject any or all Bids, in whole or in part, with or without cause, to waive any irregularities and/or technicalities, and to award the contract on such coverage and terms it deems will best serve the interests of the City.

Bids will be accepted through a secure mailbox at eProcurement (<https://deerfield-beach.ionwave.net/HomePage.aspx>) until the Deadline for Submission as indicated in this ITB. Late Bids will not be accepted. The City will only accept electronic bids for this ITB.

Contact Information

Contact: Eddyson Etienne

Address: Procurement and Contract Administration Division

A

2nd

City of Deerfield Beach

401 SW 4th Street

Deerfield Beach, FL 33441

Email: Eetienne@deerfield-beach.com

Shrieve Chemical Information

Contact: Chris Burns
Address: 1442 Lake Front Circle Suite 500
The Woodlands, TX 77380
Phone: (281) 367-4226
Fax: (281) 367-0071
Toll Free: (281) 367-4226
Email: cburns@shrieve.com
Web Address: www.shrieve.com

By submitting your response, you certify that you are authorized to represent and bind your company.

Chris Burns

Signature

Submitted at 5/14/2025 09:13:18 AM (ET)

cburns@shrieve.com

Email

Supplier Note

Shrieve Chemical Company has successfully supplied the Deerfield Beach Co-op for many years in the past. We have extensive experience as it relates to sulfuric acid supply. In addition we have long-term relationships with our producing partners and our carriers that helps to ensure success

Requested Attachments

- Certified Business Entity (CBE) Certification**

No CBE Claim.doc

If claiming CBE pursuant to the City Disadvantaged Business Enterprise Program, attach a copy of your firm's CBE Certification or your identified subcontractor's CBE Certification. For more information reference the solicitation General Terms and Conditions.
- Proof of Insurability**

EvidenceofCoverage_W34186561.pdf

Attach proof of insurability meeting the minimum insurance requirements stated in the ITBC. This is typically accomplished by submitting a current and active Certificate of Insurance, a sample (for bidding purposes only) or a letter from Bidder's insurer certifying that Bidder has the capacity and capability to obtain the required insurance.
- Participation from Disadvantage Business Entity(s)**

DBE.doc

If applicable, attach a list each DBE(s), CBE(s) or SBE(s), proposed for work on this project. Include the type of work each will perform and the projected dollar amount and/or percentage of the work to be assigned to each.
- Experience**

Shrieve Chemical Company - Experience.doc

Attach a description of Bidder's experience and background in the type of work detailed in this ITBC that includes resumes of key individuals and staff who will be assigned to the work that indicates their experience and background in the type of work they will be assigned.
- Copies of Applicable Licenses and Certifications**

Division of Corporations - 2025.pdf

As is applicable, attach copies of all licenses and/or certifications that Bidder and its personnel are required by law to possess to perform work on the project as well as any other licenses or certifications relative to the work.
- Business Tax Receipt**

SCC TAX EXEMPT CERTIFICATE 2025.pdf

Attach a copy of Bidder's most recent business tax receipt from the jurisdiction of Bidder's principal place of business, regardless of location.

W-9 Form

Submit a copy of your firms W-9 Form.

Shrieve Chemical Company LLC
2025 W9.pdf

Statement - Individuals with Legal Authority to Bind

If applicable, upload the statement of individuals with legal authority to bind Bidder.

authority bid.pdf

Florida Division Of Corporations Registration

Upload a copy of Bidder's current, registration with the Florida Division of Corporations that indicates the registration is 'Active'. If a vendor is located out of state, they can register as a foreign corporation via <https://dos.fl.gov/sunbiz/forms/corporations/#foreigncorp>. All firms must have an 'Active' registration prior to the bid submittal deadline.

Division of Corporations -
2025.pdf

Qualifying Agent Documentation

Upload a copy of Bidder's Qualifying Agent's registration or certification along with supporting documentation confirming Qualifying Agent has been the Qualifying Agent for Bidder for three years.

Qualifying Agent.doc

Conflicts of Interests

If applicable, upload details regarding any potential for conflicts of interests.

Conflict of Interest - additional
data.doc

Ethics Code Disclosure

If applicable, Upload all required documentation as identified in Attachment D, Minimum Qualifications - Section 9.

Minimum qualifications - additional
information.doc

Attachment A - Supplier Performance Verification Form

Upload a completed and fully executed Attachment A

Attachment A Supplier
Performance Verification Form -
completed.pdf

Attachment B - E-Verify Compliance Verification Form

Upload a completed and fully executed Attachment B

Attachment B E-Verify Compliance
Verification Form - completed.pdf

Attachment C - Background Check Affidavit

Upload a completed and fully executed Attachment C

Attachment C Background Check
Affidavit - completed.pdf

Attachment D - Public-Entity-Crime-Statement

Upload a completed and fully executed Attachment D

Attachment D Public Entity Crimes
- completed.pdf

Attachment E - Non-coercion Affidavit for Human Trafficking

Upload a completed and fully executed Attachment E

Attachment E Affidavit Attesting to
Noncoercive conduct for Labor
Services - completed.pdf

Attachment F - Statement of Compliance Byrd Anti-Lobbying

Upload a completed and fully executed Attachment F

Attachment F Anti-Lobbying
Certification - completed.pdf

Attachment G - Minimum Qualf & Requirements

Upload a completed and fully executed Attachment G

Attachment G - Minimum Qualf &
Requirements.pdf

Attachment H - BIDDER QUESTIONNAIRE

Upload a completed and fully executed Attachment H

Attachment H Bidder
Questionnaire - completed.pdf

Attachment I - BID SIGNATURE FORM

Upload a completed and fully executed Attachment I

Attachment I - Bid Signature Form
- completed.pdf

Response Attachments

20250509_134221(0).jpg

Photo

01030 - 060.pdf

NSF Verification

Sulfuric Acid 93 - 98% GHS SDS (002).pdf

Sulfuric Acid SDS

2025 NSF Test Report Sulfuric Acid - Riverview.pdf

NSF Test Results

Sulfuric Acid 93% Mosiac.doc

Mosaic 93% sulfuric acid spec sheet

IND_SULAC93_WhtSpr.pdf

Nutrien 93% Sulfuric Acid Spec Sheet

Bid Attributes

1	<p>BIDDER INSTRUCTIONS</p> <p>The City deems certain documentation and information important in the determination of responsive and responsible and for the purpose of evaluating responses. All statements and questions require a response and shall be completed as required. Should a statement or question not apply, "not applicable", "none", or a similar statement is sufficient. Bidder shall submit the information and/or documentation requested that meets the Attributes. Failure to do so may result in the Bid response being deemed non-responsive, non-responsive and not considered for award.</p>
2	<p>Drug-Free Workplace Programs</p> <p>Bidder is claiming it has implemented a drug-free workplace in accordance with Florida Statutes 287.087 as defined below:</p> <p>Bidder hereby affirms that their business does:</p> <p>(1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition. (2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations. (3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1). (4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than 5 days after such conviction. (5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted. (6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.</p> <div><input type="text" value="Yes"/></div>

3 Contract Indemnification

The parties agree that one percent (1%) of the total compensation paid by Contractor for the work of the contract shall constitute specific consideration to Contractor for the indemnification to be provided under the Contract. Contractor shall indemnify and hold harmless City, its officers and employees from liabilities, damages, losses, and costs, including, but not limited to, reasonable attorneys' fees, to the extent caused by the negligence, recklessness or intentionally wrongful conduct of Contractor, and other persons employed or utilized by Contractor in the performance of this Agreement. The provisions of this section shall survive the expiration or earlier termination of this Agreement. To the extent considered necessary by Contract Administrator and City Manager, any sums due Contractor under this Agreement may be retained by City until all of City's claims for indemnification pursuant to this Agreement have been settled or otherwise resolved, and any amount withheld shall not be subject to payment of interest by City.

☒ I Affirm
4 Non-Collusive Affirmation

1. Bidder is an authorized Owner, Partner, Officer, Representative, or Agent of the business entity submitting a response to the subject solicitation;
2. Bidder is fully informed respecting the preparation and contents of the response and of all pertinent circumstances respecting such response;
3. Bidder affirms its response is genuine and is not a collusive or sham response;
4. Bidder affirms that neither the Bidder nor any of its Officers, Partners, Owners, Agents, Representatives, Employees or Parties in interest, including this affirmitant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other vendor, firm, or person to submit a collusive or sham response in connection with the work for which the response has been submitted; or to refrain from submitting a response in connection with such work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with a vendor, firm or person to fix the price or prices in the attached response or of any other vendor, or to fix an overhead, profit, or cost elements of the submitted price(s) or the submitted price(s) of any other vendor, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;
5. Bidder affirms the price or prices quoted in the response are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the vendor or any other of its agents, representatives, owners, employees or parties in interest, including this affirmitant.

☒ I Affirm
5 Convicted / Suspended / Discriminatory / Complaints Vendor Lists

An Offeror who is on any of the following lists is ineligible for award of the contract, and may not submit a response. A response submitted by an Offeror that is on any of these lists shall be rejected without further consideration. A person or affiliate who was placed on the convicted offenders list following a conviction of a public entity crime may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in F.S. § 287.017 for category two for a period of 36 months following the date of being placed on the convicted vendor list. FLORIDA DEPARTMENT OF MANAGEMENT SERVICES: Convicted Vendor List [pursuant to Section 287.133(3)(d), Florida Statutes] Suspended Vendor List (pursuant to Rule 60A-1.006, Florida Administrative Code) Discriminatory Vendor List Federal Excluded Parties List [pursuant to Sections 287.057(1), (2) and (3), Florida Statutes, and Rule 60A-1.006(1), Florida Administrative Code. Vendor Complaint List (end list) Offeror affirms that they are not one any of these lists (Convicted Vendor List, Suspended Vendor List, Discriminatory Vendor List, Federal Excluded Parties List, Vendor Complaint List). and that no action or inaction has been taken to warrant inclusion on any of these lists.

☒ I Affirm
6 Local Vendor Affirmation

Bidder shall affirm if it has a principal place of business located within the City of Deerfield Beach for a period of at least one year prior to the date of the release of this solicitation as evidenced by a local business tax receipt.

Bidder must include its local business Tax Receipt in the "Response Attachments" tab if making this claim.

☐ I am not a local vendor.

7 Certified Business Entity Affirmation

If Bidder is claiming CBE certification, Bidder must affirm at least 50% of the work to be performed is performed by a Disadvantaged Business Enterprise as evidenced by a Certified Business Entity Certificate. If meeting the SDBE goal through the use of a subcontractors, Bidder must provide a detailed explanation of the type of work to be performed by those subcontractors and how the work equates to 50% or more of the work.

NOTE: If making this claim, Bidder shall include in the "Response Attachments" tab the CBE certification documentation for each CBE named. Reference the ITB, Section III, General Terms and Conditions, Item 20 for more details on CBE certification.

☐ I am not a Disadvantaged Business Entity

8 Verification of Employment Status

Bidder affirms and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment status of:

- a. all persons employed by Offeror who will perform employment duties within Florida during the term of the Contract if awarded, and;
 - b. all persons (including subcontractors) who will be assigned by Offeror to perform work pursuant to the Contract.
- Bidder further acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System shall be a condition of the Contract.

☒ I Affirm

9 Individuals with legal authority to contract

Based upon Bidder's business structure, in this section include the name and title of each officer, principal, partner, member, or individual (if sole proprietor or partnership) within Bidder's organization, with the legal authority to contractually bind the business.

NOTE: If Bidder's response is being submitted by anyone other than those listed, provide evidence of delegated authority on Bidder's company letterhead, signed by one of the individuals listed above and include in Bidder's Response Attachments.

Jason VanVleet - CEO/CFO

10 Former Business Names

Under what other former names has Bidder's organization or officer, principal, partner, member, or individual (if sole proprietor or partnership) holding at least 30% interest in Bidder's business operated?

Not Applicable

11 Use of Subcontractors

Will Bidder be using any subcontractors to complete any portions of the work?

No

12 List of Subcontractors

If using subcontractors state the name of the subcontractor(s), individuals who will perform the work, what work or tasks they will perform, what percentage of work they will perform, and if they are a CBE for the purposes of meeting the City's Disadvantaged Business Entity Program. If no, enter N/A.

Not applicable

13 Default and Non-Performance History

Has Bidder, in the past 7 years, been found in default of a contract, failed to complete any work awarded to Bidder, or otherwise been notified of issues of non-performance by a party to any contract with Bidder? If yes, provide details.

No

1
4**Criminal Litigation History**

Does Bidder or any of its principals, staff, employees, or subcontractors who will be assigned to this contract have a conviction or a plea of nolo contendere, regardless of when the plea or conviction occurred, which includes a felony or misdemeanor involving terrorist behavior, violence, use of a dangerous weapon, crimes of moral turpitude or breach of trust/fiduciary responsibility or which raises concerns about building, system, or personal security or is otherwise a job-related crime? If so please provide details?

No

1
5**Litigation, Arbitration, and Claims or Liens against Bonds**

As a prerequisite for qualification, the following shall apply:

- a) Bidder shall not be involved in current/pending or past litigation/arbitration during the last five (5) years, which, can potentially have a material negative impact on its ability to execute this project;
- b) Bidder shall not display an undesirable pattern of litigation with owners over construction matters;
- c) Bidder shall not have had a claim against its bonding company in the last five (5) years wherein the bonding company was required to take over and complete the project or pay outstanding liens on the project.

Provide an explanation if Bidder does not meet any of these litigation, arbitration, claims or liens requirements.

Not Applicable

1
6**Conflicts of Interests**

Bidder affirms that they read and understand Florida Statute 112.313, Standards of conduct for public officers, employees of agencies, and local government attorneys. For purposes of determining any possible conflicts of interest, all Bidders must disclose if any City of Deerfield Beach employee is also an owner, or employee of their business. If yes, give person(s) names(s) and position(s) and you must file a statement with the Supervisor of Elections, pursuant to Florida Statutes 112.313 for your business.

Bidder, including any principal, officer, agent, or proposed subcontractor, shall not have a record of any conflicts of interest that have not been waived by the City Commission

NOTE: If Bidder confirms it has potential conflicts, **Bidder must submit details regarding any potential conflicts of interests in the "Response Attachment" tab.**

If yes, give City officer(s), employee or attorney(s)'s names(s) and position(s).

- ☒ Bidder has read Florida Statute 112.313
- ☒ Bidder affirms that it does not have conflicts
- ☐ Bidder confirms it has potential conflicts

1
7**Attachment A – References & Vendor Performance Reference Verification Survey Form**

Bidder shall submit Vendor Performance Reference Verification Survey Forms completed by five references with its Response Attachments.

☒ I Affirm

1
8**Attachment C - Background Check Affidavit**

Bidder affirms to conduct background checks in accordance to the City's Background Check Affidavit (Attachment C), if awarded the contract.

☒ I Affirm

Bid Lines

1

Sulfuric Acid 93% for Water Treatment Plant Operations as per bid documents.

Quantity: 15606 UOM: ton Unit Price: \$259.90 Total: \$4,055,999.40

Item Notes: Quantity is estimated and based on previous annual usage for all Co-Op Agencies listed under the Attachments Tab, Exhibit I -Co-op Participating Agencies

Item Attributes**1. Product Offered and Manufacturer Name.**

93% Sulfuric Acid - Mosaic Fertilizer

2. Percentage H2SO4.

93%

3. Minimum Percentage of Sulfuric Acid.

93.2%

4. Average Percentage of Sulfuric Acid.

94%

5. Specific Gravity at 60 degrees Fahrenheit.

1.83

6. Product Weight (pounds per gallon).

15.3

7. Iron as Fe (ppm).

14

8. Minimum Order Requirement in Tons.

24

9. Delivery time after receipt of order in calendar days.

2

10. Index Used for Price Adjustments

Offeror shall state the Index used for price adjustments (Producer Price Index - Commodities (PPI) for Chemicals and Allied Products, Sulfuric Acid (Commodity Code 0613020T1) or (Green Markets, Sulfur Postings, Recovered LT, Tampa Contract).

The price will be tied to the Green Markets Tampa sulfur contract posting which currently is \$270.00. The price will move up OR down \$.33 for each \$1.00 change in the posting the 1st day of the second month of each calendar quarter. Price changes are based on ship dates. For accounting purposes sulfur cannot go below zero.

11. State telephone number for placement of orders.

(281) 367-4226

12. State e-mail address for placement of orders.

wstewart@shrieve.com

13. State telephone number for emergency contact after regular business hours.

(281) 367-4226

Response Total: \$4,055,999.40



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Foreign Limited Liability Company
SHRIEVE CHEMICAL COMPANY, LLC

Filing Information

Document Number M22000001143
FEI/EIN Number 74-1994881
Date Filed 01/24/2022
State TX
Status ACTIVE

Principal Address

1442 LAKE FRONT CIRCLE, STE 500
THE WOODLANDS, TX 77380

Mailing Address

1442 LAKE FRONT CIRCLE, STE 500
THE WOODLANDS, TX 77380

Registered Agent Name & Address

BURNS, CHRIS
2301 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884

Authorized Person(s) Detail

Name & Address

Title MGR

VANVLEET, JASON
1442 LAKE FRONT CIRCLE, STE. 500
THE WOODLANDS, TX 77380

Annual Reports

Report Year	Filed Date
2023	03/10/2023
2024	02/09/2024
2025	02/14/2025

Document Images

[02/14/2025 -- ANNUAL REPORT](#)

[View image in PDF format](#)

02/09/2024 -- ANNUAL REPORT	View image in PDF format
03/10/2023 -- ANNUAL REPORT	View image in PDF format
01/24/2022 -- Foreign Limited	View image in PDF format



Menu

[Home](#) / [Business Operations](#) / [State Purchasing](#) / [State Agency Resources](#) / [Vendor Registration and Vendor Lists](#) / Suspended Vendor List

Suspended Vendor List

The Department of Management Services maintains a list of vendors that have been removed from the Vendor List pursuant to [section 287.1351, Florida Statutes](#).

Vendor Name/Address	Agency of Origin	Effective Date	Notice of Default
Building Maintenance of America, LLC d/b/a Florida Building Maintenance 333 North Falkenburg Road #A117 Tampa, FL 33619	DMS	07/02/14	Notice of Default - Building Maintenance of America, LLC d/b/a Florida Building Maintenance [ 575.81 KB]
Club Tex, Inc. 2025 Broadway, Suite #15G New York, NY 10023	DOC	01/24/19	Notice of Default - Club Tex, Inc. [ 111.75 KB]
Correctional Consultants, LLC P.O. Box 515 Chattahoochee, FL 32324	DOC	12/10/19	Notice of Default - Correctional Consultants, LLC [ 85.95 KB]
iColor Printing and Mailing, Inc. 22873 Lockness Avenue Torrance, CA 90501	DEP	02/20/12	Notice of Default - iColor Printing and Mailing, Inc. [ 320.17 KB]
Visual Image Design Firm, LLC 6845 Narcoossee Road, Suite 59 Orlando, FL 32822	DOH	06/25/15	Notice of Default - Visual Image Design Firm, LLC [ 1.78 MB]

Updated 12/10/19

State Purchasing

Chief Procurement
Officer (CPO).
Memoranda

Executed Agency
ACS Requests

State Contracts
and Agreements

MyFloridaMarketPlace

Public
Procurement
Professional
Development

Approved Drone
Manufacturers

State Agency
Resources

Statewide Travel
Management
System

Vendor Resources

[State Purchasing
Insurance Program
\(SPIP\).](#)

[Contact Us](#)

[State Purchasing
Website Feedback](#)

[Office of Supplier
Development
\(OSD\).](#)

Document reader download links:

 [Adobe PDF Reader](#)

**Terms and
Conditions**

Privacy Statement

**Accessibility
Statement**

Agency Information

Open Government

DMS Leadership

Frequently Asked Questions

Agency Organization

Copyright ©2025 Department of Management Services - State of Florida



ITBC No. 25-016

Bidder's Name: Shrieve Chemical Company, LLC

SUPPLIER PERFORMANCE VERIFICATION FORM

Bidder must attach a completed Supplier Performance Verification form for each reference in the Response Attachments tab in eProcurement Marketplace.

Reference Entity Name: COLLIER COUNTY UTILITIES

Reference Contact: _____

Contact E-mail: gary.newcomer@COLLIERCOUNTYFL.GOV

Contact Phone #: 239-252-6255

Rate your experience with the above referenced supplier. Use the following rating scale to answer the questions:

Ratings: 1 Poor 2 Good 3 Exceptional 4 Not Applicable

1. Rate the level of commitment of the Contractor when performing the services. 3
2. Rate the competency and accessibility of the personnel performing the services. 3
3. Rate the Contractor's success at keeping you updated and informed of problems and issues. 3
4. Rate the Contractor's knowledge of procedures required by regulatory agencies. 3
5. Rate the Contractor's success at working cooperatively with Owner's personnel. 3
6. Rate the Contractor's ability to perform work promptly or within the time specified, without delay. 3
7. Rate the accuracy, completeness and proper documentation of invoices. 3
8. Rate the completion, satisfaction and the quality of work performed by the Contractor. 3
9. Rate the overall quality of performance of the Contractor. 3

Additional comments (optional):

Supplies Delivered IN TIME REQUESTED AND NO ISSUES NOTED

Reference Printed Name: GARY NEWCOMER

(Person completing survey)

Title: General Chief

Signature: [Signature]

(Person completing survey)

Date: 5-9-25

*****THIS SECTION FOR CITY USE ONLY*****

Reference Verified by City Employee: _____

Date: _____



ITBC No. 25-016

Bidder's Name: Shrieve Chemical Company, LLC

SUPPLIER PERFORMANCE VERIFICATION FORM

Bidder must attach a completed Supplier Performance Verification form for each reference in the Response Attachments tab in eProcurement Marketplace.

Reference Entity Name: Lakeland Electric
 Reference Contact: Thomas Johnston
 Contact E-mail: Thomas.Johnston@lakelandelectric.com
 Contact Phone #: 863-841-6623

Rate your experience with the above referenced supplier. Use the following rating scale to answer the questions:

Ratings: 1 Poor 2 Good 3 Exceptional 4 Not Applicable

1. Rate the level of commitment of the Contractor when performing the services. 3
2. Rate the competency and accessibility of the personnel performing the services. 3
3. Rate the Contractor's success at keeping you updated and informed of problems and issues. 3
4. Rate the Contractor's knowledge of procedures required by regulatory agencies. 3
5. Rate the Contractor's success at working cooperatively with Owner's personnel. 3
6. Rate the Contractor's ability to perform work promptly or within the time specified, without delay. 3
7. Rate the accuracy, completeness and proper documentation of invoices. 3
8. Rate the completion, satisfaction and the quality of work performed by the Contractor. 3
9. Rate the overall quality of performance of the Contractor. 3

Additional comments (optional):

Reference Printed Name: Thomas Johnston Title: Engineer
(Person completing survey)
 Signature: [Signature] Date: 5/12/25
(Person completing survey)

*****THIS SECTION FOR CITY USE ONLY*****

Reference Verified by City Employee: _____ Date: _____



ITBC No. 25-016

Bidder's Name: Shrieve Chemical Company, LLC

SUPPLIER PERFORMANCE VERIFICATION FORM

Bidder must attach a completed Supplier Performance Verification form for each reference in the Response Attachments tab in eProcurement Marketplace.

Reference Entity Name: Martin County
 Reference Contact: Derek Watson
 Contact E-mail: dwatson@martin.fl.us
 Contact Phone #: (386) 590-2622

Rate your experience with the above referenced supplier. Use the following rating scale to answer the questions:

Ratings: 1 Poor 2 Good 3 Exceptional 4 Not Applicable

1. Rate the level of commitment of the Contractor when performing the services. 3
2. Rate the competency and accessibility of the personnel performing the services. 3
3. Rate the Contractor's success at keeping you updated and informed of problems and issues. 3
4. Rate the Contractor's knowledge of procedures required by regulatory agencies. 3
5. Rate the Contractor's success at working cooperatively with Owner's personnel. 3
6. Rate the Contractor's ability to perform work promptly or within the time specified, without delay. 3
7. Rate the accuracy, completeness and proper documentation of invoices. 3
8. Rate the completion, satisfaction and the quality of work performed by the Contractor. 3
9. Rate the overall quality of performance of the Contractor. 3

Additional comments (optional):

Reference Printed Name: Derek Watson Title: Chief Plant Operator
 (Person completing survey)
 Signature: Derek Watson Date: 5/8/2025
 (Person completing survey)

*****THIS SECTION FOR CITY USE ONLY*****

Reference Verified by City Employee: _____ Date: _____



ITBC No. 25-016

Bidder's Name: Shrieve Chemical Company, LLC

SUPPLIER PERFORMANCE VERIFICATION FORM

Bidder must attach a completed Supplier Performance Verification form for each reference in the Response Attachments tab in eProcurement Marketplace.

Reference Entity Name: Indian River County Department of Utility Services / Water Production

Reference Contact: Leon Liberus

Contact E-mail: LLIBERUS@INDIANRIVER.GOV

Contact Phone #: 772-226-3416

Rate your experience with the above referenced supplier. Use the following rating scale to answer the questions:

Ratings: 1 Poor 2 Good 3 Exceptional 4 Not Applicable

1. Rate the level of commitment of the Contractor when performing the services. 3
2. Rate the competency and accessibility of the personnel performing the services. 3
3. Rate the Contractor's success at keeping you updated and informed of problems and issues. 3
4. Rate the Contractor's knowledge of procedures required by regulatory agencies. 2
5. Rate the Contractor's success at working cooperatively with Owner's personnel. 3
6. Rate the Contractor's ability to perform work promptly or within the time specified, without delay. 3
7. Rate the accuracy, completeness and proper documentation of invoices. 2
8. Rate the completion, satisfaction and the quality of work performed by the Contractor. 2
9. Rate the overall quality of performance of the Contractor. 3

Additional comments (optional):

While staff are very pleased with the level of service provided, they have expressed concerns that delivery personnel are not fully blowing off their lines, resulting in excess chemical needing to be drained into the containment system.

Reference Printed Name: Leon Liberus Title: Water Plant Superintendent
(Person completing survey)

Signature: [Signature] Date: 5/9/25
(Person completing survey)

*****THIS SECTION FOR CITY USE ONLY*****

Reference Verified by City Employee: _____ Date: _____



ITBC No. 25-016

Bidder's Name: Shrieve Chemical Company, LLC

SUPPLIER PERFORMANCE VERIFICATION FORM

Bidder must attach a completed Supplier Performance Verification form for each reference in the Response Attachments tab in eProcurement Marketplace.

Reference Entity Name: City of Cape Coral South R.O. Plant

Reference Contact: Sal Nuzzo

Contact E-mail: snuzzo@capecoral.gov

Contact Phone #: 239-574-0868

Rate your experience with the above referenced supplier. Use the following rating scale to answer the questions:

Ratings: 1 Poor 2 Good 3 Exceptional 4 Not Applicable

1. Rate the level of commitment of the Contractor when performing the services. 2
2. Rate the competency and accessibility of the personnel performing the services. 2
3. Rate the Contractor's success at keeping you updated and informed of problems and issues. 2
4. Rate the Contractor's knowledge of procedures required by regulatory agencies. 3
5. Rate the Contractor's success at working cooperatively with Owner's personnel. 3
6. Rate the Contractor's ability to perform work promptly or within the time specified, without delay. 2
7. Rate the accuracy, completeness and proper documentation of invoices. 1
8. Rate the completion, satisfaction and the quality of work performed by the Contractor. 2
9. Rate the overall quality of performance of the Contractor. 2

Additional comments (optional):

Continuous billing and invoice errors

Reference Printed Name: Sal Nuzzo
(Person completing survey)

Title: Water Plant Operator
Class A License

Signature: [Signature]
(Person completing survey)

Date: 5-9-25

*****THIS SECTION FOR CITY USE ONLY*****

Reference Verified by City Employee: _____ Date: _____



E-VERIFY COMPLIANCE VERIFICATION FORM

Solicitation No: 25-016

Solicitation Title: Sulfuric Acid 93% for Water Treatment Plant Operations

Bidder Name: Shrieve Chemical Company, LLC ("Contractor")

Contractor and any sub-contractors shall comply with Section 448.095, Fla. Stat., "Employment Eligibility," including registration and use of the E-Verify system to verify the work authorization status of employees. Failure to comply with Section 448.095, Fla. Stat. shall result in termination of the resulting Contract/Purchase Order, if awarded. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

Contractor acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

- (a) All persons employed by Contractor to perform duties within Florida during the term of the contract; and
- (b) All persons (including SUBCONTRACTORS/SUBVENDORS) assigned by Contractor to perform work pursuant to the contract with the City. The Contractor acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract/agreement is a condition of the contract with the City of Deerfield Beach.

By executing this form, I, Chris Burns, being duly authorized by and on behalf of, Contractor, verify Contractor's compliance with Section 448.095, Fla. Stat. I hereby declare under penalty of perjury that the foregoing is true and correct.

Authorized Signature: [Signature] Date: 5/9/25

Print Name: Chris Burns Title: Marketing Director

STATE OF Florida

COUNTY OF Polk

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 9th day of May, 2025 (year) by Chris Burns (name of person making the statement) as Mktg Dir (title) of Shrieve Chem Co, LLC (company name), on behalf of Shrieve Chem Co (company name), who ☒ is personally known to me or ☐ has provided _____ as identification.

NOTARY'S SEAL:



[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

Kate Hall
(Name of Acknowledger Taped, Printed or Stamped)

HH 505201
Commission Number

City of Deerfield Beach

ATTACHMENT "C", BACKGROUND CHECK AFFIDAVIT

RFP/RSQ No. 25-016

STATE OF FLORIDA () SS.
COUNTY OF (Folk)

I, the undersigned, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I am over the age of 18 and am a resident of the State of Florida.
2. I am the Marketing Director (title) of Shore Chemical Co., LLC and I certify that I have the authority to make the representations set forth within this Affidavit.
3. Shore Chemical Company, LLC intends to enter into a contract with the City of Deerfield Beach for Sulfuric Acid 93%, ITBC No. 25-016
4. The fulfillment of the Background Check as required per the terms and conditions of the Contract have been conducted through:
 - ☒ The Florida Department of Law Enforcement's Computerized Criminal History (CCH) database (Level I)
 - ☐ National Crime Information Center (NCIC) data base (Level II).
5. All criminal background checks must be conducted prior to any covered individual's initial access to City's property and, depending on the contract's term, on an annual basis thereafter.
6. I hereby certify that in accordance with requirements of Section 38-140 of the City of Deerfield Beach Code of Ordinances, background checks have been completed for all person employed by or under contract with the contractor, subcontractor, consultant or sub-consultant who is doing the work in or on city property and certify that no person who has been convicted or who has entered a plea of nolo contendere for any crime set forth within Section 38-140 shall perform work on city property. A list of such employees is set forth on page 3 of 3, attached hereto and made a part hereof.
7. I also certify that I shall maintain records of the criminal history checks for each person doing work on City property during the contract period and for one year thereafter and shall make such records available for inspection and verification by City.

City of Deerfield Beach

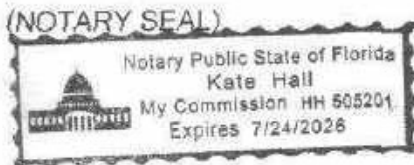
Executed this 9th day of May, 2025

By [Signature]
(Signature)

By Chris Burns, Marketing Director
(Printed Name and Title)

The foregoing was acknowledged before me this 9th day of May, 2025,
by Chris Burns who is personally known to me or who has produced
FL Drivers Lic. as identification and who did take an oath.

WITNESS my hand and official seal, this 9 day of May, 2025



[Signature]
(Signature of person taking acknowledgment)

Kate Hall
(Name of officer taking acknowledgment)

typed, printed or stamped

Notary
(Title or rank)

HH 505201
(Serial number, if any)

My commission expires:
07-24-2026

RFP/RSQ No. 25-016

All Shreve Chemical Company employees have had background checks completed, but will not access City property.

Passed ☒ Failed ☐

Passed ☐ Failed ☐

Passed ☐ Failed ☐

Passed ☐ Failed ☐

Passed ☐ Failed ☐

Passed ☐ Failed ☐

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Passed ☐ Failed ☐

Passed ☐ Failed ☐

Passed ☐ Failed ☐

Background Check Affidavit

ATTACHMENT D, PUBLIC ENTITY CRIMES

IFB No. 25-016

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to City of Deerfield Beach by Chris Burns, Marketing Director
for Shrieve Chemical Company, LLC [print individual's name and title]
[print name of Proposer's entity submitting sworn statement]

whose business address is: 1442 Lake Front Circle, Suite 500 The Woodlands, TX 77380

_____ and (if applicable)
its Federal Employer Identification Number (FEIN) is 74-1994881 (If the entity has no FEIN,
include the Social Security Number of the individual signing this sworn statement: _____.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
- (a) I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means: A predecessor or successor of a person convicted of a public entity crime; or
- (b) An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
4. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Indicate which statement applies]

ATTACHMENT C, PUBLIC ENTITY CRIMES

- ☒ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- ☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- ☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order)

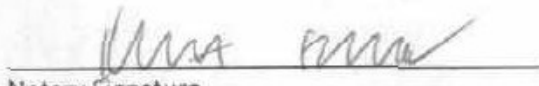
I UNDERSTAND THAT THE SUBMISSION OF THE FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.


Signature of Proposer

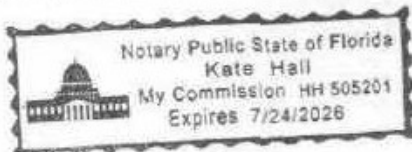
Sworn to and subscribed before me this 9th day of May, 20 25.

Personally known ☒ OR Produced identification ☐

Notary Public – State of Florida
My commission expires 07-24-2026


Notary Signature Kate Hall

Printed or stamped commission name of notary public)



Attachment E - Affidavit Attesting to Noncoercive Conduct for Labor or Services

Bidder name: Shrieve Chemical Company, LLC (Vendor)

Vendor FEIN: 74-1994881

Address: 1442 Lake Front Circle, Suite 500

City: The Woodlands State: TX Zip: 77380

Phone number: 281.367.4226 Email Address: cburns@shrieve.com

As a nongovernmental entity executing, renewing, or extending a contract with a government entity, **Vendor** is required to provide an affidavit under penalty of perjury attesting that **Vendor** does not use coercion for labor or services in accordance with Section 787.06, Florida Statutes.

As defined in Section 787.06(2)(a), coercion means:

1. Using or threatening to use physical force against any person;
2. Restraining, isolating, or confining or threatening to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Using lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or service are not respectively limited and defined;
4. Destroying, concealing, removing, confiscating, withholding, or possessing any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Causing or threatening to cause financial harm to any person;
6. Enticing or luring any person by fraud or deceit; or
7. Providing a controlled substance as outlined in Schedule I or Schedule II of Section 893.03 to any person for the purpose of exploitation of that person.

As a person authorized to sign on behalf of **Vendor**, I certify that **Vendor** does not use coercion for labor or services in accordance with Section 787.06.

Written Declaration

Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated in it are true.

By:  _____
Authorized Signature

Printed Name and Title: Chris Burns, Marketing Director Date: 5/9/25

ATTACHMENT "F"
BYRD ANTI-LOBBYING CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

To be submitted with each bid or offer exceeding \$100,000.00

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Contractor, Shrieve Chemical Company certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. §3801 *et seq.* apply to this certification and disclosure, if any.



Signature of Contractor's Authorized Official

Chris Burns, Marketing Director

Name and Title of Contractor's Authorized Official

Date 5/9/25

Bidder Shrieve Chemical Company, LLC

ATTACHMENT G – MINIMUM QUALIFICATIONS AND REQUIREMENTS

The City deems certain documentation and information important in the determination of responsive and responsible and for the purpose of evaluating responses. Additional documents and information must be provided by the Bidder in response to specific requirements stated herein or within the ITB.

SECTION I MINIMUM QUALIFICATIONS

Bidder shall submit the information and/or documentation requested that confirms Bidder meets the minimum qualification. Failure to do so may result in the Bid being deemed non-responsive or non-responsible and not considered for award. As applicable, the City will verify the information provided.

1. Experience

Bidder must have been in the business of providing goods/services similar to those in this ITB for a minimum of two years.

Provide the following information for three client references who can verify Bidder has experience in providing the goods/services similar to those in this ITB and who are agreeable to responding to the City's inquiry regarding this minimum qualification.

Client Name City of Lakeland

Client contact name Thomas Johnston

Contact phone number 954.802.9143

Contact email address Thomas.Johnston@lakelandelectric.com

Client Name Indian River County

Client contact name Jennifer Hyde

Contact phone number 772.226.1575

Contact email address Jhyde@indianriver.gov

Client Name Collier County

Client contact name Gary Newcomer

Contact phone number 239.207.1636

Contact email address Gary.Newcomer@colliercountyfl.gov

2. Contract Performance

Bidder has not, within the prior five (5) years, had a history of non-performance.

Bidder Shrieve Chemical Company, LLC

☒ By checking this box, Bidder affirms that it has not, within the prior five years, had a history of non-performance.

3. City Contract Performance

Bidder, including any principal, officer, agent, or proposed subcontractor of Bidder, shall not have failed to perform faithfully on any previous contract with the City.

☒ By checking this box, Bidder affirms that it has not failed to perform on any previous contract with the City.

4. Equipment

Bidder must possess all equipment required for the provision of work.

Provide a list of the primary equipment to be utilized for the provision of goods/services in accordance with the requirements of this solicitation:

Third Party Carrier

5. Provide supporting documentation in the form of photographs of the equipment referenced above in Item 4.

☒ By checking this box, Bidder confirms it has submitted photographs with its Bid.

6. Convicted / Suspended / Discriminatory / Complaints Vendor Lists

In accordance with Florida Statute §287.017, Bidder shall not be on any of the following lists: Florida Department of Management Services Convicted Vendor List, Suspended Vendor List, Discriminatory Vendor List, Federal Excluded Parties List, and Vendor Complaint List.

☒ By checking this box, Bidder affirms it is not on the Florida Department of Management Services Convicted Vendor List, Suspended Vendor List, Discriminatory Vendor List, Federal Excluded Parties List, nor Vendor Complaint List, and that no action or inaction has been taken by Bidder or its representatives to warrant inclusion on any of these lists.

Bidder Shrieve Chemical Company, LLC**7. Prohibition Against Contracting with Scrutinized Companies**

In accordance with 287.135 (5), at the time Bidder submits a Bid for a contract or before the company enters into or renews a contract with the City for goods or services of \$1 million or more, is not on the Scrutinized Companies with Activities in Iran Petroleum Energy List, or engaged in business operations in Cuba or Syria.

☒ **By checking this box, Bidder affirms that it is not listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or engaged in business operations in Cuba or Syria.**

8. Prohibition Against Contracting with Russian Companies

In accordance with City of Deerfield requirements and federal sanctions, Bidder shall not be listed on the U.S. Department of the Treasury, Office of Foreign Assets Control (OFAC): Russia-EO 14024 Sanctions List doing business with Russian companies; directing the divestment of investments in Russia and with Russian-related institutions, companies or entities, and individuals.

☒ **By checking this box, Bidder affirms that it is not listed on the U.S. Department of the Treasury, Office of Foreign Assets Control (OFAC): Russia-EO 14024 Sanctions List.**

9. Ethics Code Disclosure

In accordance with Section 2-505 Chapter 2, Article IX, known as the City of Deerfield Beach Ethics Code, Bidder shall not have any ethics code violations and must disclose and provide documentation for any of the items in a, b, or c that are applicable and attach to the response all necessary and relevant information and documentation as shown below:

- a. Include a listing of all campaign contributions to a sitting city commissioner in the past four (4) years, as well as contributions of all officers, directors, shareholders of a corporation if the applicant is a corporation, or partners if the applicant is a partnership, or members, whether generally or limited if it's a limited liability company.
- b. Disclose all those items that a regulated officer is required to disclose under Article IX, Ethics Code, concerning any conflict, whether actionable or non-actionable.
- c. Disclose any action that is a violation of this Ethics Code by a regulated officer with the applicant and/or applicant's agents, and what was done to rectify the violation.

☐ **By checking this box, Bidder confirms it has made contributions and has uploaded in the "Response Attachments" tab in the eProcurement Marketplace all necessary and relevant information to include the following for all contributions:**

- (1) the name of the individual making the contribution,
- (2) name of the individual to whom the contribution was paid,
- (3) the title of the individual to whom the contribution was paid,
- (4) the amount of the contribution,
- (5) The date of the contribution.

Bidder Shrieve Chemical Company, LLC

☒ By checking this box, Bidder affirms that it has NOT made any campaign contributions as detailed above and therefore no information is submitted for this item.

☐ By checking this box, Bidder confirms it has submitted in the "Response Attachments" all necessary and relevant information to include disclosure concerning any conflict, whether actionable or non-actionable.

☒ By checking this box, Bidder affirms that it does NOT have any disclosures concerning any conflict and therefore no information is submitted for this item.

☐ By checking this box, Bidder confirms it has attached to its response all necessary and relevant information to include disclosure of any action that is a violation of this Article IX, Ethics Code and what was done to rectify the violation.

☒ By checking this box, Bidder affirms that it does NOT have any disclosures concerning any violation of Article IX, Ethics Code.

10. Registration with State

Bidder must be registered with the State of Florida, Division of Corporations, to do business in Florida prior to the Close Date and Time.

Provide Bidder's name and FEI/EIN number as shown on the State of Florida Division of Corporations www.sunbiz.org website. Shrieve Chemical Company, LLC; 74-1994881

11. Compliance with Florida Fictitious Name Statute

Any fictitious name or "doing business as" (dba) under which Bidder operates must be registered with the Florida Department of State, Division of Corporations, in compliance with Florida Fictitious Name Act, Florida Statute §865.09 which requires any person (which, by definition, includes an individual, as well as a business entity) to register their fictitious name or dba name with the Florida Department of State prior to conducting business in Florida.

Provide any fictitious name/dba name under which Bidder operates.

Not Applicable

☐ By checking this box, Bidder affirms it is in compliance with the Florida Fictitious Name Act, Florida Statute §865.09 and has registered any fictitious name/dba.

12. Convictions or Pleas

Bidder, its principals, and staff, employees, and subcontractors shall not have a conviction or a plea of nolo contendere, regardless of when the plea or conviction occurred, which includes a felony or misdemeanor involving terrorist behavior, violence, use of a dangerous weapon, crimes of moral turpitude or breach of trust/fiduciary responsibility or which raises concerns about building, system, or personal security or is otherwise a job-related crime. Provide

Bidder Shrieve Chemical Company, LLC

details in Bidder's response of any such conviction or plea.

- ☒ By checking this box, Bidder confirms it does NOT have such conviction or plea.
- ☐ By checking this box, Bidder confirms it has such conviction or plea. If so, provide a brief summary of the conviction or plea.

13. Conflicts of Interest

Bidder, including any principal, officer, agent, or proposed subcontractor, shall not have a record of any conflicts of interest that have not been waived by the City Commission. Bidder affirms that they read and understand Florida Statute 112.313, Standards of conduct for public officers, employees of agencies, and local government attorneys. Bidders must disclose if any City of Deerfield Beach officer, employee, or attorney is also an owner, or employee of their business.

- ☒ By checking this box, Bidder affirms that it does not have a record of conflicts of interest, as defined in Florida Statutes, that have not been waived.
- ☐ By checking this box, Bidder confirms it has identified a potential conflict of interests. Provide the City officer(s), employee or attorney(s)'s names(s) and position(s) and provide a brief summary of the details.

14. Arrears or Default

Bidder, including any principal, officer, agent, or proposed subcontractor of Bidder, shall not be in arrears or in default of any debt or contract involving the City, (as a party to a contract, or otherwise). The City will confirm compliance.

- ☒ By checking this box, Bidder affirms that it is not in arrears or default of any debt or contract involving the City.

15. Judgements, Lawsuits Criminal Activities

Bidder, including any principal, officer, agent, or proposed subcontractor, shall have no record of judgments, pending lawsuits against the City, or criminal activities involving moral turpitude.

- ☒ By checking this box, Bidder affirms it has no record of judgements, pending lawsuits against the City, or criminal activities involving moral turpitude.

Bidder Shrieve Chemical Company, LLC

☐ By checking this box, Bidder affirms that it has a record of judgements, pending lawsuits, or criminal activities and has provided details of any such record in its Bid response.

SECTION II REQUIREMENTS

Bidder shall submit the information and/or documentation requested below. Failure to do so may result in the Bid response being deemed non-responsible or non-responsive and not considered for award. As applicable, the City will verify the information provided.

1. Non-Collusive Affirmation

Entity submitting this Bid affirms:

- (1) Entity is an authorized Owner, Partner, Officer, Representative, or Agent of the business submitting a Bid response to this solicitation;
- (2) Entity is fully informed respecting the preparation and contents of the Bid response and of all pertinent circumstances respecting such response;
- (3) Such response is genuine and is not a collusive or sham response;
- (5) Neither the business submitting the Bid response nor any of its Officers, Partners, Owners, Agents, Representatives, Employees or Parties in interest, including this affirmant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other vendor, firm, or person to submit a collusive or sham response in connection with the work for which the response has been submitted; or to refrain from submitting a response in connection with such work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with a vendor, firm or person to fix the price or prices in the attached response or of any other vendor, or to fix an overhead, profit, or cost elements of the submitted price(s) or the submitted price(s) of any other vendor, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;
- (5) The price or prices quoted in the response are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the vendor or any other of its agents, representatives, owners, employees or parties in interest, including this affirmant.

Full Legal Name of the entity submitting this Bid response on behalf of Bidder.

Shrieve Chemical Company, LLC

☒ By checking this box, I affirm that all of the above in Non-Collusive Affirmation, Items 1, 2, 3, 4, and 5 are true.

2. Drug-Free Workplace Programs

Whenever two or more Bids that are equal with respect to price, quality, and service are received by the City for the procurement of commodities or contractual services, a Bid, or received from a business that certifies that it has implemented a drug-free workplace program as defined in Florida Statute 287.087 shall be given preference in the award process.

☒ **By checking this box, Bidder affirms it has a drug-free workplace program in accordance with Florida Statute 287.087.**

☐ **By checking this box, Bidder affirms it DOES NOT have a drug-free workplace program in accordance with Florida Statute 287.087.**

3. Local Vendor Affirmation

Bidder affirms it meets the requirements for "local Business Preference and has:

- (a) Been in business at least one year (12 months) prior to the release date of the solicitation.
- (b) Has a valid local business tax receipt issued by the City.
- (c) Has a physical address located in the City limits of Deerfield Beach from which its business is conducted.

☒ **By checking this box, Bidder affirms it is NOT a local business as defined above.**

☐ **By checking this box, Bidder affirms it is a local business and has attached its City of Deerfield Beach business tax receipt in the "Response Attachments" for its Bid response.**

4. Financial Statements

The City may request from Bidders their financial audits and statements for the past two (2) reporting years (Income Statements and Balance Sheets) in accordance with Florida Statute §119.07(1) and s. 24(a), Art. I of the State Constitution.

☒ **By checking this box, Bidder affirms it will provide such additional financial information if requested by the City.**

5. Litigation, Arbitration, Claims

Bidder shall not be involved in current, pending or past litigation or arbitration over the last five years, which, in the opinion of the City, is likely to have a material negative impact on their ability to provide the required goods/services.

☒ **By checking this box, Bidder claims it HAS NOT been involved in litigation, arbitration, or claims with the past five years that will have a material negative impact on its ability to provide the required goods/services.**

Bidder Shrieve Chemical Company, LLC

☐ By checking this box, Bidder claims it has been involved in litigation, arbitration, or claims with the past five years that may have a material negative impact on its ability to provide the required goods/services. Include a brief explanation below of the circumstances.

[END]



Shrieve Chemical Company

1442 Lake Front Circle, Suite 500
The Woodlands, Texas 77380

800-367-4226
Fax: 281-367-0071

May 12, 2025

Re: ITB No 25-016 Sulfuric Acid 93% for Water Treatment Plant Operations – **(minimum qualifications)**

Shrieve Chemical Company, LLC has no additional data to add for ‘minimum qualifications’.

Regards,

Chris Burns

Chris Burns
Marketing Director

Shrieve Chemical Company, LLC SE Region
2301 Cypress Gardens Blvd. Winter Haven, FL 33884
P 800.367.4226 F 281.367.0071

Bidder Shrieve Chemical Company, LLC**ATTACHMENT H - BIDDER QUESTIONNAIRE**

This Bidder Questionnaire is not inclusive of all the information that may be necessary to properly evaluate the Bid response and confirm the Bidder has the capacity and capability to meet the requirements of the scope of work and/or specifications. Additional documents and information should be provided as deemed appropriate by the Bidder in response to specific requirements stated herein or within the ITB. If requested by the City, additional documents and information must be provided by Bidder.

1. Bidder's Legal Name

Provide the legal contracting name of Bidder including any dba.

Shrieve Chemical Company, LLC

2. Executive Leadership

Provide a list of officers, principals, owners, partners, or managers of the Bidder's company. Include names, phone numbers, and email addresses.

Jason VanVleet - CEO/CFO ; 281.367.4226; jvanvleet@shrieve.com

Ted Threadgill - President; 281.367.4226; tthreadgill@shrieve.com

Craig Utterson - Vice President; 281.367.4226; cutterson@shrieve.com

3. Previous Company Names

Provide any former business name(s) Bidder or principals of Bidder's firm, holding at least 30% interest in Bidder's company, operated under.

Not Applicable

4. Organization

Provide the state of organization or incorporation for Bidder.

Texas

5. Type of Organization

Provide the type of organization of Bidder's company (e.g., Sole Proprietorship, Partnership, Limited Liability Corporation, S Corporation, Corporation).

Limited Liability Corporation

Bidder Shrieve Chemical Company, LLC

6. Contact Info

Provide Bidder's Contact Information

- a. Address 1442 Lake Front Circle, Suite 500
- b. City, State, Zip The Woodlands, TX 77380
- c. Phone 281.367.4226
- d. Number of years at this location 15
- e. Contact Email cburns@shrieve.com

7. Experience

Provide the number of years Bidder has provided construction services to government entities. 44

8. Subcontractors

Provide a list of all subcontractors proposed for the project to include the following:

- 1. Subcontractor Name
- 2. City, State, Zip
- 3. Type of work to be assigned

Not Applicable - Third Party Carrier only

KCI Trucking - Mulberry, FL

Florida Rock and Tank Lines - Jacksonville, FL

C&S Logistics - Bartow, FL

9. Proposed Key Staff

Provide a list that includes the following information of Bidder's key staff (e.g., project lead, manager, supervisor) to be assigned to the project:

- a. Full name Chris Burns
 Proposed role Sales Contact Years of experience in this type of work 16
- b. Full name Wanda Stewart
 Proposed role Cust Service Rep Years of experience in this type of work 20
- c. Full name Quinton Lovings
 Proposed role Cust Service Rep Years of experience in this type of work 10

Bidder Shrieve Chemical Company, LLC**10. History and Past Performance**

Provide a list of customer references for whom Bidder has provided similar goods/services as those in this ITB in the past five years, particularly for government entities, who are agreeable to responding to an inquiry by the City. Include the following information:

- a. Customer Name Indian River County
- b. Address (City/State) 1800 27th St Vero Beach, FL 32960
- c. Contact name Jennifer Hyde
- d. Contact email address jhyde@indianriver.gov
- e. Start/End Dates 2023 - present
- f. Type of work (Brief description 1-2 sentences) 93% sulfuric acid supply

- a. Customer name City of Lakeland
- b. Address (City/State) 3030 Lake Parker Dr Lakeland, FL 33805
- c. Contact name Thomas Johnston
- d. Contact email address Thomas.Johnston@lakelandelectric.com
- e. Start/End Dates 2022 - Present
- f. Type of work (Brief description 1-2 sentences) 93% sulfuric acid supply

- a. Customer name Collier County
- b. Address (City/State) 3299 Tamiami Trail Naples, FL 34112
- c. Contact name Gary Newcomer
- d. Contact email address gary.newcomer@colliercountyfl.gov
- e. Start/End Dates 2022 - present
- f. Type of work (Brief description 1-2 sentences) 93% sulfuric acid supply

Bidder Shrieve Chemical Company, LLC

- a. Customer name Orlando Utilities
- b. Address (City/State) 100 W Anderson St. Orlando, FL 32801
- c. Contact name Maria Cabreja
- d. Contact email MCabrejaDeLaVega@ouc.com
- e. Start/End Dates 2023 - present
- f. Type of work (Brief description 1-2 sentences) 93% sulfuric acid supply

- a. Customer name Jacksonville Electric Authority
- b. Address (City/State) 225 N Pearl St Jacksonville, FL 32202
- c. Contact name Victoria Holloway
- d. Contact email holvvl@jea.com
- e. Start/End Dates 2023 - present
- f. Type of work (Brief description 1-2 sentences) 93% sulfuric acid supply

11. Contract Termination

☒ By checking this box Bidder is attesting it has not had a contract terminated in the past three years prior to completion of the work.

☐ By checking this box, Bidder is attesting it has had a contract terminated in the past three years prior to completion of work. If yes, explain circumstances regarding early termination:

12. Addenda

Bidder must acknowledge receipt of all addenda to this solicitation issued by the City.
Bidder affirms receipt of the following Addenda:

Bidder Shrieve Chemical Company, LLC

Bidder affirms receipt of the following Addenda. No Addenda



Signature of authorized official of Bidder

Marketing Director

Title of authorized official

5/12/25

Date

[END]



ATTACHMENT I, BID SIGNATURE FORM

Solicitation Number: 25-016

The undersigned represents that by signing this Bid Signature Form that the Bidder agrees to the terms and conditions in this ITB in its entirety, which incorporates all addenda, appendices, exhibits, and attachments, and is prepared to sign the Contract, of which an example is incorporated into this ITB. The Bidder understands that if it submits exceptions to the terms and conditions of the ITB in its Bid, the Bidder may be determined non-responsive and its Bid not considered for award.

All questions, clarifications, or requested exclusions or changes to the terms and conditions must be submitted via the City's eProcurement Marketplace during the Question and Clarification period stated in the ITB. Any changes or modifications to the ITB terms and conditions will be incorporated via an addendum.

Name of Bidder: Shrieve Chemical Company, LLC

Street Address: 1442 Lake Front Circle, Suite 500

City/State/Zip: The Woodlands, TX 77380

Total Bid Price: \$ 4,055,999.40

Signature: 

(Authorized officer)

Date: 5/9/25

Printed Name: Chris Burns

Title: Marketing Director

Return this fully executed form with your Response.



Shrieve Chemical Company

1442 Lake Front Circle, Suite 500
The Woodlands, Texas 77380

800-367-4226
Fax: 281-367-0071

Friday, May 9, 2025

Re: No. ITB 25-016 Sulfuric Acid 93% for Water Treatment Plant Operations - **Experience**

Shrieve Chemical Company, LLC was founded in 1978. We have been in the sulfuric acid supply business since 1980 and have supplied the Deerfield Beach Coop for many years in the past. We have long-term relationships with our producing partners and our carriers. Although we are always price competitive, the cornerstone of our business is assurance of supply.

You will have local sales presence with Chris Burns who is located in Central Florida. Chris has been with Shrieve Chemical operating in the same capacity for 16 years. In addition, our customer service team sits in The Woodlands, TX. Wanda Stewart will be your primary contact. Wanda has been with Shrieve for 4 years and has over 20 years of experience in the business. Wanda has a team to back her up when she is out of the office as well. We have an after hours number and we can respond to any need 24 hours per day, 7 days a week.

Please feel free to reach out should you have questions or need clarification.

Thank you,

Chris Burns

Chris Burns
Marketing Director

Shrieve Chemical Company, LLC SE Region
2301 Cypress Gardens Blvd. Winter Haven, FL 33884
P 800.367.4226 F 281.367.0071



Safety Data Sheet

Sulfuric Acid, 93 - 98%

SECTION 1: Identification of the substance/mixture and of the company/undertaking

1.1 Product Identifier

Trade Name: Sulfuric Acid, 93 - 98%

Revision Date: 10/17/24

Created Date: 10/17/24

1.2 Relevant identified uses of the substance or mixture and uses advised against

Product Description: For industrial use.

Intended Use: fertilizers; other acids; glue; purification of petroleum; pickling of metal; lead-acid batteries (used in most vehicles).

1.3 Details of the supplier of the safety data sheet

Shrieve Chemical Company

1442 Lake Front Cir Ste 500

The Woodlands, TX 77380-3634 US

phone: (800) 367-4226 Customer Service

e-mail: cust-serv@shrieve.com

website:

1.4 Emergency telephone number

CHEMTREC: (800) 424-9300 (USA)

+1-703-741-5970 (International)

Poison Control: (800) 222-1222 (USA)

Additional Information

Poison Control: (800) 222-1222 (USA)

SECTION 2: Hazards Identification

2.1 Classification of the substance or mixture

This material is hazardous in accordance with OSHA HazCom 2012, 29 CFR 1910.1200.

Corrosive to Metals; Category 1

Skin Corrosion; Category 1A

Serious Eye Damage; Category 1

2.2 Label elements



Signal Word Danger

Hazard Statements

H290-May be corrosive to metals

H314-Causes severe skin burns and eye damage.

Precautionary Statements

Prevention

P280-Wear protective gloves/protective clothing/eye protection/face protection.

P234-Keep only in original container.

P260-Do not breathe dust/fume/gas/mist/vapors/spray.

P264-Wash skin thoroughly after handling.

P273-Avoid release to the environment.

Trade Name: Sulfuric Acid, 93 - 98%

SDSID: SDS0491

Safety Data Sheet

Sulfuric Acid, 93 - 98%

Response

P301+P310-IF SWALLOWED: Immediately call a POISON CENTER or doctor.

P301+P330+P331-IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.

P303+P361+P353-IF ON SKIN (or hair): Remove immediately all contaminated clothing. Rinse skin/hair with water.

P304+P340-IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

P305+P351+P338-IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

P315-Get immediate medical attention.

P363-Wash contaminated clothing before reuse.

P390-Absorb spillage to prevent material damage.

Storage

P403+P233-Store in a well-ventilated place. Keep container tightly closed.

P406-Store in corrosive resistant container with a resistant inner liner.

P405-Store locked up.

Disposal

P501-Dispose of contents/container to a licensed contractor in accordance with local, state and federal regulations.

2.3 Other hazards

Mixture with incompatible materials should be avoided unless all potential risks identified and mitigated. See section 10.

2.4 Unknown Acute Toxicity (US)

Not applicable.

SECTION 3: Composition / information on ingredient(s)

Chemical Name	CAS Number	EC #	Concentration % by Weight
Sulfuric Acid	7664-93-9		93 - 100

SECTION 4: First aid measures

4.1 Description of first aid measures

General notes

This product is hazardous. Seek immediate medical attention. Provide SDS or label information to healthcare provider.

After inhalation

This product is corrosive. If product mist or vapor causes respiratory irritation or distress, move exposed person to fresh air immediately. For those providing assistance, avoid exposure to yourself or others. Use adequate respiratory protection. If breathing is difficult or irregular, administer oxygen. If breathing stops, start artificial respiration preferably by trained personnel with a medical device or use mouth-to-mouth resuscitation. If unconscious, maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband. If respiratory irritation, dizziness, nausea, or unconsciousness occurs, get immediate medical assistance.

After skin contact

This product is corrosive. Use safety shower immediately. Flush skin with water while removing contaminated clothing for at least 15 minutes. Ask supervisor if clothing can be washed or if it needs to be disposed of as hazardous waste. If it can be cleaned, then wash contaminated clothing and shoes separately. If cut (open injury) and material is introduced, individual should seek medical evaluation. Get medical attention immediately.



Safety Data Sheet

Sulfuric Acid, 93 - 98%

After eye contact

This product is corrosive. Immediately flush eyes with large amounts of water for at least 15 minutes, occasionally lifting the upper and lower lids. Remove contact lenses if present and easy to do and continue rinsing. Seek medical attention immediately (preferably from an ophthalmologist).

After ingestion

This product is corrosive. Do not induce vomiting unless directed to do so by medical personnel. If vomiting occurs, the head should be kept lower than the waist so that vomit does not enter the lungs. Remove dentures if present. If suggested by medical, you can rinse mouth thoroughly with water and give up to 2 cups of water to drink if the exposed person is conscious, alert, able to swallow and not experiencing breathing difficulty. Never give anything by mouth to an unconscious or convulsing person. Do not leave the exposed person unattended. Seek immediate medical attention. Follow medical advice.

Self-protection of the first aider

First aid responders should pay attention to self-protection and use the recommended protective clothing (chemical resistant gloves, splash protection). If potential for exposure exists refer to Section 8 for specific personal protective equipment.

4.2 Most important symptoms and effects, both acute and delayed

Aside from the information found under Section 4.1 (above) and Section 4.3 (below), any additional important symptoms and effects are described in Section 2.2 and 11.

4.3 Indication of any immediate medical attention and special treatment needed

Notes to physician: Chemical eye burns may require extended irrigation. Obtain prompt consultation, preferably from an ophthalmologist. If burn is present, treat as any thermal burn, after decontamination. Due to irritant properties, swallowing may result in burns/ulceration of mouth, stomach and lower gastrointestinal tract with subsequent stricture. Aspiration of vomitus may cause lung injury. Suggest endotracheal/esophageal control if lavage is done. No specific antidote. Treatment of exposure should be directed at the control of symptoms and the clinical condition of the patient.

SECTION 5: Firefighting measures

5.1 Extinguishing media

Suitable extinguishing media

Use an extinguishing agent suitable for the surrounding fire. Use dry powder or carbon dioxide (CO₂) to extinguish flames. ABC powder fire extinguishers are suitable.

Unsuitable extinguishing media

Do NOT use water. Use water spray only to keep fire-exposed containers cool and to suppress gases/vapors/mists.

5.2 Special hazards arising from the substance or mixture

Not combustible. During a fire, smoke contains toxic fumes which may be toxic and/or irritating. In a fire or if heated, a pressure increase will occur and the container may burst.

5.3 Advice for firefighters

Do not breathe fumes. Evacuate area. Firefighters should wear appropriate protective equipment and self contained breathing apparatus (SCBA) with a full face-piece operated in positive pressure mode if near danger area. Prevent fire extinguishing water from contaminating surface water or the ground water system.

Additional Information

Note: Sulfuric acid is incompatible with several materials and can release toxic fumes. See section 10 for more information.

SECTION 6: Accidental release measures

6.1 Personal precautions, protective equipment and emergency procedures

SMALL SPILLS: Do not clean up without proper training and PPE.

LARGE SPILLS: Full body suit of chemical resistant and full face mask is recommended.

6.2 Environmental precautions

LAND SPILL: Stop leak if you can do it without risk. Recover by pumping or with suitable absorbent. Prevent contamination of the soil. Advise authorities if spillage has entered soil.

WATER SPILL: Stop leak if you can do it without risk. Prevent contamination of water. Prevent material from entering drains or



Safety Data Sheet

Sulfuric Acid, 93 - 98%

watercourses using dry sand, earth or other appropriate barriers. Do not flush into surface water or sanitary sewer system. Advise authorities as necessary if spillage has entered water course or sewage system.

NOTE: Local regulations may prescribe or limit action to be taken. Water spill and land spill recommendations are based on the most likely spill scenario for this material; however, geographic conditions, wind, temperature, (and in the case of a water spill) wave and current direction and speed may greatly influence the appropriate action to be taken. For this reason, local experts should be consulted.

6.3 Methods and material for containment and cleaning up

SMALL SPILL: Absorb with inert absorbent material (e.g. dry sand, earth, vermiculite, or other similar material), place into containers, label, and properly dispose of. Clean surface thoroughly to remove residual contamination.

LARGE SPILL: Stop the flow of material, if this is without risk. Dike far ahead of liquid spill for later recovery and disposal. Absorb with inert absorbent material (e.g. dry sand, earth, vermiculite, or other similar material), place into containers, label, and properly dispose of. Flush area with water.

6.4 Reference to other sections

See Section 2 for the hazard identification. See Section 4 for first aid advice. See Section 5 for firefighting information. See Section 8 for advice on the minimum requirements for personal protective equipment. Additional protective measures may be necessary, depending on the specific circumstances and/or the expert judgment of the emergency responders. See Section 12 for ecological information. See Section 13 for disposal consideration.

Additional Information

NOTE: In the event of a spill or accidental release, notify relevant local authorities in accordance with all applicable regulations. The reportable quantity for sulfuric acid is 1000 lbs. You may contact The National Response Center (800) 424-8802 if spill occurs. Only trained and properly protected personnel must be involved in clean-up operations. Keep unnecessary personnel away. Keep people away from and upwind of spill/leak. Avoid breathing vapor. Wear appropriate protective equipment and clothing during clean-up. Ensure adequate ventilation.

SECTION 7: Handling and storage

7.1 Precautions for safe handling

Handle in accordance with good industrial hygiene and safety practices. Eating, drinking and smoking should be prohibited in areas where this material is handled, stored and processed. Remove protective clothing and protective equipment before entering eating areas. Workers should wash hands and face before eating, drinking and smoking.

7.2 Conditions for safe storage, including any incompatibilities

Store in accordance with local regulations. Store in original container protected from direct sunlight in a dry, cool and well ventilated area. Keep away from incompatible materials. Keep container tightly closed and sealed until ready for use. Containers that have been opened must be carefully resealed and kept upright to prevent leakage. Do not store in unlabeled containers. Store away from oxidizing materials.

7.3 Incompatibilities/Specific end uses(s)

Incompatibilities None known.

Specific end use(s) None known.

Additional Information

See Section 8 for additional information on hygiene measures. See Section 10 for incompatible materials.

SECTION 8: Exposure controls/personal protection

8.1 Control parameters

Sulfuric Acid (7664-93-9)

OSHA PEL	TWA	1 mg/m ³ ,	8 hours
ACGIH TLV	TWA	0.2 mg/m ³ ,	8 hours
NIOSH	REL-TWA	1 mg/m ³ ,	10 hours
CAL/OSHA	PEL-TWA	0.1 mg/m ³ ,	8 hours
CAL/OSHA	PEL-STEL	3 mg/m ³ ,	8 hours



Safety Data Sheet

Sulfuric Acid, 93 - 98%

8.2 Engineering Controls/Exposure Controls

Engineering controls

Ensure that eyewash stations and safety showers are close to the workstation location. Process enclosure, local exhaust ventilation, personal protective equipment.

Environmental exposure controls

Comply with applicable environmental regulations limiting discharge to air, water and soil. Protect the environment by applying appropriate control measures to prevent or limit emissions. See section section 6 on how to handle spills.

8.3 Protective Measures

Eyeface protection

Wear chemical goggles. Use equipment for eye protection tested and approved under appropriate government standards such as NIOSH (US) or EN 166(EU).

Hand protection

Use gloves chemically resistant to this material.

NOTE:

Glove suitability and breakthrough time will differ depending on the specific use conditions. Inspect and replace worn or damaged gloves. Use proper glove removal technique (remove without touching glove's outer surface) to avoid skin contact. Dispose of contaminated gloves after use in accordance with applicable laws and good laboratory practices. Wash and dry hands.

Other Skin protection

In accordance with good industrial hygiene practices, precautions should be taken to avoid skin contact. Use protective clothing chemically resistant to this material. Selection of specific items such as face shield, boots, apron, or full body suit will depend on the task.

Other protection

Personal protective equipment selections vary based on potential exposure conditions such as applications, handling practices, concentration and ventilation. Information on the selection of protective equipment for use with this material, as provided below, is based upon intended, normal usage.

Respiratory protection

No respiratory protection is required under normal conditions. If engineering controls do not maintain airborne contaminant concentrations at a level which is adequate to protect worker's health, an approved respirator may be appropriate. Respirator selection, use, and maintenance must be in accordance with regulatory requirements, if applicable. Types of respirators to be considered for this material include: Particulate filter.

General hygiene consideration

Always observe good personal hygiene measures and safety practices. Wash after handling the material and before eating, drinking, and/or smoking. Routinely wash work clothing and protective equipment to remove contaminants. Discard contaminated clothing and footwear that cannot be cleaned.

Thermal hazards

None known.

Additional Information

NOTE: Contact the Personal Protective Equipment manufacturer for specific information, advice, and selection about their products.

SECTION 9: Physical and chemical properties

9.1 Information on basic physical and chemical properties

Property	Value
Appearance	Oily liquid.
Autoignition Temperature	No information available.
Boiling Point	290°C (554°F).
Colors	Colorless to dark brown (purity dependent).
Decomposition Temperature	No information available.
Density	1.84 g/ml at 25°C (77°F).
Evaporation Rate	No information available.
Flash Point	Not applicable.
Melting/Freezing Point	3°C (37°F).



Safety Data Sheet

Sulfuric Acid, 93 - 98%

Odor	Odorless.
Vapor Density	3.39 (Air=1).
Vapor Pressure	1.33 hPa at 145.8°C (294.4°F).
Water Solubility- Qualitative	Soluble.
pH Value	1.2 at 5g/l.

9.2 Other information

None known.

Additional Information

NOTE: Physical and chemical properties are provided for safety, health and environmental considerations only and may not fully represent product specifications. Contact the supplier for additional information.

SECTION 10: Stability and Reactivity

10.1 Reactivity

See sub-sections below.

10.2 Chemical stability

No information available.

10.3 Possibility of hazardous reactions

Under normal conditions of storage and use, hazardous reactions will not occur.

10.4 Conditions to avoid

Contact with excessive heat, fire, and metals. Avoid direct sunlight and water.

10.5 Incompatible materials

Contact with acid with organic materials (such as chlorates, carbides, fulminates, and picrates) may cause fires and explosions. Contact of acid with metals may form toxic sulfur dioxide fumes and flammable hydrogen gas. Contact with water.

10.6 Hazardous decomposition products

Toxic gases and vapors (such as sulfuric acid fume, sulfur dioxide, and carbon monoxide) may be released when sulfuric acid decomposes.

SECTION 11: Toxicological information

11.1 Information on toxicological effects

Source

Skin contact

This product is corrosive.

Eye contact

This product is corrosive.

Inhalation

Excessive exposure may cause irritation to upper respiratory tract (nose and throat) and lungs.

Ingestion

Swallowing may result in burns of the mouth and throat. Swallowing may result in gastrointestinal irritation or ulceration. May cause nausea and vomiting. May cause abdominal discomfort or diarrhea.

Symptoms related to characteristics

None known.

Acute effects

No relevant data found.

Chronic effects

No relevant data found.

Numerical measures of Toxicity

Sulfuric acid (7664-93-9)

LC50	RAT	INHALATION	510 mg/m ³ ;	2 hours.
LD50	RAT	ORAL	2,140 mg/kg.	

Safety Data Sheet

Sulfuric Acid, 93 - 98%

Skin corrosion/irritation	This product is corrosive. Brief contact may cause skin burns; symptoms may include pain, severe local redness, and tissue damage. Prolonged contact may cause serious skin burns; symptoms may include pain, severe local redness, swelling, and tissue damage.
Serious eye damage/eye irritation	This product is corrosive. May cause severe corneal injury which may result in permanent impairment of vision, even blindness. Chemical burns will occur.
Respiratory sensitization	No relevant data found.
Skin sensitization	Did not cause allergic skin reactions when tested in guinea pigs.
Carcinogenicity	Did not cause cancer in laboratory animals.
Germ cell mutagenicity	In vitro genetic toxicity studies were negative in some cases and positive in other cases. Animal genetic toxicity studies were predominantly negative.
Reproductive toxicity	For similar material(s): In animal studies, did not interfere with reproduction or fertility. Has been toxic to the fetus in laboratory animal tests.
Specific target organ toxicity - single exposure	Material is corrosive. Material is not classified as a respiratory irritant; however, upper respiratory tract irritation or corrosivity may be expected.
Specific target organ toxicity - repeated exposure	This product is corrosive.
Aspiration hazard	This product is not an aspiration hazard.
Additional Information	Toxicological information appears in this section when such data is available.

SECTION 12: Ecological information	
12.1 Toxicity	
12.1 Numerical measures of Toxicity	Material is very highly toxic to aquatic organisms on an acute basis (LC50/EC50 <0.1 mg/L in the most sensitive species).
None known.	
12.2 Persistence and degradability	No relevant data found.
12.3 Bioaccumulative potential	Bioconcentration potential is low (BCF < 100 or Log Kow < 3).
12.4 Mobility in soil	No relevant data found.
12.5 Results of PBT and vPvB assessment	No relevant data found.
12.6 Other adverse effects	None known.
12.7 Additional Information	The information given is based on data available for the material, the components of the material, and similar materials.

SECTION 13: Disposal considerations	
13.1 Waste treatment methods	
Trade Name:	Sulfuric Acid, 93 - 98%
SDSID:	SDS0491
Revision Date: 10/17/24	
Page 7 of 10	

Safety Data Sheet

Sulfuric Acid, 93 - 98%

Handling for disposal	All disposal practices must be in compliance with all federal, state/provincial and local laws and regulations, and material characteristics at time of disposal. Regulations may vary in different locations. Waste characterizations and compliance with applicable laws are the responsibility solely of the waste generator.
Methods of disposal	Contact your local licensed disposal company.
Contaminated packaging	Dispose of contaminated packaging by following company instructions, local and state regulations, and contact your local licensed disposal company. Empty Container Warning (where applicable): Empty containers may contain residue. Do not attempt to refill or clean containers without proper instruction/approval. Empty drums should be completely drained and safely stored until appropriately reconditioned or disposed. Empty containers should be taken for recycling, recovery, or disposal through suitably qualified or licensed contractor and in accordance with governmental regulations.

SECTION 14: Transport Information

D.O.T/ADR/RID - Ground transportation	
14.1 UN number	UN1830
14.2 UN proper shipping name	UN1830, Sulfuric acid with more than 51 percent acid, 8, PGII
14.3 Transport hazard class(es)	8
14.4 Packing group	II
14.5 Environmental hazards	None known.
14.6. Special precautions for user	CERCLA RQ: 1000 lbs.
14.7. Transport in bulk according to Annex II of Marpol112 and the IBC Code	Not applicable.

SECTION 15: Regulatory information

15.1 Safety, health and environmental regulations/legislation specific for the substance or mixture



Safety Data Sheet

Sulfuric Acid, 93 - 98%

Country or region	Inventory List	Listed or Exempt (yes/no)
Canada	Canada - Domestic Substance List (Canada DSL)	Yes
China	China - Inventory of Existing Chemical Substances (IECSC)	Yes
European Union	European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)	Yes
Japan	Japan - Existing and New Chemical Substances (ENCS)	Yes
South Korea	Korea - Existing Chemicals Inventory (KECI/KECL) - Annex 1	Yes
Mexico	Mexico - National Inventory of Chemical Substances (INSQ)	Yes
New Zealand	New Zealand - Inventory of Chemicals (NZIoC)	Yes
Philippines	Philippines - Inventory of Chemicals and Chemical Substances (PICCS)	Yes
Thailand	Thailand - FDA Existing Chemicals Inventory (TECI)	Yes
Taiwan	Taiwan - Taiwan Chemical Substance Inventory (TCSI)	Yes
United States of America	United States - Toxic Substance Control Act (TSCA)	Yes
Vietnam	Vietnam - National Chemicals Inventory (NCI) (DRAFT)	Yes

15.2 Chemical Safety Assessment

None known.

Additional Information

OSHA HAZARD COMMUNICATION STANDARD: This material is considered hazardous in accordance with OSHA HazCom 2012, 29 CFR 1910.1200.

California Prop. 65 Statement: This product does not require a warning under California Prop. 65.

CERCLA RQ: 1,000 lbs.

SARA (302): Chemicals in this material are subject to the reporting requirements.

SARA (304): Chemicals in this material are subject to the reporting requirements.

SARA (311/312): Chemicals in this material are subject to the reporting requirements.

SARA (313): Chemicals in this material are not subject to the reporting requirements.

SECTION 16: Other Information

Specific Hazard W - Reacts with water.

HMIS Ratings

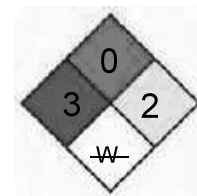
HEALTH	3
FLAMMABILITY	0
PHYSICAL HAZARD	3
PERSONAL PROTECTION	

3 - Extreme danger.

0 - Will not burn.

3 - May form explosive mixtures with water and are capable of self-reaction or decomposition.

NFPA



Revision Date: 10/17/24



Safety Data Sheet
Sulfuric Acid, 93 - 98%

Company disclaimer: The information and recommendations contained herein are, to the best of the company's knowledge and belief, accurate and reliable as of the date issued. You may contact us to ensure that this document is the most current available. The information and recommendations are offered for the user's consideration and examination. It is the user's responsibility to satisfy itself that the product is suitable for the intended use. Since the information contained herein may be applied under conditions beyond our control and with which we may be unfamiliar and since data made available after the date hereof may suggest modification of the information, we do not assume any responsibility for the result of its use. This information is furnished upon condition that the person receiving it shall make their own determination of the suitability of the material for their particular purpose. If buyer repackages this product, it is the user's responsibility to ensure proper health, safety, and other necessary information is included with and/or on the container. Appropriate warnings and safe-handling procedures should be provided to handlers and users. Alteration of this document is strictly prohibited. Except to the extent required by law, republication, or retransmission of this document, in whole or in part, is not permitted.



789 N. Dixboro Rd. Ann Arbor, MI 48105, USA
1-800.NSF.MARK | +1-734.769.8010 | www.nsf.org

EVALUATION REPORT

Send To: 00960
Mr. Gustavo Navar
The Mosaic Company
13830 Circa Crossing Drive
Lithia, FL 33547

Facility: 00966
The Mosaic Company
8813 Highway 41 South
Riverview FL 33578
United States

Result	PASS	Report Date	04-MAR-2025
Customer Name	The Mosaic Company		
Tested To	NSF/ANSI/CAN 60		
Description	Sulfuric Acid Liquid		
Trade Designation	Sulfuric Acid		
Test Type	Annual Collection		
Job Number	A-00506840		
Project Number	W0945546		
Project Manager	Danielle Molnar		

This report documents the testing of the referenced product to the requirements of NSF/ANSI/CAN Standard 60 (Drinking Water Treatment Chemicals - Health Effects). This standard establishes minimum requirements for chemicals, the chemical contaminants, and impurities that are added to drinking water from drinking water treatment chemicals. Contaminants produced as by-products through reaction of the treatment chemical with a constituent of the drinking water are not covered by this Standard. Reference the "About the Standard" section at the end of this report for additional information about NSF/ANSI/CAN Standard 60 and the products covered under this Standard.

Thank you for having your product tested by NSF.

Please contact your Project Manager if you have any questions or concerns pertaining to this report.

Report Authorization 
Scott E. Randall - Senior Manager Commercial Water

Date 04-MAR-2025



General Information

Standard: NSF/ANSI/CAN 60
Chemical Name: Sulfuric acid
Maximum Use Level: 50 mg/L
Monitor Code: C
Physical Description of Sample: Liquid
Tested DCC Number: DA04943
Trade Designation/Model Number: Sulfuric Acid

Sample Id: S-0002191603
Description: Sulfuric Acid | Liquid
Sampled Date: 25-Feb-2025
Received Date: 11-Feb-2025

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.0030	Date exposure completed	25-FEB-2025
Preparation method used	D	Final volume of solution	0.25 L
MUL	50 mg/L	Mass of material used	4179 mg
Compound Reference Key:	SPAC		

Normalization Calculation:

Normalized Result = Test Result (ug/L) * NF Where NF = MUL (mg/L) * $\frac{\text{Final Volume Of Solution (L)}}{\text{Mass of Material Used (mg)}}$

- MUL = Maximum Use Level;
- Mass of Material Used = The mass of sample analyzed in the laboratory;
- Final Volume of Solution = The volume of water used to dilute the sample;
- An additional factor may be used to adjust the analytical result to field use conditions to account for product carryover, flushing, or other assumptions stipulated with the use of the product. If an additional factor is used, it is included in the information above.

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Ann Arbor Chemistry Lab							
Metals II in water by ICPMS (Ref: EPA 200.8)							
Arsenic	ug/L	ND(1)	ND(1)	ND(1)	ND(0.003)	1	Pass
Barium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.003)	200	Pass
Beryllium	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.4	Pass
Cadmium	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.0006)	0.5	Pass
Chromium	ug/L	3	ND(1)	3	0.008		
Copper	ug/L	ND(1)	ND(1)	ND(1)	ND(0.003)	130	Pass
Manganese	ug/L	ND(1)	ND(1)	ND(1)	ND(0.003)	12	Pass
Mercury	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.0006)	0.2	Pass
Lead	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.5	Pass
Antimony	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.6	Pass
Selenium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.003)	5	Pass
Thallium	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.0006)	0.2	Pass
Aluminum	ug/L	ND(10)	ND(10)	ND(10)	ND(0.030)	290	Pass
Volatile Organic Compounds (Ref: EPA 524.2)							
Dichlorodifluoromethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.3	Pass
Chloromethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	3	Pass
Vinyl Chloride	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.2	Pass


Sample Id: **S-0002191603**

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Ann Arbor Chemistry Lab (Continued)							
Bromomethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	1	Pass
Chloroethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	40	Pass
Trichlorofluoromethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	50	Pass
Trichlorotrifluoroethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.3	Pass
Methylene Chloride	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.5	Pass
1,1-Dichloroethylene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.7	Pass
trans-1,2-Dichloroethylene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	10	Pass
1,1-Dichloroethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.3	Pass
2,2-Dichloropropane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.3	Pass
cis-1,2-Dichloroethylene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	7	Pass
Chloroform	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	[TTHM]	
Bromochloromethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	9	Pass
1,1,1-Trichloroethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	20	Pass
1,1-Dichloropropene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
Carbon Tetrachloride	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.5	Pass
1,2-Dichloroethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.5	Pass
Trichloroethylene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.5	Pass
1,2-Dichloropropane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.5	Pass
Bromodichloromethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	[TTHM]	
Dibromomethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
cis-1,3-Dichloropropene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.2	Pass
trans-1,3-Dichloropropene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.2	Pass
1,1,2-Trichloroethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
1,3-Dichloropropane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	10	Pass
Tetrachloroethylene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.5	Pass
Chlorodibromomethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	[TTHM]	
Chlorobenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	10	Pass
1,1,1,2-Tetrachloroethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	1	Pass
Bromoform	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	[TTHM]	
1,1,2,2-Tetrachloroethane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.2	Pass
1,2,3-Trichloropropane	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	4	Pass
1,3-Dichlorobenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	60	Pass
1,4-Dichlorobenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	7.5	Pass
1,2-Dichlorobenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	60	Pass
Carbon Disulfide	ug/L	ND(1)	ND(1)	ND(1)	ND(0.003)	70	Pass
Methyl-tert-Butyl Ether (MTBE)	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	8000	Pass
tert-Butyl ethyl ether	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	600	Pass
Methyl Ethyl Ketone	ug/L	ND(5)	ND(5)	ND(5)	ND(0.01)	400	Pass

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Page 3 of 6

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Sample Id: **S-0002191603**

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Ann Arbor Chemistry Lab (Continued)							
Methyl Isobutyl Ketone	ug/L	ND(5)	ND(5)	ND(5)	ND(0.01)	700	Pass
Toluene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	6	Pass
Ethyl Benzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	14	Pass
m+p-Xylenes	ug/L	ND(1)	ND(1)	ND(1)	ND(0.003)	[Xylenes]	
o-Xylene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	[Xylenes]	
Styrene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	10	Pass
Isopropylbenzene (Cumene)	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	70	Pass
n-Propylbenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
Bromobenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
2-Chlorotoluene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
4-Chlorotoluene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
1,3,5-Trimethylbenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
tert-Butylbenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
1,2,4-Trimethylbenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
sec-Butylbenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
p-Isopropyltoluene (Cymene)	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
1,2,3-Trimethylbenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
n-Butylbenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)		
1,2,4-Trichlorobenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	7	Pass
Hexachlorobutadiene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.4	Pass
1,2,3-Trichlorobenzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.3	Pass
Naphthalene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	10	Pass
Benzene	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	0.5	Pass
Total Trihalomethanes	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	8	Pass
Total Xylenes	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.001)	9	Pass
1 - If the acceptance criteria is blank and the evaluation status is "Fail", then the criteria used will be noted on the letter accompanying these results.							
[TTHM] - Acceptance based on Total Trihalomethanes							
[Xylenes] - Acceptance based on Total Xylenes							



Common Terms and Acronyms Used:

Sample.....	Test result on the submitted product sample after prepared or exposed in accordance with the standard.
Control.....	Test result on a laboratory blank sample analyzed in parallel with the sample.
Result.....	Sample test result minus the Control test result.
Normalized Result...	Result normalized in accordance with the test standard to reflect potential at-the-tap concentrations
ND().....	Result is below the detection level of the analytical procedure as identified in the parenthesis.
DCC Number.....	NSF document control code of the registered formulation of the product tested
ug/L.....	Microgram per liter = 0.001 milligram per liter (mg/L)
SPAC.....	Acceptance criteria of the standard (Single Product Allowable Concentration)

References to Testing Procedures:

NSF Reference	Parameter / Test Description
C1183	Metals II in water by ICPMS (Ref: EPA 200.8)
C4662	Volatile Organic Compounds (Ref: EPA 524.2)

Test descriptions preceded by an asterisk “*” indicate that testing has been performed per NSF requirements but is not within its scope of accreditation.

Unless otherwise indicated, method uncertainties are not applied in any determinations of conformity. Testing utilizes the requested sections of any referenced standards, which may not be the entire standard.

Dates of Laboratory Activity: 21-FEB-2025 to 04-MAR-2025

Testing Laboratories:

	Id	Address
All work performed at: →	NSF_AA	NSF 789 N. Dixboro Road Ann Arbor MI 48105

**About the Standard:**

NSF/ANSI/CAN Standard 60: Drinking Water Treatment Chemicals - Health Effects

NSF/ANSI/CAN 60 establishes minimum health effects requirements for the chemicals, the chemical contaminants, and the impurities that are directly added to drinking water from drinking water treatment chemicals. It does not establish performance or taste and odor requirements. The standard contains requirements for chemicals that are directly added to water and are intended to be present in the finished water as well as other chemical products that are added to water but are not intended to be present in the finished water. Chemicals covered by this Standard include, but are not limited to, coagulation and flocculation chemicals, softening, precipitation, sequestering, pH adjustment, and corrosion/scale control chemicals, disinfection and oxidation chemicals, miscellaneous treatment chemicals, and miscellaneous water supply chemicals.

The testing performed to this standard is done to estimate the level of contaminants or impurities added to drinking water when the chemical is used at the "Maximum Use Level" under attestment. Prior to testing, information is obtained on the formulation and sources of supply used to manufacture the chemical. This information is then reviewed along with the minimum requirements of the standard to establish the potential contaminants of concern. A representative sample of chemical is obtained for testing. The chemical sample is prepared for analysis through specific methods established in the standard based on the type of chemical and then is analyzed for potential contaminants determined during the formulation review. The laboratory results are normalized to represent potential at-the-tap values and then compared to the "single product allowable concentration" (SPAC) established by the standard. The product is found in compliance with the standard if the normalized value is less than or equal to the allowable concentration.

State of Florida

Department of State

I certify from the records of this office that SHRIEVE CHEMICAL COMPANY, LLC is a Texas limited liability company authorized to transact business in the State of Florida, qualified on January 24, 2022.

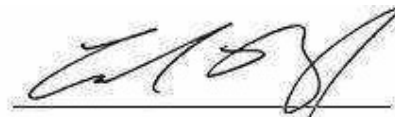
The document number of this limited liability company is M22000001143.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on February 14, 2025, and that its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fourteenth day of February,
2025*




Secretary of State

Tracking Number: 8002992531CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

**Industrial Product Data Sheet**Effective Date: **October 15, 2020**Product Code: **SULAC**Location: **White Springs**SDS: **210**

Sulfuric Acid
Industrial Grade
93%

CHEMICAL ANALYSIS

Component	Units	Minimum	Maximum	Typical
Sulfuric Acid	wt. % H ₂ SO ₄	93.0	95.0	94.0
Iron	ppm Fe		50	14
Sulfur Dioxide	ppm SO ₂			5

PHYSICAL ANALYSIS

Component	Units	Range	Typical
Specific Gravity	@72°F (22°C)		1.862

Refer to a Safety Data Sheet for more information

Typical results are based on the analysis of a composite sample. Grab samples or individual car samples may fall outside of the typical range.

To the best of Nutrien's knowledge, the information contained herein is accurate and reliable as of the date compiled; however, Nutrien makes no representation, warranty or guarantee as to the information's accuracy, reliability, completeness or timeliness. It is the user's responsibility to determine the suitability and completeness of such information for the user's own uses or purposes. Nutrien does not accept any liability for any loss or damage that may occur from any use of this information.

Product is manufactured by the following subsidiary of Nutrien Ltd.:

PCS Sales (USA) Inc. · Suite 500, 1101 Skokie Blvd. · Northbrook, IL · 60062 · (847) 849-4200 · 1-800-524-0132



OFFICIAL LISTING

NSF certifies that the products appearing on this Listing conform to the requirements of
NSF/ANSI/CAN 60 - Drinking Water Treatment Chemicals - Health Effects

This is the Official Listing recorded on April 17, 2025.

PCS Sales DBA Nutrien
3005 Rocky Mountain Avenue
Loveland, CO 80538
970-685-3300

Facility: Distribution Center - Cleveland, OH

Chemical/ Trade Name	Function	Max Use
Phosphoric Acid		
TG75 (Technical Grade 75% Phosphoric Acid)	Corrosion & Scale Control	13 mg/L

Facility: Distribution Center - Joplin, MO

Chemical/ Trade Name	Function	Max Use
Phosphoric Acid		
FG75 (Food Grade 75% Phosphoric Acid)	Corrosion & Scale Control	13 mg/L
TG75 (Technical Grade 75% Phosphoric Acid)	Corrosion & Scale Control	13 mg/L

Facility: Distribution Center - Marseilles, IL

Chemical/ Trade Name	Function	Max Use
Phosphoric Acid		
TG75 (Technical Grade 75% Phosphoric Acid)	Corrosion & Scale Control	13 mg/L

Facility: Distribution Center - Philadelphia, PA

Chemical/ Trade Name	Function	Max Use
Phosphoric Acid		
TG75 (Technical Grade 75% Phosphoric Acid)	Corrosion & Scale Control	13 mg/L

Facility: Aurora, NC

Chemical/ Trade Name	Function	Max Use
Fluosilicic Acid		
Fluosilicic Acid	Fluoridation	5 mg/L
Phosphoric Acid		
40% Phosphoric Acid	Corrosion & Scale Control	25 mg/L
50% Phosphoric Acid	Corrosion & Scale Control	20 mg/L

Note: Additions shall not be made to this document without prior evaluation and acceptance by NSF.



75% Phosphoric Acid	Corrosion & Scale Control	13	mg/L
80% Phosphoric Acid	Corrosion & Scale Control	12	mg/L
85% Phosphoric Acid	Corrosion & Scale Control	12	mg/L

Facility: Fernald, OH

Chemical/ Trade Name	Function	Max Use	
Phosphoric Acid			
40% Phosphoric Acid	Corrosion & Scale Control	25	mg/L
50% Phosphoric Acid	Corrosion & Scale Control	20	mg/L
65% Phosphoric Acid	Corrosion & Scale Control	15	mg/L
75% Phosphoric Acid	Corrosion & Scale Control	13	mg/L
80% Phosphoric Acid	Corrosion & Scale Control	12	mg/L
85% Phosphoric Acid	Corrosion & Scale Control	12	mg/L

Facility: White Springs, FL

Chemical/ Trade Name	Function	Max Use	
Fluosilicic Acid			
Fluosilicic Acid	Fluoridation	5	mg/L
Sulfuric Acid			
Sulfuric Acid	Corrosion & Scale Control pH Adjustment	50	mg/L

NOTE: Only products bearing the NSF Mark on the product, product packaging, and/or documentation shipped with the product are Certified.

Facility: Detroit, MI

Chemical/ Trade Name	Function	Max Use
Phosphoric Acid		
75% Phosphoric Acid, Low Sulfate	Corrosion & Scale Control	13 mg/L

Facility: Savannah, GA

Chemical/ Trade Name	Function	Max Use	
Phosphoric Acid			
75% Phosphoric Acid	Corrosion & Scale Control	12	mg/L
85% Phosphoric Acid	Corrosion & Scale Control	12	mg/L

Note: Additions shall not be made to this document without prior evaluation and acceptance by NSF.

UNIFORM SALES & USE TAX RESALE CERTIFICATE — MULTI JURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales/use tax, subject to the instructions and notes on pages 2—6. The issuing Buyer and the recipient Seller have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time. This form was revised as of October 14, 2022.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): SHRIEVE CHEMICAL COMPANY, LLC

Address: 1442 LAKE FRONT CIRCLE STE 500

THE WOODLANDS, TX 77380

is engaged or is registered as a

☒ Wholesaler

☐ Retailer

☐ Manufacturer

☐ Seller

☐ Lessor (see notes on pages 2—4)

☐ Other (Specify) _____

and is registered for sales/use tax with the below-listed states and cities within which Seller would deliver purchases to Buyer and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. Buyer is in the business of wholesaling, retailing, manufacturing, leasing (renting), or selling the following:

Description of Business: Chemical Sales, Packaging Supplies, Warehouse Supplies

General description of tangible property or taxable services to be purchased from the Seller: Chemicals

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AK/ARSSTC ¹		MO ¹⁹	MOID 25757636
AL ²	R010259222	NE	13398709
AR	69069149-001	NV ²⁰	1041331878-001
AZ ³	07644341-R	NJ	1274646
CA ⁴	97-508333	NM ^{5,21}	03-439182-00-7
CO ^{5,6}	94616981-004	NC ²²	003421928
CT ⁷	78595667-001	ND	
FL ⁸	78-8011942838-9	OH ²³	UST-1-99116381
GA ⁹	175926051	OK ²⁴	1070260224
HI ^{5,10}		PA ²⁵	6766408
ID ¹¹		RI ²⁶	
IL ^{5,12}	3100-9999	SC	111192209
IA	1-00-014254	SD ²⁷	
KS ¹³	004-741994881F-01	TN ²⁸	1001439643-SLC
KY ¹⁴	00082691	TX ²⁹	1-74-1994881-9
ME ¹⁵	1201981	UT	14900886-003-STC
MD ¹⁶		VT ³⁰	
MI ¹⁷	74-1994881	WA ³¹	604-479-509
MN ¹⁸		WI ³²	456-1029765227-02

I further certify that if any property or service so purchased tax-free is used or consumed by Buyer so as to make it subject to sales/use tax, Buyer will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that Buyer may hereafter give to Seller, unless otherwise specified, and shall be valid until canceled by Buyer in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: Kate R. [Signature]
(Owner, Partner, or Corporate Officer, or other authorized signer of Buyer)

Title: AP Supervisor/ Tax Accountant

Date: 01/01/2025

INSTRUCTIONS

In order to comply with state and local sales tax law requirements, the Seller must have in its files a properly completed exemption certificate from all of its customers (Buyers) who claim a sales/use tax exemption. If the Seller does not have this certificate, it is obliged to collect the tax for the state in which the property or service is delivered.

Generally, a Buyer must be registered as a retailer for sales/use tax in states where the Buyer has sales/use tax nexus. The sales/use tax registration number for the state should be entered on this certificate in the box for that state. A Buyer has sales/use tax nexus in a state if the Buyer has physical presence in that state or has made sufficient sales to customers in that state to have sales/use tax economic nexus. The threshold of sales activity needed to establish sales/use tax economic nexus may differ by state. If the Buyer is entitled to claim a resale sales tax exemption or exclusion, the Buyer should complete the certificate and send it to the Seller at the time of purchase or as soon thereafter as possible. If the Buyer purchases tax free for a reason other than resale, ingredient or component exemption, the Buyer cannot use this form and must provide to the Seller the proper state exemption certificate for that specific exemption.

Caution: Misuse of this certificate by Buyer, Seller, lessor, lessee, or the representative thereof may be punishable by fine, imprisonment or loss of right to issue or accept a certificate in some states or cities.

Notes:

1. Alaska Remote Sellers Sales Tax Commission (ARSSTC): This certificate is valid as a resale certificate only if it contains the purchaser's name, address, signature and either the purchaser's ARSSTC Remote Reseller Certificate of Exemption number or the purchaser's resale certificate number issued by the local taxing jurisdiction. The purchaser should also provide a general description of the tangible personal property or taxable services that are being purchased from the seller. The purchaser's claim for exemption may be verified by calling the ARSSTC at 907-790-5300.
2. Alabama: Each retailer shall be responsible for determining the validity of a purchaser's claim for exemption.
3. Arizona: This certificate may be used only when making purchases of tangible personal property for resale in the ordinary course of business, and not for any other statutory deduction or exemption. It is valid as a resale certificate only if it contains the purchaser's name, address, signature, and Arizona transaction privilege tax (or other state sales tax) license number, as required by Arizona Revised Statutes § 42-5022, *Burden of proving sales not at retail*.
4. California:
 - a) This certificate is not valid as an exemption certificate. Its use is limited to use as a resale certificate subject to the provisions of Title 18, California Code of Regulations, Section 1668 (Sales and Use Tax Regulation 1668, Resale Certificate).
 - b) By use of this certificate, the purchaser certifies that the property is purchased for resale in the regular course of business in the form of tangible personal property, which includes property incorporated as an ingredient or component of an item manufactured for resale in the regular course of business.
 - c) When the applicable tax would be sales tax, it is the Seller who owes that tax unless the Seller takes a timely and valid resale certificate in good faith.
 - d) A valid resale certificate is effective until the issuer revokes the certificate.
5. Colorado, Hawaii, Illinois, and New Mexico: these states do not permit the use of this certificate to claim a resale exemption for the purchase of a taxable service for resale.
6. Colorado: Sellers should review 1 Code Colo. Regs. 201-1, Rule 39-26-105-3 (Documenting Exempt Sales) prior to accepting this form. The Colorado Department of Revenue collects and administers the state sales and use taxes and the sales and use taxes of certain cities, counties, and special districts (see department publication DR 1002). Use of this form (along with the other documentation required by department rule) is acceptable for taxes administered by the Colorado Department of Revenue. This form may not be accepted by self-collecting Colorado home-rule cities. Sellers are advised to contact those cities directly for further instruction.
7. Connecticut: This certificate is not valid as an exemption certificate. Its use is limited to use as a resale certificate subject to Conn. Gen. State §§12-410(5) and 12-411(14) and regulations and administrative pronouncements pertaining to resale certificates. The good faith of the seller will be questioned if it has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property, as, for example, knowledge that the purchaser of particular merchandise (or service) is not engaged in the business of selling that kind of merchandise (or service).
8. Florida: Allows the Multistate Tax Commission's Uniform Sales and Use Tax Resale Certificate –
 Multijurisdiction for tax-exempt purchases for resale; however, the selling dealer must also obtain a resale

authorization number from the Florida Department of Revenue at floridarevenue.com/taxes/certificates, or by calling 877-357-3725, and entering the purchaser's Florida *Annual Resale Certificate* number.

9. Georgia: a) The purchaser's state-of-registration number will be accepted in lieu of Georgia's registration number when the purchaser is located outside Georgia, does not have nexus with Georgia, and the tangible personal property is delivered by drop shipment to the purchaser's customer located in Georgia.

b) The certificate relieves the seller from the burden of proof on sales for resale if the seller acquires from the purchaser a properly completed certificate, taken in good faith, from a purchaser who:
 - (i) Is engaged in the business of selling tangible personal property;
 - (ii) Has a valid sales tax registration number at the time of purchase and has listed his or her sales tax number on the certificate; and
 - (iii) At the time of purchasing the tangible personal property, the seller has no reason to believe that the purchaser does not intend to resell it in his or her regular course of business.
10. Hawaii: Allows this certificate to be used by the seller to claim a lower general excise tax rate or no general excise tax, rather than the buyer claiming an exemption. The no tax situation occurs when the purchaser of imported goods certifies to the seller, who originally imported the goods into Hawaii, that the purchaser will resell the imported goods at wholesale. If the lower rate or no-tax does not in fact apply to the sale, the purchaser is liable to pay the seller the additional tax imposed. See Hawaii Dept. of Taxation Tax Information Release No. 93-5, November 10, 1993, and Tax Information Release No. 98-8, October 30, 1998.
11. Idaho: This certificate may be used only when making purchases of tangible personal property for resale in the ordinary course of business, and not for any other statutory deduction or exemption. It is valid as a resale certificate only if it complies with Idaho Code Section 63-3622(c).
12. Illinois: Use of this certificate in Illinois is subject to the provisions of 86 Ill. Adm. Code Ch.I, Sec. 130.1405 (Seller's Responsibility to Obtain Certificates of Resale and Requirements for Certificates of Resale). Illinois does not have an exemption for sales of property for subsequent lease or rental, except as follows: (i) a motor vehicle that is used for automobile renting subject to the Automobile Renting Occupation and Use tax Act (35 ILCS 120/2-5(7)) and (ii) merchandise that the purchaser certifies is purchased to be rented subject to the Rental Purchase Agreement Occupation and Use Tax Act (35 ILCS 120/2-5(43)). Buyers purchasing items for lease or rental that meet either of these two exceptions should not use this Uniform Sales and Use Tax Resale Certificate, but instead must provide to Sellers proof of registration for the Automobile Renting Occupation and Use Tax or the Rental Purchase Agreement Occupation and Use Tax, as appropriate, and, in the case of the Rental Purchase Agreement Occupation and Use Tax, should use Form ST-261 (Exemption Certificate for Property Subject to Rental Purchase Agreement Tax). The use of this certificate for claiming resale purchases of services does not have any application in Illinois.

The registration number to be supplied next to Illinois on page 1 of this certificate must be the Illinois registration or resale number; no other state's registration number is acceptable.

"Good faith" is not the standard of care to be exercised by a retailer in Illinois. A retailer in Illinois is not required to determine whether the purchaser actually intends to resell the item. Instead, a retailer must confirm that the purchaser has a valid registration or resale number at the time of purchase. If a purchaser fails to provide a certificate of resale at the time of sale in Illinois, the seller must charge the purchaser tax.

While there is no statutory requirement that blanket certificates of resale be renewed at certain intervals, blanket certificates should be updated periodically, and no less frequently than every three years.

13. Kansas: Purchaser must enter a valid Kansas Registration Number issued by the Kansas Department of Revenue. Exemption certificates must be obtained from the purchaser at the time of the sale, but no later than 90 days subsequent to the date of sale. This resale certificate may only be used as a resale exemption certificate or ingredient or component part exemption certificate. This resale certificate may not be used by contractors to purchase materials without sales tax. This resale certificate may not be used by Manufacturing Companies to purchase machinery and equipment without sales tax. See Kansas Certificate ST-201. This resale certificate need not be renewed or updated when there is a recurring business relationship between the buyer and seller. A recurring business relationship exists when a period of no more than 12 months elapses between sales transactions. This resale certificate cannot

be used by contractors to purchase labor services from other contractors without tax.

14. Kentucky: a) Kentucky does not permit the use of this certificate to claim a resale exclusion for the purchase of admissions. b) This certificate is not valid as an exemption certificate. Its use is limited to use as a resale certificate subject to the provisions of Kentucky Revised Statute 139.270.

c) The use of this certificate by the purchaser constitutes the issuance of a blanket certificate in accordance with Kentucky Administrative Regulation 103 KAR 31:111.
15. Maine: This state does not have an exemption for sales of property for subsequent lease or rental. This certificate is not valid for use by manufacturers purchasing tangible personal property that becomes an ingredient or component part of a product manufactured by the manufacturer. Please use Maine's Industrial Users Exemption Certificate (ST-A-117).
16. Maryland: This certificate is not valid as an exemption certificate. Its use is limited to use as a resale certificate subject to the provisions of Md Tax – Gen § 11-408(b). All claims for the resale exclusion, even those made with this certificate, must include the Buyer's Maryland sales and use tax registration number. Certificates without a Maryland sales and use tax registration number will not be honored by the State. However, in lieu of a sale and use tax registration number, sellers may accept resale certificates that bear the exemption number issued to a religious organization. Exemption certifications issued to religious organizations consist of 8 digits, the first two of which are always "29". Maryland sales and use tax registration numbers, exemptions, and direct pay numbers may be verified on the website of the Comptroller of the Treasury at www.marylandtaxes.gov.
17. Michigan: Blanket certificates are effective for a period of four years unless a lesser period is mutually agreed to and stated on this certificate. A seller who receives and maintains a record of a properly completed certificate is not generally liable for sales or use tax on the transaction, even if a purchaser improperly claims an exemption. There are certain limited situations in which a seller can be liable for the tax, such as those involving fraud on the part of the seller. For more information, see revenue Administrative Bulletin (RAB) 2016-14.
18. Minnesota: Purchaser's Minnesota tax identification number should be inserted into the row labeled "MN" in the state chart on page 1. If purchaser does not have a Minnesota tax identification number, the following are acceptable:

Purchaser's tax identification number issued by a state other than Minnesota and the name of the state;

Purchaser's federal Employer identification Number;
The number of Purchaser's valid state-issued driver's license, or a valid state-issued identification number, along with the state of issue.

Purchaser must identify purchaser's type of business using Minnesota's business-type coding system. Check the correct box near the top of page 1. If you check the box labeled "Other," provide the appropriate Minnesota business code in the space following the "Other" check box. You can find a list of Minnesota business codes on the Minnesota exemption certificate (Form ST3).

Purchaser must update the certificate data, as necessary, if this certificate is to be used as a blanket exemption certificate for continuing future purchases.
Note that Minnesota allows this certificate to be used to claim a resale exemption only.
It does not permit this certificate to be used to claim any other type of exemption. To claim an exemption other than resale, use the Minnesota exemption certificate (Form ST3) or the Streamlined Sales Tax Governing Board exemption certificate (Form F0003).
19. Missouri: a) Purchasers who improperly purchase property or services sales-tax free using this certificate may be required to pay the tax, interest, additions to tax, or penalty.
b) Even if property is delivered outside Missouri, facts and circumstances may subject it to Missouri tax, contrary to the second sentence of the first paragraph of the above instructions.

20. Nevada:
 - a) This certificate is not valid as an exemption certificate. Its use is limited to use as a resale certificate subject to the provisions of NRS 372.165, NRS 372.170, NRS 372.175 and NRS 372.180 regarding sales tax, and NRS 372.235, NRS 372.240 and NRS 372.245 regarding use tax.
 - b) By use of this certificate, the purchaser certifies that the property is purchased for resale in the regular course of business in the form of tangible personal property, which includes property incorporated as an ingredient or component of an item manufactured for resale in the regular course of business.
 - c) When the applicable tax would be sales tax, it is the Seller who owes that tax unless the Seller takes a timely and valid resale certificate.
 - d) A valid resale certificate is typically effective until the issuer revokes the certificate, but periodic renewal of the certificate is recommended.
 - e) Contractors are generally considered consumers of tangible personal property pursuant to NAC 372.200 and are unable and should not use this certificate, and Sellers should not accept it from a contractor.
21. New Mexico: For transactions occurring on or after July 1, 1998, New Mexico will accept this certificate in lieu of a New Mexico nontaxable transaction certificate and as evidence of the deductibility of a sale of tangible personal property provided:
 - a) this certificate was not issued by the State of New Mexico;
 - b) the buyer is not required to be registered in New Mexico; and
 - c) the buyer is purchasing tangible personal property for resale or incorporation as an ingredient or component of a manufactured product.
22. North Carolina: This certificate is not valid as an exemption certificate if signed by a person such as a contractor who intends to use the property. Its use is subject to G.S. 105-164.28 and any administrative rules or directives pertaining to resale certificates.
23. Ohio:
 - a) The buyer must specify which one of the reasons for exemption on the certificate applies. This may be done by circling or underlining the appropriate reason or writing it on the form above the state registration section. Failure to specify the exemption reason will, on audit, result in disallowance of the certificate.
 - b) If no certificate is provided or obtained from the buyer at the time of the sale or within ninety days after the date on which such sale is consummated, it shall be presumed that the tax applies.
24. Oklahoma: Oklahoma would allow this certificate in lieu of a copy of the purchaser's sales tax permit as one of the elements of "properly completed documents" which is one of the three requirements which must be met prior to the vendor being relieved of liability. The other two requirements are that the vendor must have the certificate in his possession within ninety (90) days subsequent to the date of sale and must accept the documentation in good faith. The specific documentation required under OAC 710:65-7-6 is: Written certification containing the purchaser's name, address, type of business, sales tax permit number, and the signature of the purchaser. OAC 710:65-7-8.

Absent strict compliance with these requirements, Oklahoma holds a seller liable for sales tax due on sales where the claimed exemption is found to be invalid, for whatever reason, unless the Tax Commission determines that purchaser should be pursued for collection of the tax resulting from improper presentation of a certificate.
25. Pennsylvania: This certificate is not valid as an exemption certificate. It is valid as a resale certificate subject to the provisions of 61 PA Code §32.3. The buyer should enter their eight-digit Pennsylvania Sales and Use Tax license number. If the buyer does not have a Pennsylvania Sales and Use Tax license number, they must provide an explanation as to why they are not licensed.
26. Rhode Island: Rhode Island allows this certificate to be used to claim a resale exemption only when the item will be resold in the same form. It does not permit this certificate to be used to claim any other type of exemption.
27. South Dakota: Services which are purchased by a service provider and delivered to a current customer in conjunction with the services contracted to be provided to the customer are claimed to be for resale. Receipts from the sale of a service for resale by the purchaser are not subject to sales tax if the purchaser furnishes a resale certificate which the seller accepts in good faith. In order for the transaction to be a sale for resale, the following conditions must be present:

- (b) The purchaser of the service does not use the service in any manner; and
- (c) The service is delivered or resold to the customer without any alteration or change.

28. Tennessee: This certificate may only be used to claim a resale exemption for purchases of tangible personal property or taxable services, amusements, or digital products that are for resale; or a component part of a manufactured, assembled, processed, or refined product that is for resale. This certificate may not be used to claim any other type of exemption in Tennessee.

A Tennessee supplier that sells tangible personal property or taxable services to an out-of-state dealer for resale and drop ships the goods to the out-of-state dealer's Tennessee customer, may accept a resale certificate issued by another state, a fully completed Streamlined Sales and Use Tax Exemption Certificate, or the Uniform Sales and Use Tax Resale Certificate – Multijurisdiction that includes the sales tax ID number issued by the other state to make drop shipped sales for resale without tax. See important notice 22-01 Drop Shipment Rule Repealed for more information.

Any tangible personal property or other taxable item or service purchased without the payment of tax using this resale certificate, that is later used or consumed in any manner by the buyer, or is given away, must be reported and the tax paid directly to the Tennessee Department of Revenue.

- 29. Texas: Items purchased for resale must be for resale within the geographical limits of the United States, its territories, and possessions.
- 30. Vermont: The reseller must be registered to collect Vermont sales tax. Vermont allows this certificate to be used to claim a resale exemption for goods only, not component parts to a service. It is not to be used by contractors. Vermont's manufacturing exemption is limited to property consumed in the manufacturing process, used directly and exclusively in the manufacturing process, or packaging or shipping materials for use by a manufacturer or wholesale distributor. Any other uses and the use for any other exemptions is not permitted.

While there is no statutory requirement that blanket certificates of resale be renewed at certain intervals, blanket certificates should be updated periodically, and no less frequently than every three years.

- 31. Washington: Buyer acknowledges that in addition to the amount of tax due, the misuse of this form may result in interest and penalties being imposed by law.
- 32. Wisconsin: Allows this certificate to be used to claim a resale exemption only. It does not permit this certificate to be used to claim any other type of exemption.

Frequently Asked Questions Uniform Sales and Use Tax Certificate – Multijurisdictional

- **To whom do I give this certificate?**
- **Can I register for multiple states simultaneously?**
- **I have received this certificate from my customer. What do I do with it?**
- **Am I the Buyer or the Seller?**
- **What is the purpose of this certificate?**
- **How do I fill out the certificate?**
- **What information goes on the line next to each state abbreviation?**
- **What if I don't have an ID number for any (or some) state(s)?**
- **Who should use this certificate?**
- **Can I use this certificate?**
- **Which states accept the certificate?**
- **I am based in, buying from, or selling into Maine. Can I use this certificate?**
- **I am a drop shipper. Can I use this certificate?**
- **Do I have to fill this certificate out for every purchase?**
- **Can this certificate be used as a blanket certificate?**
- **Who determines whether this certificate will be accepted?**
- **I have been asked to accept this certificate. How do I know whether I should accept it?**
- **Is there a more recent version of this certificate?**
- **To whom should I talk to for more information?**

To whom do I give this certificate?

If you are purchasing goods for resale, you will give this certificate to your vendor, so that your vendor will not charge you sales tax.

If you are selling goods for resale, and you have received this certificate from your buyer, you will keep the certificate on file.

Can I register for multiple states simultaneously?

A buyer must be registered as a retailer for sales/use tax in states where the buyer has sales/use tax nexus in a state. Registration in each state must be done separately with that state. See the state tax agency's website. The Federal Tax Administrators (FTA) maintains a centralized list of links to state agency websites: <https://taxadmin.memberclicks.net/state-tax-agencies>. The Streamlined Sales Tax Governing Board, Inc. maintains a centralized registration system that can be used to register in states that are members. For more information, see www.streamlinedsalestax.org.

I have received this certificate from my customer. What do I do with it?

Once you have examined the certificate and you have accepted it, you will keep it on file as prescribed by applicable state laws. The relevant state will generally be the state where you are located, or the state where the sales transaction took place.

Am I the Buyer or the Seller?

If you are purchasing goods for resale, you are the Buyer. If you are selling goods to a buyer who is purchasing them for resale, you are the Seller.

What is the purpose of this certificate?

This certificate is to be used as supporting documentation that the Seller should not collect sales tax because the good or service sold to the Buyer, is exempt from the tax as a sale for resale or as an ingredient or component of a product manufactured by the Buyer and to be resold.

How do I fill out the certificate?

The individual filling out the certificate is referred to as the Buyer. The first two lines, “Issued to Seller” and “Address”, should be filled in with the name and address of the Seller. The rest of the information refers to the Buyer (name and address of Buyer, business engaged in, description of business, property or services to be purchased). The line next to each state abbreviation should be filled out with the relevant state ID number.

What information goes on the line next to each state abbreviation?

The line next to each state abbreviation should be filled in with the relevant state ID number. This will be the sales/use tax registration or resale authorization number issued by the state (see next FAQ for an exception). For example, on the line next to AL, provide the sales/use tax registration number issued by Alabama. The relevant registration number may be given various names in the different states. Some of the terms for this number are State Registration or Seller’s Permit Number. Regardless of the name, this will be a number that has been issued by the state to the Buyer (see next FAQ for an exception). This number is generally associated with the reseller’s authority to collect and remit sales/use tax.

What if I don’t have a registration number for any (or some) state(s)?

The states vary in their rules regarding requirements for a reseller exemption or exclusion. Some states require that the reseller (Buyer) be registered to collect sales tax in the state where the reseller makes its purchase. Other states will accept the certificate if the registration number is provided for some other state (such as the resident state of the Buyer). You should check with the relevant state to determine whether you meet the requirements of that state.

Who should use this resale certificate?

A Buyer who is registered in one of the states listed on the resale certificate may be able to use this certificate to make purchases of tangible property or taxable services that are for resale tax-exempt. States vary in their policies for use of this certificate. Questions regarding your specific eligibility to use this certificate should be addressed to the revenue department of the relevant state.

Can I use this resale certificate?

The states vary in their rules for use of this resale certificate. You should check with the relevant state to determine whether you can use this resale certificate for purchases from sellers registered in that state. The footnotes to the certificate provide some guidance; however, the Multistate Tax Commission cannot guarantee that any state will accept this certificate. States may change their policies without informing the Multistate Tax Commission.

Which states accept the certificate?

States listed on the certificate have accepted this certificate. States may change their policies for acceptance of the certificate without notifying the Multistate Tax Commission. You may check with the relevant state to determine the current status of the state’s acceptance policy. See next FAQ.

I am based in, buying from, or selling into Maine. Can I use this certificate?

Please contact Maine Revenue Services.

I am a drop shipper. Can I use this certificate?

If you are the Buyer and your Seller ships directly to your customers, you may be able to use this certificate because you are a reseller. However, your Seller may be unwilling to accept this certificate if you are not

registered to collect sales tax in the state(s) where your customers are located.

If you are the Seller, and you have nexus with the state(s) into which you are shipping to your Buyer's customers, you may be required by such state(s) to remit sales tax on those sales if your Buyer is not registered to collect sales tax.

Do I have to fill this resale certificate out for every purchase?

In many cases, this certificate can be used as a blanket certificate, so that you will only need to fill it out once for each of your Sellers. Some states require periodic replacement with a renewed certificate (see notes on certificate).

Can this resale certificate be used as a blanket certificate?

In many states this certificate can be used as a blanket certificate. You should verify this with the applicable state. A blanket certificate is one that can be kept on file for multiple transactions between a specific Buyer and specific Seller.

Who determines whether this resale certificate will be accepted?

The Seller will determine whether it will accept the certificate from the Buyer. The applicable state will determine whether a certificate is acceptable for the purpose of demonstrating that sales tax was properly exempted. The applicable state will generally be the state where the Seller is located or has nexus or the state where the sales transaction took place, or where the Buyer is located. The Multistate Tax Commission does not determine whether this certificate will be accepted either by the Seller or the applicable state.

I have been asked to accept this resale certificate. How do I know whether I should accept it?

You should contact your state revenue department if you are not familiar with the policies regarding acceptance of resale certificates.

In order for the certificate to be accepted in good faith by the Seller, Seller must exercise care that the property or service being sold is of a type normally sold wholesale, resold, leased, rented or incorporated as an ingredient or component of a product manufactured by Buyer and then resold in the usual course of its business. A Seller failing to exercise care could be held liable for the sales tax due in some states.

Is there a more recent version of this certificate?

No. The most recent version is posted on our website (revised as of October 14, 2022). You may have seen a version that has been modified in an unauthorized manner. You should not use any version other than the one available on our website.

Whom should I talk to for more information?

For information regarding whether the certificate will be accepted in the applicable state, you should contact the revenue department of that state. The Multistate Tax Commission's [Member States](#) webpage has links to revenue department websites.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/01/2024

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 Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 37205191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com														
INSURED Shrieve Chemical Company LLC Shrieve Chemical Products, LLC 1442 Lake Front Circle, Suite 500 The Woodlands, TX 77380	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: AIG Specialty Insurance Company</td> <td style="text-align: center;">26883</td> </tr> <tr> <td>INSURER B: National Union Fire Insurance Company of P</td> <td style="text-align: center;">19445</td> </tr> <tr> <td>INSURER C: Argonaut Insurance Company</td> <td style="text-align: center;">19801</td> </tr> <tr> <td>INSURER D: Texas Mutual Insurance Company</td> <td style="text-align: center;">22945</td> </tr> <tr> <td>INSURER E: Evanston Insurance Company</td> <td style="text-align: center;">35378</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: AIG Specialty Insurance Company	26883	INSURER B: National Union Fire Insurance Company of P	19445	INSURER C: Argonaut Insurance Company	19801	INSURER D: Texas Mutual Insurance Company	22945	INSURER E: Evanston Insurance Company	35378	INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: W34186561

REVISION NUMBER:

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	EG 14260818-02	06/30/2024	06/30/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	013-16-3239	06/30/2024	06/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EGU 14260819-02	06/30/2024	06/30/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	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 No	N/A	WC 929038262314	06/30/2024	06/30/2025	<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
A	POLLUTION LEGAL LIABILITY			EG 14260818-02	06/30/2024	06/30/2025	EACH OCCURRENCE LIMIT \$1,000,000 AGGREGATE \$2,000,000

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

Certificate Holder is included as an Additional Insured as respects to General Liability and Auto Liability. General Liability and Auto Liability policies shall be Primary and Non-contributory with any other insurance in force for or which may be purchased by Additional Insured. Waiver of Subrogation applies in favor of Certificate Holder with respects to General Liability, Auto Liability and Workers Compensation, as permitted by law.

SEE ATTACHED

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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ACORD 25 (2016/03)

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SR ID: 26096875

BATCH: 3523397

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Insurance Services West, Inc.		NAMED INSURED Shrieve Chemical Company LLC Shrieve Chemical Products, LLC 1442 Lake Front Circle, Suite 500 The Woodlands, TX 77380	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Excess Liability Follows Form of Underlying Coverage

INSURER AFFORDING COVERAGE: Texas Mutual Insurance Company NAIC#: 22945
POLICY NUMBER: 0001163631 EFF DATE: 06/30/2024 EXP DATE: 06/30/2025

SUBROGATION WAIVED: Y

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation and	EL Each Accident	\$1,000,000
Employers Liability - TX	EL Disease Ea Emp.	\$1,000,000
Per Statute	EL Disease-Policy Lim	\$1,000,000

INSURER AFFORDING COVERAGE: Evanston Insurance Company NAIC#: 35378
POLICY NUMBER: AXN0023-24 EFF DATE: 06/30/2024 EXP DATE: 06/30/2025

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Liability	Each Occurrence	\$10,000,000
Occurrence Basis	Aggregate	\$10,000,000

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Blanket - FL

Where required by written contract.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date: 06/30/2024

Policy No. WC 929038262314

Endorsement No.

Policy Effective Date: 06/30/2024 - 6/30/2025

Premium \$

Insured: SHRIEVE CHEMICAL COMPANY LLC

DBA:

Carrier Name / Code: Argonaut Insurance Company

WC 00 03 13

Countersigned by _____

(Ed. 4-84)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 03 13**

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Blanket - GA

Where required by written contract.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date: 06/30/2024

Policy No. wc 929038262314

Endorsement No.

Policy Effective Date: 06/30/2024 - 6/30/2025

Premium \$

Insured: SHRIEVE CHEMICAL COMPANY LLC

DBA:

Carrier Name / Code: Argonaut Insurance Company

WC 00 03 13

(Ed. 4-84)

Countersigned by _____

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Blanket - IN

Where Required By Written Contract

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date: 06/30/2024

Policy No. WC 929038262314

Endorsement No.

Policy Effective Date: 06/30/2024 - 6/30/2025

Premium \$

Insured: SHRIEVE CHEMICAL COMPANY LLC

DBA:

Carrier Name / Code: Argonaut Insurance Company

WC 00 03 13

(Ed. 4-84)

Countersigned by _____

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Blanket - MI

Where required by written contract.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date: 06/30/2024 Policy No. WC 929038262314 Endorsement No.

Policy Effective Date: 06/30/2024 - 6/30/2025 Premium \$

Insured: SHRIEVE CHEMICAL COMPANY LLC

DBA:

Carrier Name / Code: Argonaut Insurance Company

WC 00 03 13

(Ed. 4-84)

Countersigned by _____

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 04 03 06****(Ed. 4-84)****WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT— CALIFORNIA**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 0.020 % of the California workers' compensation premium otherwise due on such remuneration.

Schedule**Person or Organization**

Blanket - CA

Job Description

Where required by written contract.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date: 06/30/2024 Policy No. WC 929038262314

Endorsement No.

Policy Effective Date: 06/30/2024 - 6/30/2025

Premium \$

Insured: SHRIEVE CHEMICAL COMPANY LLC

DBA:

Carrier Name / Code: Argonaut Insurance Company

Countersigned by _____

ENDORSEMENT NO. 18

This endorsement, effective 12:01 AM, 06/30/2024

Forms a part of Policy No: 14260818-02

Issued to: Shrieve Chemical Company LLC

By: AIG Specialty Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS –
SCHEDULED PERSON(S) OR ORGANIZATION(S) ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY AND
POLLUTION LEGAL LIABILITY POLICY**

SCHEDULE

Name of Person(s) or Organization(s):

It is hereby agreed that:

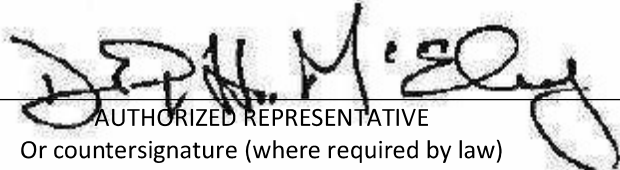
- I. Solely as respects **COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY, COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY** and **COVERAGE E – ADDITIONAL POLLUTION LEGAL LIABILITY, SECTION II – WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule above, but only with respect to liability arising out of your ongoing operations for that insured.
- II. Solely with respect to the insurance afforded to these additional insured(s), the following exclusion is added:

2. Exclusions

This insurance does not apply to **bodily injury** or **property damage** occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- b. That portion of **your work** out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

All other terms, conditions and exclusions shall remain the same.



AUTHORIZED REPRESENTATIVE
Or countersignature (where required by law)

ENDORSEMENT NO. 17

This endorsement effective 12:01 A.M,06/30/2024

Forms a part of Policy No: 14260818-02

Issued to: Shrieve Chemical Company LLC

By: AIG Specialty Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS –
COMPLETED OPERATIONS ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY AND
POLLUTION LEGAL LIABILITY POLICY**

Solely as respects **COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY, COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY** and **COVERAGE E – ADDITIONAL POLLUTION LEGAL LIABILITY**, it is hereby agreed that **SECTION II – WHO IS AN INSURED** is amended to include as an additional insured(s) the person(s) or organization(s) shown in the Schedule below, but only with respect to liability arising out of **your work** at the location designated and described in the Schedule below performed for that additional insured(s) and included in the **products-completed operations hazard**.

SCHEDULE

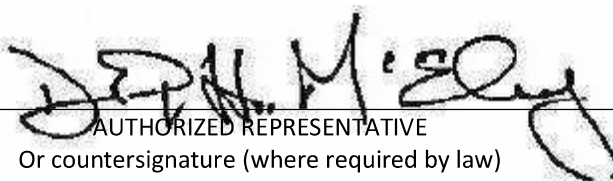
Name of Additional Insured person(s) or Organization(s):

WRITTEN CONTRACT EXECUTED PRIOR TO CLAIM OR LOSS

Location and Description of Completed Operations:

ALL LOCATIONS AND PROJECTS OF THE NAMED INSURED

All other terms, conditions and exclusions shall remain the same.



AUTHORIZED REPRESENTATIVE
Or countersignature (where required by law)

ENDORSEMENT NO. 12

This endorsement, effective 12:01 AM, 06/30/2024

Forms a part of Policy No: 14260818-02

Issued to: Shrieve Chemical Company LLC

By: AIG Specialty Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED VENDORS ENDORSEMENT – PRIMARY AND NON-CONTRIBUTORY

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY AND
POLLUTION LEGAL LIABILITY COVERAGE FORM**

SCHEDULE

Name of Person(s) or Organization(s) (Vendor):

Where required by written contract when such contract was signed and executed prior to the sale, distribution, handling or transfer of your product

Your Products:

All products sold, handled or distributed by the insured

Solely as respects Coverages A, E-1, E-2 and E-3, if applicable, **SECTION II - WHO IS AN INSURED** is amended to include as an insured any person(s) or organization(s) (referred to herein as the "vendor") shown in the Schedule above, but only with respect to **bodily injury, property damage, environmental damage, or emergency response costs** arising out of **your products** shown in the Schedule above which are distributed or sold in the regular course of the vendor's business, subject to all of the terms and conditions of this Policy and the additional following exclusions, terms and conditions:

1. The insurance afforded the vendor does not apply to:
 - a.B **odily injury, property damage, environmental damage, or emergency response costs** for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
 - b.A ny express warranty unauthorized by you;
 - c. Any physical or chemical change in **your product** made intentionally by the vendor;
 - d.R epackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
 - e. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of **your product**;
 - f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of **your product**;

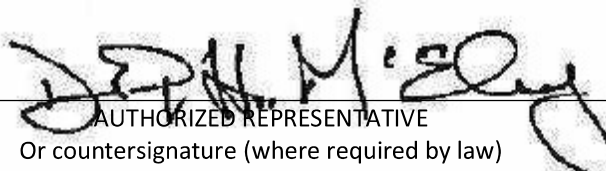
ENDORSEMENT NO. 12 CONTINUED

- g. **Your product** which, after distribution or sale by you, has been labeled or relabeled, or used as a container, part or ingredient of any other thing or substance, by or for the vendor; or
 - h. **Bodily injury, property damage, environmental damage or emergency response costs** arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
 - (1) The exceptions contained in Sub-paragraphs **d.** or **f.** above; or
 - (2) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of **your product**.
- 2. This insurance does not apply to any products you have acquired from a vendor, or any ingredient, part or container, entering into, accompanying or containing such products.
 - 3. Solely with respect to the coverage afforded to the vendor pursuant to this Endorsement, **SECTION IV-CONDITIONS**, paragraph **4. Other Insurance** is deleted in its entirety and replaced with the following:

4. Other Insurance

This insurance is primary and non-contributory, and our obligations are not affected by any other insurance carried by such vendor whether primary, excess, contingent, or on any other basis.

All other terms, conditions, and exclusions shall remain the same



AUTHORIZED REPRESENTATIVE
Or countersignature (where required by law)

This endorsement, effective 12:01 AM, 06/30/2024

Forms a part of Policy No: 14260818-02

Issued to: Shrieve Chemical Company LLC

By: AIG Specialty Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY AND
POLLUTION LEGAL LIABILITY COVERAGE FORM**

It is hereby agreed as follows:

SECTION IV – CONDITIONS, Paragraph 7. Transfer of Rights of Recovery Against Others to Us – Applicable to Coverages A, B, C and E is amended by the addition of the following at the end of such subparagraph:

We waive any right of recovery we may have against the person or organization shown in the Schedule below because of payments we make under Coverage A, B, C and E for injury or damage arising out of your ongoing operations or **your work** done under a contract with that person or organization and included in the **products-completed operations hazard**. This waiver applies only to the person or organization shown in the Schedule below.

SCHEDULE

Name of Person or Organization:

Blanket where required by written contract or agreement

Los Angeles Department of Water and Power

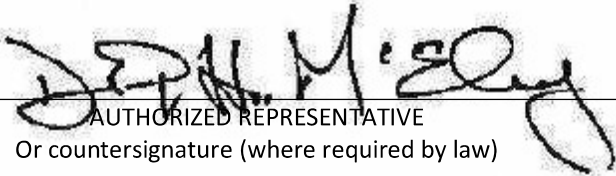
City of Vero Beach

City of Austin-Austin Energy

Cerberus Business Finance Agency, LLC as collateral agent and its successors and assigns

FMP Agency Services, LLC, as Agent, on behalf of itself and the Lenders

All other terms, conditions, and exclusions shall remain the same.



AUTHORIZED REPRESENTATIVE
Or countersignature (where required by law)



**WORKERS' COMPENSATION AND
EMPLOYERS LIABILITY POLICY**

WC 42 03 04 B

Insured copy

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. () Specific Waiver

Name of person or organization

(X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: ALL TEXAS OPERATIONS

3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.
(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 10/1/22 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001163631 of Texas Mutual Insurance Company effective on 06/30/2024

Issued to: SHRIEVE CHEMICAL COMPANY LLC

Authorized representative

This is not a bill

NCCI Carrier Code: 29939

9/29/22



Home

Search

Data Bank

Data Services

Help

Search

All Words

e.g. 1606N020Q02

Search Results

Saved Searches

Filter By

Keyword Search

For more information on how to use our keyword search, visit our help guide

Simple Search

Search Editor

- ☐ Any Words *i*
- ☐ All Words *i*
- ☐ Exact Phrase *i*

e.g. 123456789, Smith Corp

"Shrieve Chemical" x

- Classification ▼
- Excluded Individual ▼
- Excluded Entity ▲

Entity Name

Shrieve Chemical x

Unique Entity ID

e.g. HTYR9YJHK65L

CAGE / NCAGE

- Federal Organizations ▼
- Exclusion Type ▼

Exclusion Program

Location

Dates

Reset

Entity Information

<

Entities

Disaster Response Registry

Responsibility / Qualification

Exclusions

>

No matches found

We couldn't find a match for your search criteria.

Please try another search or go back to previous results.

Go Back



Our Website

- About This Site
- Our Community
- Release Notes
- System Alerts

Policies

- Terms of Use
- Privacy Policy
- Restricted Data Use
- Freedom of Information Act
- Accessibility

Our Partners

- Acquisition.gov
- USASpending.gov
- Grants.gov
- More Partners

Customer Service

- Help
- Check Entity Status
- Federal Service Desk
- External Resources
- Contact



WARNING

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SAM.gov
An official website of the U.S. General Services Administration

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Shrieve Chemical Company, LLC

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☒ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) **P**
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

5 Address (number, street, and apt. or suite no.). See instructions.
1442 Lake Front Circle Suite 500

6 City, state, and ZIP code
The Woodlands TX 77380

7 List account number(s) here (optional)

Requester's name and address (optional)

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
 - -
or
Employer identification number

7

4

-

1

9

9

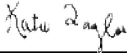
4

8

8

1

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
01/01/2025

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.
What's New
Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).
Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Cat. No. 10231X

Form **W-9** (Rev. 3-2024)

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-INT (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-NEC (nonemployee compensation).
- 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), and 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.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under “*By signing the filled-out form*” above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹ See Form 1099-MISC, Miscellaneous Information, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).
- B—The United States or any of its agencies or instrumentalities.
- C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.
- G—A real estate investment trust.
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.
- I—A common trust fund as defined in section 584(a).
- J—A bank as defined in section 581.
- K—A broker.
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1).
- M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.



Shrieve Chemical Company
May 8, 2025

RE: Authority to Bind – Invitation to Bid No. ITB 25-016
Sulfuric Acid 93% for Water Treatment Plant Operations

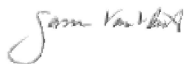
To Whom It May Concern,

I, Jason VanVleet, in my capacity as Chief Executive Officer of Shrieve Chemical Company, hereby authorize **Chris Burns**, to act on behalf of Shrieve Chemical Company and bind the company in all matters related to the submission of our response to **Invitation to Bid No. ITB 25-016 – Sulfuric Acid 93% for Water Treatment Plant Operations**, issued by the City of Deerfield Beach.

Chris Burns is authorized to sign and submit all required documentation and agreements related to this bid.

Should you require any additional information or verification, please feel free to contact me directly.

Sincerely,



Jason VanVleet
Chief Executive Officer
Shrieve Chemical Company
jvanvleet@shrieve.com
813-220-5450



Shrieve Chemical Company

1442 Lake Front Circle, Suite 500
The Woodlands, Texas 77380

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SHRIEVE CHEMICAL COMPANY, LLC

Filing Information

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Mailing Address

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THE WOODLANDS, TX 77380

Registered Agent Name & Address

BURNS, CHRIS

2301 CYPRESS GARDENS BLVD

WINTER HAVEN, FL 33884

Authorized Person(s) Detail

Name & Address

Title MGR

VANVLEET, JASON

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Chris Burns
Marketing Director

Shrieve Chemical Company, LLC SE Region
2301 Cypress Gardens Blvd. Winter Haven, FL 33884
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8813 HIGHWAY 41 SOUTH
RIVERVIEW, FLORIDA 33569

93 % SULFURIC ACID

TYPICAL AVERAGE PRODUCTION SPECIFICATIONS

Sulfuric Acid (H ₂ SO ₄)	93.2 - 94.6%
Iron (Fe)	< 20 ppm
Reducing Substances as SO ₂	<20 ppm
Nitrates as NO ₃	<10 ppm
Chlorides as Cl	< 5 ppm
Ammonium as NH ₄ ⁺	< 1 ppm
Heavy Metals as Pb	< 1 ppm
Aluminum (Al)	< 0.5 ppm
Antimony (Sb)	< 0.5 ppm
Arsenic (As)	< 1.0 ppm
Cadmium (Cd)	< 0.5 ppm
Chromium (Cr)	< 1 ppm
Copper (Cu)	< 0.5 ppm
Lead (Pb)	< 1 ppm
Manganese (Mn)	< 0.5 ppm
Mercury (Hg)	< 20 ppb
Nickel (Ni)	< 0.5 ppm
Platinum (Pt)	< 0.5 ppm
Potassium (K)	< 1 ppm
Selenium (Se)	< 0.5 ppm
Zinc (Zn)	< 0.5 ppm
Fixed Residue	110 ppm
Organic Matter	< 10 ppm
Color	30
Turbidity (NTU)	< 1



Certified to ANSI/NSF-60	Max. Use: 50 mg/L
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