



City of Pembroke Pines

## Procurement

Mark Gomes, Assistant City Manager / Director of Procurement & Sustainability

601 City Center Way, Pembroke Pines, FL 33025

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### EVALUATION TABULATION

IFB No. RE-26-01

Epoxy Replacement of the Great Hall of Charles F. Dodge City Hall

RESPONSE DEADLINE: March 31, 2026 at 2:00 pm

#### SELECTED VENDOR TOTALS

| Vendor                             | Total        |
|------------------------------------|--------------|
| Blue CS Construction LLC           | \$113,750.00 |
| The Epoxy Pros                     | \$143,750.00 |
| Bay to Bay Stone Restoration       | \$217,250.00 |
| The OJ Painting & Waterproofing co | \$358,850.00 |

| Epoxy Replacement Costs |                                                                                                                                                                                                                                                                                                                                                              |     |     | Blue CS Construction LLc |                     |              | The Epoxy Pros |                     |              | Bay to Bay Stone Restoration |                     |              | The OJ Painting & Waterproofing co |                     |              |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------------------------|---------------------|--------------|----------------|---------------------|--------------|------------------------------|---------------------|--------------|------------------------------------|---------------------|--------------|
| Line Item               | Description                                                                                                                                                                                                                                                                                                                                                  | UoM | QTY | Unit Cost                | Total               | Vendor Notes | Unit Cost      | Total               | Vendor Notes | Unit Cost                    | Total               | Vendor Notes | Unit Cost                          | Total               | Vendor Notes |
| 1                       | Total Cost to Complete Epoxy Replacement Including but not Limited to the Following Work:<br>Demolition and repair of existing floor, surface preparation, moisture testing, application of primer coating, application of topcoating, application of sealant, application of primer, application of slip resistant finish, second application of topcoating | LS  | 1   | \$113,750.00             | \$113,750.00        |              | \$143,750.00   | \$143,750.00        |              | \$217,250.00                 | \$217,250.00        |              | \$358,850.00                       | \$358,850.00        |              |
| <b>Total</b>            |                                                                                                                                                                                                                                                                                                                                                              |     |     |                          | <b>\$113,750.00</b> |              |                | <b>\$143,750.00</b> |              |                              | <b>\$217,250.00</b> |              |                                    | <b>\$358,850.00</b> |              |

| Payment and Performance Bond |                                                                |         | Blue CS Construction LLc |              | The Epoxy Pros |              | Bay to Bay Stone Restoration |              | The OJ Painting & Waterproofing co |              |
|------------------------------|----------------------------------------------------------------|---------|--------------------------|--------------|----------------|--------------|------------------------------|--------------|------------------------------------|--------------|
| Line Item                    | Description                                                    | UoM     | Percentage               | Vendor Notes | Percentage     | Vendor Notes | Percentage                   | Vendor Notes | Percentage                         | Vendor Notes |
| 2                            | Cost of Payment and Performance Bonds in the form of a Percent | Percent | 5%                       |              | 5%             |              | 2.5%                         |              | 3%                                 |              |
| <b>Total</b>                 |                                                                |         |                          |              |                |              |                              |              |                                    |              |

| Question                                                                                                                                                                                                                                                                                                                                             | Blue CS Construction LLC | The Epoxy Pros                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|
| <b>CONFIRMATION TO BIND</b>                                                                                                                                                                                                                                                                                                                          |                          |                                       |
| I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.                                                                                                                                                                                        | Confirmed                | Confirmed                             |
| <b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>                                                                                                                                                                                                                                                                 |                          |                                       |
| I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.                                                                                             | Confirmed                | Confirmed                             |
| Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included? | Yes                      | Yes                                   |
| Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?                                                                                                                                                                                          | Yes                      | Yes                                   |
| Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.                                                                                                                                                                                                    | Included                 | Included                              |
| Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance. Please upload your current certificate(s) of insurance.                                                                        |                          |                                       |
| Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)? Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.                                                                                                                               | No                       | No                                    |
| Do you plan on using subcontractors for this project?                                                                                                                                                                                                                                                                                                | Yes                      | No                                    |
| Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?                                                                                                                                                                         | Yes                      |                                       |
| <b>INSTALLER LETTER OF QUALIFICATION</b>                                                                                                                                                                                                                                                                                                             |                          |                                       |
| INSTALLER LETTER OF QUALIFICATION                                                                                                                                                                                                                                                                                                                    | Included                 | Included                              |
| <b>PROJECT DOCUMENTS</b>                                                                                                                                                                                                                                                                                                                             |                          |                                       |
| PROPOSERS BACKGROUND INFORMATION FORM                                                                                                                                                                                                                                                                                                                | Included                 | Included                              |
| PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)                                                                                                                                                                                                                                                                                                 | Included                 | Included                              |
| SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)                                                                                                                                                                                                                                                                 |                          |                                       |
| SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM                                                                                                                                                                                                                                                                                                         | Included                 | Included                              |
| Public Entity Crimes Status                                                                                                                                                                                                                                                                                                                          | A) No convictions.       | A) No convictions.                    |
| Did you select option B1 or B2 above?                                                                                                                                                                                                                                                                                                                | No                       | No                                    |
| Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.                                                                                                                                                                                                                  |                          |                                       |
| Did you select option B3 above?                                                                                                                                                                                                                                                                                                                      | No                       | No                                    |
| Please describe any action taken by or pending with the Department of General Services.                                                                                                                                                                                                                                                              |                          |                                       |
| <b>DRUG-FREE WORKPLACE CERTIFICATION</b>                                                                                                                                                                                                                                                                                                             |                          |                                       |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM                                                                                                                                                                                                                                                                                                        | Included                 | Included                              |
| Drug-Free Status                                                                                                                                                                                                                                                                                                                                     | Complies fully.          | Complies fully.                       |
| <b>STANDARD DOCUMENTS</b>                                                                                                                                                                                                                                                                                                                            |                          |                                       |
| NON-COLLUSIVE AFFIDAVIT                                                                                                                                                                                                                                                                                                                              | Included                 | Included                              |
| SCRUTINIZED COMPANY CERTIFICATION                                                                                                                                                                                                                                                                                                                    | Included                 | Included                              |
| E-VERIFY SYSTEM CERTIFICATION                                                                                                                                                                                                                                                                                                                        | Included                 | Included                              |
| HUMAN TRAFFICKING AFFIDAVIT                                                                                                                                                                                                                                                                                                                          | Included                 | Included                              |
| <b>VENDOR REGISTRATION</b>                                                                                                                                                                                                                                                                                                                           |                          |                                       |
| Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?                                                                                                                                                                                                                                                  | No                       | No                                    |
| What is your Vendor Number?                                                                                                                                                                                                                                                                                                                          |                          |                                       |
| VENDOR INFORMATION FORM                                                                                                                                                                                                                                                                                                                              | Included                 | Included                              |
| FORM W-9 (REVISED MARCH 2024)                                                                                                                                                                                                                                                                                                                        | Included                 | Included                              |
| <b>OPTIONAL DOCUMENTATION</b>                                                                                                                                                                                                                                                                                                                        |                          |                                       |
| TRADE SECRETS                                                                                                                                                                                                                                                                                                                                        | Included - N/A           |                                       |
| FINANCIAL STATEMENTS                                                                                                                                                                                                                                                                                                                                 | Included - N/A           |                                       |
| ALTERNATIVES                                                                                                                                                                                                                                                                                                                                         | Included - N/A           |                                       |
| <b>ADDITIONAL INFORMATION</b>                                                                                                                                                                                                                                                                                                                        |                          |                                       |
| PROFESSIONAL LICENSES                                                                                                                                                                                                                                                                                                                                |                          |                                       |
| VENDOR CLASSIFICATION                                                                                                                                                                                                                                                                                                                                | Annual Report            | Business License Certification SunBiz |
| General Contractor License                                                                                                                                                                                                                                                                                                                           |                          |                                       |
| Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?                                                                                                                                                                                                                                                            | No                       | Yes                                   |
| Please indicate your Local Vendor Status                                                                                                                                                                                                                                                                                                             | N/A                      | Local Broward County Vendor (LBCV)    |
| Local Vendor Preference Certification                                                                                                                                                                                                                                                                                                                | N/A                      | Included - Meet Requirement           |
| Local Business Tax Receipts                                                                                                                                                                                                                                                                                                                          | N/A                      | Included - Broward - 09-30-26         |
| Is your firm a Veteran Owned Small Business (VOSB)?                                                                                                                                                                                                                                                                                                  | No                       | No                                    |
| Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)                                                                                                                                                           | N/A                      | N/A                                   |
| Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)                                                                                                                                                                                                                                                                   | N/A                      | N/A                                   |
| Is your firm a Minority-Owned Business Enterprise (MBE)?                                                                                                                                                                                                                                                                                             | No                       | No                                    |
| Please indicate the classification of your Minority-Owned Business Enterprise (MBE)                                                                                                                                                                                                                                                                  | N/A                      | N/A                                   |
| MBE Certification Documentation                                                                                                                                                                                                                                                                                                                      | N/A                      | N/A                                   |
| Is your firm a Woman-Owned Business Enterprise (WBE)?                                                                                                                                                                                                                                                                                                | No                       | No                                    |
| WMBE Certification Documentation                                                                                                                                                                                                                                                                                                                     | N/A                      | N/A                                   |
| Is your firm a HubZone Business / Labor Surplus Area Firm?                                                                                                                                                                                                                                                                                           | No                       | No                                    |
| HubZone Business / Labor Surplus Area Firm Certification Documentation                                                                                                                                                                                                                                                                               | N/A                      | N/A                                   |
| Is your firm a Broward County Small Business Enterprise (SBE)?                                                                                                                                                                                                                                                                                       | No                       | No                                    |
| SBE Certification Documentation                                                                                                                                                                                                                                                                                                                      | N/A                      | N/A                                   |
| Is your firm a Broward County Business Enterprise (CBE)?                                                                                                                                                                                                                                                                                             | No                       | No                                    |
| CBE Certification Documentation                                                                                                                                                                                                                                                                                                                      | N/A                      | N/A                                   |
| Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?                                                                                                                                                                                                                                                                               | No                       | No                                    |
| DBE Certification Documentation                                                                                                                                                                                                                                                                                                                      | N/A                      | N/A                                   |
| Does your firm have a Vendor Classification that was not listed above?                                                                                                                                                                                                                                                                               | No                       | No                                    |
| Other Vendor Classification Certification Documentation                                                                                                                                                                                                                                                                                              | N/A                      | N/A                                   |
| If yes, please provide your Unique Entity ID (UEI)                                                                                                                                                                                                                                                                                                   | N/A                      | N/A                                   |
| What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)                                                                                                                                                                                                                                                                       | N/A                      | N/A                                   |
| Proof of Registration Upload                                                                                                                                                                                                                                                                                                                         | N/A                      | N/A                                   |
| If yes, please provide an explanation.                                                                                                                                                                                                                                                                                                               | N/A                      | N/A                                   |
| If yes, please upload any relevant documentation, if applicable.                                                                                                                                                                                                                                                                                     | N/A                      | N/A                                   |

| Question                                                                                                                                                                                                                                                                                                                                             | Bay to Bay Stone Restoration       | The OJ Painting & Waterproofing co |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|
| <b>CONFIRMATION TO BIND</b>                                                                                                                                                                                                                                                                                                                          |                                    |                                    |
| I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.                                                                                                                                                                                        | Confirmed                          | Confirmed                          |
| <b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>                                                                                                                                                                                                                                                                 |                                    |                                    |
| I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.                                                                                             | Confirmed                          | Confirmed                          |
| Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included? | Yes                                | Yes                                |
| Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?                                                                                                                                                                                          | Yes                                | Yes                                |
| Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.                                                                                                                                                                                                    | Included                           | Included                           |
| Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance. Please upload your current certificate(s) of insurance.                                                                        |                                    |                                    |
| Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)? Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.                                                                                                                               | No                                 | No                                 |
| Do you plan on using subcontractors for this project?                                                                                                                                                                                                                                                                                                | No                                 | No                                 |
| Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?                                                                                                                                                                         |                                    |                                    |
| <b>INSTALLER LETTER OF QUALIFICATION</b>                                                                                                                                                                                                                                                                                                             |                                    |                                    |
| INSTALLER LETTER OF QUALIFICATION                                                                                                                                                                                                                                                                                                                    | Included                           | Included                           |
| <b>PROJECT DOCUMENTS</b>                                                                                                                                                                                                                                                                                                                             |                                    |                                    |
| <b>PROPOSERS BACKGROUND INFORMATION FORM</b>                                                                                                                                                                                                                                                                                                         |                                    |                                    |
| PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)                                                                                                                                                                                                                                                                                                 | Included                           | Included                           |
| <b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)</b>                                                                                                                                                                                                                                                          |                                    |                                    |
| <b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM</b>                                                                                                                                                                                                                                                                                                  |                                    |                                    |
| Public Entity Crimes Status                                                                                                                                                                                                                                                                                                                          | Included                           | Included                           |
| Did you select option B1 or B2 above?                                                                                                                                                                                                                                                                                                                | A) No convictions.                 | A) No convictions.                 |
| Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.                                                                                                                                                                                                                  | No                                 | No                                 |
| Did you select option B3 above?                                                                                                                                                                                                                                                                                                                      | No                                 | No                                 |
| Please describe any action taken by or pending with the Department of General Services.                                                                                                                                                                                                                                                              |                                    |                                    |
| <b>DRUG-FREE WORKPLACE CERTIFICATION</b>                                                                                                                                                                                                                                                                                                             |                                    |                                    |
| <b>VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM</b>                                                                                                                                                                                                                                                                                                 |                                    |                                    |
| Drug-Free Status                                                                                                                                                                                                                                                                                                                                     | Included                           | Included                           |
|                                                                                                                                                                                                                                                                                                                                                      | Complies fully.                    | Complies fully.                    |
| <b>STANDARD DOCUMENTS</b>                                                                                                                                                                                                                                                                                                                            |                                    |                                    |
| <b>NON-COLLUSIVE AFFIDAVIT</b>                                                                                                                                                                                                                                                                                                                       |                                    |                                    |
| NON-COLLUSIVE AFFIDAVIT                                                                                                                                                                                                                                                                                                                              | Included                           | Included                           |
| <b>SCRUTINIZED COMPANY CERTIFICATION</b>                                                                                                                                                                                                                                                                                                             |                                    |                                    |
| SCRUTINIZED COMPANY CERTIFICATION                                                                                                                                                                                                                                                                                                                    | Included                           | Included                           |
| <b>E-VERIFY SYSTEM CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                 |                                    |                                    |
| E-VERIFY SYSTEM CERTIFICATION                                                                                                                                                                                                                                                                                                                        | Included                           | Included                           |
| <b>HUMAN TRAFFICKING AFFIDAVIT</b>                                                                                                                                                                                                                                                                                                                   |                                    |                                    |
| HUMAN TRAFFICKING AFFIDAVIT                                                                                                                                                                                                                                                                                                                          | Included                           | Included                           |
| <b>VENDOR REGISTRATION</b>                                                                                                                                                                                                                                                                                                                           |                                    |                                    |
| Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?                                                                                                                                                                                                                                                  | No                                 | No                                 |
| What is your Vendor Number?                                                                                                                                                                                                                                                                                                                          |                                    |                                    |
| <b>VENDOR INFORMATION FORM</b>                                                                                                                                                                                                                                                                                                                       |                                    |                                    |
| VENDOR INFORMATION FORM                                                                                                                                                                                                                                                                                                                              | Included                           | Included                           |
| <b>FORM W-9 (REVISED MARCH 2024)</b>                                                                                                                                                                                                                                                                                                                 |                                    |                                    |
| FORM W-9 (REVISED MARCH 2024)                                                                                                                                                                                                                                                                                                                        | Included                           | Included                           |
| <b>OPTIONAL DOCUMENTATION</b>                                                                                                                                                                                                                                                                                                                        |                                    |                                    |
| <b>TRADE SECRETS</b>                                                                                                                                                                                                                                                                                                                                 |                                    |                                    |
| <b>FINANCIAL STATEMENTS</b>                                                                                                                                                                                                                                                                                                                          |                                    |                                    |
| <b>ALTERNATIVES</b>                                                                                                                                                                                                                                                                                                                                  |                                    |                                    |
|                                                                                                                                                                                                                                                                                                                                                      |                                    | Included                           |
| <b>ADDITIONAL INFORMATION</b>                                                                                                                                                                                                                                                                                                                        |                                    |                                    |
|                                                                                                                                                                                                                                                                                                                                                      | SunBiz                             | SunBiz                             |
|                                                                                                                                                                                                                                                                                                                                                      | Letter of Qualifications           | Additional Information             |
|                                                                                                                                                                                                                                                                                                                                                      |                                    | Resume                             |
|                                                                                                                                                                                                                                                                                                                                                      |                                    | Business Certificate               |
| <b>PROFESSIONAL LICENSES</b>                                                                                                                                                                                                                                                                                                                         |                                    |                                    |
| <b>VENDOR CLASSIFICATION</b>                                                                                                                                                                                                                                                                                                                         |                                    |                                    |
| Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?                                                                                                                                                                                                                                                            | Yes                                | No                                 |
| Please indicate your Local Vendor Status                                                                                                                                                                                                                                                                                                             | Local Broward County Vendor (LBCV) | N/A                                |
| Local Vendor Preference Certification                                                                                                                                                                                                                                                                                                                | Included - Meet Requirement        | N/A                                |
| Local Business Tax Receipts                                                                                                                                                                                                                                                                                                                          | Included - Broward - 09-30-26      | N/A                                |
| Is your firm a Veteran Owned Small Business (VOSB)?                                                                                                                                                                                                                                                                                                  | No                                 | No                                 |
| Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)                                                                                                                                                           | N/A                                | N/A                                |
| Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)                                                                                                                                                                                                                                                                   | N/A                                | N/A                                |
| Is your firm a Minority-Owned Business Enterprise (MBE)?                                                                                                                                                                                                                                                                                             | No                                 | Yes                                |
| Please indicate the classification of your Minority-Owned Business Enterprise (MBE)                                                                                                                                                                                                                                                                  | N/A                                | Hispanic-American MBE              |
| MBE Certification Documentation                                                                                                                                                                                                                                                                                                                      | N/A                                | MBE Certification                  |
| Is your firm a Woman-Owned Business Enterprise (WBE)?                                                                                                                                                                                                                                                                                                | No                                 | No                                 |
| WMBE Certification Documentation                                                                                                                                                                                                                                                                                                                     | N/A                                | N/A                                |
| Is your firm a HubZone Business / Labor Surplus Area Firm?                                                                                                                                                                                                                                                                                           | No                                 | No                                 |
| HubZone Business / Labor Surplus Area Firm Certification Documentation                                                                                                                                                                                                                                                                               | N/A                                | N/A                                |
| Is your firm a Broward County Small Business Enterprise (SBE)?                                                                                                                                                                                                                                                                                       | No                                 | No                                 |
| SBE Certification Documentation                                                                                                                                                                                                                                                                                                                      | N/A                                | N/A                                |
| Is your firm a Broward County Business Enterprise (CBE)?                                                                                                                                                                                                                                                                                             | No                                 | No                                 |
| CBE Certification Documentation                                                                                                                                                                                                                                                                                                                      | N/A                                | N/A                                |
| Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?                                                                                                                                                                                                                                                                               | No                                 | No                                 |
| DBE Certification Documentation                                                                                                                                                                                                                                                                                                                      | N/A                                | N/A                                |
| Does your firm have a Vendor Classification that was not listed above?                                                                                                                                                                                                                                                                               | No                                 | No                                 |
| Other Vendor Classification Certification Documentation                                                                                                                                                                                                                                                                                              | N/A                                | N/A                                |
| If yes, please provide your Unique Entity ID (UEI)                                                                                                                                                                                                                                                                                                   | N/A                                | N/A                                |
| What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)                                                                                                                                                                                                                                                                       | N/A                                | N/A                                |
| Proof of Registration Upload                                                                                                                                                                                                                                                                                                                         | N/A                                | N/A                                |
| If yes, please provide an explanation.                                                                                                                                                                                                                                                                                                               | N/A                                | N/A                                |
| If yes, please upload any relevant documentation, if applicable.                                                                                                                                                                                                                                                                                     | N/A                                | N/A                                |