

An aerial photograph of a construction site on a steep, light-colored rock face. Three workers wearing high-visibility vests and hard hats are positioned around a large, vertical drilling rig. One worker is on the rig, another is to the left, and a third is to the right. Ropes and cables are visible across the rock surface. The scene is framed by a white circular arc.

DELVE
underground

Packet B

QUALIFICATIONS FOR

Engineering Geology & Rock/Rockfall Geotechnical Project Delivery

December 1, 2023

TRANSMITTAL

Attention: WSDOT Consultant Services
Client: Washington State Department of Transportation (WSDOT)
Address: PO Box 47323
Olympia, WA 98501

From: James Struthers, PEG, CEG | Project Manager | Delve Underground
Date: December 1, 2023
RE: **WSDOT Engineering Geology & Rock-Rockfall Geotechnical Project
Delivery Statement of Qualifications**

Sent by Email:

<u>QTY</u>	<u>ITEM</u>	<u>Description</u>
1	Packet A	Responses to Scoring Criteria 1-5
1	Packet B	Responses to Scoring Criteria 6-7 Consultant Information Forms

Remarks: Enclosed, you will find Delve Underground’s Statement of Qualifications (Packets A and B) for the WSDOT Engineering Rock-Rockfall Geotechnical Project Consultant Contract. We appreciate your consideration.

Signed:



**Washington State
Department of Transportation**

**Performance Evaluation
Completed by Reference**

Consultant Name: Delve Underground
Consultant's Project Manager: William CB Gates, PE
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) US 95, MP 188 Rockfall Emergency Response and Mitigation

Type of Work:

Roadway Design
 Plans Specs & Estimates
 Transportation Study
 Right-of-Way
 Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

	Start Date	End Date	Dollar Amount of Services
<input type="checkbox"/> Prime	07/08/20	02/01/21	796,788.35
<input checked="" type="checkbox"/> Sub			

Performance Evaluation	
Rating Criteria	Score
Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	1 - Low to 10 - High
1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?	10.00
2. Did the firm complete the project within the total budgeted amount?	10.00
3. Did the firm complete the project within the contract schedule(s)?	10.00
4. Did the firm meet all of your technical standards and quality expectations?	10.00
5. Was the firm's communication, both oral and written, clear and concise?	10.00
6. Was the firm's project management system effective?	10.00
Total Score	60.00
(Total the score by adding the scores for criterias 1 through 6.)	
Average Score	10.00
(Average the score by dividing the total score by the total number of criteria that was rated.)	

Evaluator Information:		
Firm/Company Name: Idaho Transportation Department		
Evaluator's Name: Doral Hoff, PE	Evaluator's Title: District Engineer	
Firm/Company Address: 2600 Frontage Rd, Lewiston, ID		
Phone: (208) 799-5090	Fax:	Date: 11/14/23

Distribution: Original: Return to Consultant being evaluated; and
 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotco@wsdot.wa.gov

**Washington State
Department of Transportation**

**Performance Evaluation
Completed by Reference**

Consultant Name: Delve Underground
Consultant's Project Manager: Mark Pinske, P.E.
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) SFPUC / HHWP 2023 Storm Damage Emergency Road Repairs Contract No. HH-1014(E)

Type of Work:

Roadway Design
 Plans Specs & Estimates
 Transportation Study
 Right-of-Way
 Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

	Start Date	End Date	Dollar Amount of Services
<input type="checkbox"/> Prime	03/24/23	11/30/23	795,146.00
<input checked="" type="checkbox"/> Sub			

Performance Evaluation	
Rating Criteria	Score
Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	1 - Low to 10 - High
1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?	10.00
2. Did the firm complete the project within the total budgeted amount?	10.00
3. Did the firm complete the project within the contract schedule(s)?	10.00
4. Did the firm meet all of your technical standards and quality expectations?	10.00
5. Was the firm's communication, both oral and written, clear and concise?	10.00
6. Was the firm's project management system effective?	10.00
Total Score	60.00
(Total the score by adding the scores for criterias 1 through 6.)	
Average Score	10.00
(Average the score by dividing the total score by the total number of criteria that was rated.)	

Evaluator Information:		
Firm/Company Name: Hetch Hetchy Water and Power - Capital Improvements Program		
Evaluator's Name: David McCallum	Evaluator's Title: Resident Engineer	
Firm/Company Address: PO Box 160, Moccasin, CA 95347		
Phone: (209) 540-3210	Fax:	Date: 11/14/23

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 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotco@wsdot.wa.gov

**Washington State
Department of Transportation**

**Performance Evaluation
Completed by Reference**

Consultant Name: Delve Underground
Consultant's Project Manager: William CB Gates, PhD
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) SH-55 Smiths Ferry to Round Valley Widening - Including Cut 8 Emergency Landslide Response

Type of Work:

Roadway Design
 Plans Specs & Estimates
 Transportation Study
 Right-of-Way
 Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

	Start Date	End Date	Dollar Amount of Services
<input checked="" type="checkbox"/> Prime	09/08/20	12/31/23	1,700,486.20
<input type="checkbox"/> Sub			

Performance Evaluation	
Rating Criteria	Score
Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	1 - Low to 10 - High
1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?	10.00
2. Did the firm complete the project within the total budgeted amount?	10.00
3. Did the firm complete the project within the contract schedule(s)?	10.00
4. Did the firm meet all of your technical standards and quality expectations?	10.00
5. Was the firm's communication, both oral and written, clear and concise?	10.00
6. Was the firm's project management system effective?	10.00
Total Score	60.00
(Total the score by adding the scores for criterias 1 through 6.)	
Average Score	10.00
(Average the score by dividing the total score by the total number of criteria that was rated.)	

Evaluator Information:		
Firm/Company Name: Idaho Transportation Department		
Evaluator's Name: Rob Wilson	Evaluator's Title: Project Manager	
Firm/Company Address: 8150 W Chinden Blvd, Boise, Idaho 83714		
Phone: (208) 519-6520	Fax:	Date: 11/13/23

Distribution: Original: Return to Consultant being evaluated; and
 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

**Washington State
Department of Transportation**

**Performance Evaluation
Completed by Reference**

Consultant Name: Delve Underground
Consultant's Project Manager: William CB Gates, PE
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) US 95 - Thorncreek Road to Moscow Idaho - Geotechnical Assistance

Type of Work:

Roadway Design
 Plans Specs & Estimates
 Transportation Study
 Right-of-Way
 Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

<input checked="" type="checkbox"/>	Prime	Start Date	End Date	Dollar Amount of Services
<input type="checkbox"/>	Sub	10/19/21	11/01/24	99,000.00

Performance Evaluation

Rating Criteria	Score
Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	1 - Low to 10 - High

1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?	10.00
2. Did the firm complete the project within the total budgeted amount?	10.00
3. Did the firm complete the project within the contract schedule(s)?	10.00
4. Did the firm meet all of your technical standards and quality expectations?	10.00
5. Was the firm's communication, both oral and written, clear and concise?	10.00
6. Was the firm's project management system effective?	10.00
Total Score	60.00
(Total the score by adding the scores for criterias 1 through 6.)	
Average Score	10.00
(Average the score by dividing the total score by the total number of criteria that was rated.)	

Evaluator Information:

Firm/Company Name: Idaho Transportation Department		
Evaluator's Name: Curtis Arnzen	Evaluator's Title: Design/Construction Engineer	
Firm/Company Address: 2600 Frontage Road, Lewiston ID 83501		
Phone: (208) 799-4222	Fax:	Date: 11/14/23

Distribution: Original: Return to Consultant being evaluated; and
 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotco@wsdot.wa.gov

Consultant Information Form

Firm Name: Jacobs Associates (dba Delve Underground)		FYE Date: 11/30	Number of Employees: 350
Address: 1011 Western Ave., #706			
City: Seattle	State: WA	Zip Code: 98104	County: King
Phone: (206) 588-8200	Fax: (206) 588-8201	Company Web Site: www.delveunderground.com	
Remit to Address: 1011 Western Ave., #706			
City: Seattle	State: WA	Zip Code: 98104	County: King
Phone: (206) 588-8200		Fax: (206) 588-8201	
Statewide Vendor Number (SWV) for Remit to Address: SWV0118665		Federal Tax ID Number or Social Security Number: 94-1371792	
Unified Business Identifier Number (UBI): 602035528		Date Universal Numbering System (DUNS) Number: 794986757	
Year Firm Established: 1956	UDBE/SBE/MSVWBE Certification Number: : N/A	NAICS Code & Code Name: 541330	
Proposed Project Manager: James Struthers, Principal		Email: struthers@delveunderground.com	
Financial Contact: Darlene Brown, CFO		Email: brown@delveunderground.com	

Firm Type:

- Sole Proprietor
 Partnership
 C – Corp.
 Limited Partnership
 Subchapter S Corp.
 Limited Liability Company

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba’s – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm’s legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

Unified Business Identifier (UBI) Number: Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at www.dor.wa.gov

Statewide Vendor (SWV) Number: The Statewide Vendor (SWV) Number is **REQUIRED** for vendors to receive payments. If your firm doesn’t already have an SWV number, your firm will be required to acquire a SWV number prior to execution of an agreement. For additional information, please visit the Office of Financial Management (OFM) at <https://www.ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services>

FYE Date: Your firm’s fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at www.omwbe.wa.gov

It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.

Consultant Information Form

Firm Name: Wallace Technical Blasting, Inc.		FYE Date: 11/28/2023	Number of Employees: 1-9
Address: 110 Krestview Lane			
City: Woodland	State: WA	Zip Code: 98674	County: Cowlitz
Phone: 360 921 4308	Fax: N/A	Company Web Site: www.wallacetechnicalblasting.biz	
Remit to Address: 110 Krestview Lane			
City: Woodland	State: WA	Zip Code: 98674	County: Cowlitz
Phone: 360 921 4308	Fax: N/A		
Statewide Vendor Number (SWV) for Remit to Address: will apply		Federal Tax ID Number or Social Security Number: 91-1704278	
Unified Business Identifier Number (UBI): 601 664 893		Date Universal Numbering System (DUNS) Number: 062801902	
Year Firm Established: 1995	UDBE/SBE/MSVWBE Certification Number::	NAICS Code & Code Name: 237990 Other Heavy and Civil Engineering Construction	
Proposed Project Manager: Jerry Wallace		Email: wtbinc@teleport.com	
Financial Contact: Susan McAdams		Email: smcadams@teleport.com	

Firm Type:

Sole Proprietor
 Partnership
 C – Corp.
 Limited Partnership
 Subchapter S Corp.
 Limited Liability Company

Annual Gross Receipt:

\$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

Unified Business Identifier (UBI) Number: Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at www.dor.wa.gov

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FYE Date: Your firm's fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at www.omwbe.wa.gov

It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.

Consultant Information Form

Firm Name: SubTerra, Inc.		FYE Date: December 31	Number of Employees: 5
Address: 218 East North Bend Way			
City: North Bend	State: WA	Zip Code: 98045	County: USA
Phone: 425-888-5425	Fax: 425-888-2725	Company Web Site: www.SubTera.us	
Remit to Address: P.O.Box 520			
City: North Bend	State: WA	Zip Code: 98045	County: King
Phone: 425-888-5425	Fax: 425-888-2725		
Statewide Vendor Number (SWV) for Remit to Address:		Federal Tax ID Number or Social Security Number: 91-152-9101	
Unified Business Identifier Number (UBI): 601-333-802		Date Universal Numbering System (DUNS) Number: 956-482-483	
Year Firm Established: 1991	UDBE/SBE/MSVWBE Certification Number:: Self Certified	NAICS Code & Code Name: 541330	
Proposed Project Manager: Chris Breeds		Email: cbreeds@subterra.us	
Financial Contact: Patricia Breeds		Email: pbreeds@subterra.us	

Firm Type:

- Sole Proprietor
 Partnership
 C – Corp.
 Limited Partnership
 Subchapter S Corp.
 Limited Liability Company

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba’s – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm’s legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

Unified Business Identifier (UBI) Number: Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at www.dor.wa.gov

Statewide Vendor (SWV) Number: The Statewide Vendor (SWV) Number is **REQUIRED** for vendors to receive payments. If your firm doesn’t already have an SWV number, your firm will be required to acquire a SWV number prior to execution of an agreement. For additional information, please visit the Office of Financial Management (OFM) at <https://www.ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services>

FYE Date: Your firm’s fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at www.omwbe.wa.gov

It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.

Consultant Information Form

Firm Name: Ciani & Hatch Engineering PLLC		FYE Date: 12/31/2023	Number of Employees: 3
Address: 18875 67th Dr NE, Unit 1			
City: Kenmore	State: WA	Zip Code: 98028	County: King
Phone: 425-473-1850	Fax:	Company Web Site: www.CHEgeotech.com	
Remit to Address: Same as above			
City:	State:	Zip Code:	County:
Phone:	Fax:		
Statewide Vendor Number (SWV) for Remit to Address: SWV0310885-00		Federal Tax ID Number or Social Security Number: 93-1548438	
Unified Business Identifier Number (UBI): 605250198		Date Universal Numbering System (DUNS) Number:	
Year Firm Established: 2023	UDBE/SBE/MSVWBE Certification Number:: DBE: D2F0028657, SBE: 21346634 WBE: W2F0028657	NAICS Code & Code Name: 541330	
Proposed Project Manager: Whitney Ciani		Email: wciani@CHEgeotech.com	
Financial Contact: Mikayla Hatch		Email: mhatch@chegeotech.com	

Firm Type:

- Sole Proprietor
 Partnership
 C – Corp.
 Limited Partnership
 Subchapter S Corp.
 Limited Liability Company

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba’s – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm’s legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

Unified Business Identifier (UBI) Number: Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at www.dor.wa.gov.

Statewide Vendor (SWV) Number: The Statewide Vendor (SWV) Number is **REQUIRED** for vendors to receive payments. If your firm doesn’t already have an SWV number, your firm will be required to acquire a SWV number prior to execution of an agreement. Please contact WSDOT TRAINS Help Desk at 360-705-7514 for assistance.

FYE Date: Your firm’s fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm’s certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women’s Business Enterprises web site at www.omwbe.wa.gov.

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Consultant Information Form

Firm Name: Emerio Design, LLC		FYE Date: 12/31	Number of Employees: 84
Address: 6445 SW Fallbrook Place, Suite 100			
City: Beaverton	State: OR	Zip Code: 97008	County: Washington
Phone: 503.746.8812	Fax: 503.639.9592	Company Web Site: www.emeriodesign.com	
Remit to Address: 6445 SW Fallbrook Place, Suite 100			
City: Beaverton	State: OR	Zip Code: 97008	County: Washington
Phone: 503.746.8812	Fax: 503.639.9592		
Statewide Vendor Number (SWV) for Remit to Address: WA SWV 0255414		Federal Tax ID Number or Social Security Number: 20-5131143	
Unified Business Identifier Number (UBI): WA Unified Business ID 602988197 (Since 2018)		Date Universal Numbering System (DUNS) Number: 027442471	
Year Firm Established: 2005	UDBE/SBE/MSVWBE Certification Number:: MBE #M4M002396 DBE #D4M0024617	NAICS Code & Code Name: 541340 CAD/Drafting; 541370 Land Surveying	
Proposed Project Manager: Rafael Gaeta, PE		Email: rafael@emeriodesign.com	
Financial Contact: Bonnie Crawford		Email: bonniec@emeriodesign.com	

Firm Type:

- Sole Proprietor
 Partnership
 C – Corp.
 Limited Partnership
 Subchapter S Corp.
 Limited Liability Company

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba’s – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm’s legal name.

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It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: WSDOT Engineering Geology & Rock-Rockfall Geotechnical Project

I hereby certify, on behalf of the firm identified below, as follows (check one):

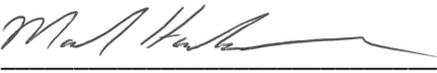
NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Jacobs Associates (dba Delve Underground)
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Mark Havekost, PE
Print Name of person making certifications for firm

Title: Principal | Regional Manager
Title of person signing certificate

Place: Seattle, WA
Print city and state where signed

Date: 12/1/2023

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportation is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: WSDOT Engineering Geology & Rock-Rockfall Geotechnical Project

I hereby certify, on behalf of the firm identified below, as follows (check one):

NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: WALLACE TECHNICAL BLASTING, INC.
Name of Contractor/Bidder – Print full legal entity name of firm

By: [Signature]
Signature of authorized person

WALLACE JERRY
Print Name of person making certifications for firm

Title: PRESIDENT
Title of person signing certificate

Place: WOODLAND, WA
Print city and state where signed

Date: 11/28/2023

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

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Solicitation Title: WSDOT Engineering Geology & Rockfall Geotechnical Project

I hereby certify, on behalf of the firm identified below, as follows (check one):

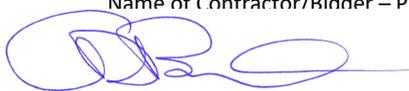
NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: SubTerra, Inc.
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Chris D. Breeds
Print Name of person making certifications for firm

Title: President
Title of person signing certificate

Place: North Bend, WA
Print city and state where signed

Date: Nov 28, 2023

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: 2023 Engineering Geology & Rock-Rockfall
Geotechnical Project

I hereby certify, on behalf of the firm identified below, as follows (check one):

NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Ciani & Hatch Engineering PLLC
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Whitney Ciani
Print Name of person making certifications for firm

Title: President
Title of person signing certificate

Place: Boise, ID
Print city and state where signed

Date: 11/16/2023

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: Engineering Geology & Rock/Rockfall Geotechnical Project Delivery

I hereby certify, on behalf of the firm identified below, as follows (check one):

NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Emerio Design, LLC
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Neil Fernando
Print Name of person making certifications for firm

Title: owner
Title of person signing certificate

Place: Beaverton, OR
Print city and state where signed

Date: 11/28/2023

DELVE
underground