

BID BOND

Conforms with The American Institute of Architects, A.I.A. Document No. A-310

KNOW ALL BY THESE PRESENTS, That we, Select Demo Services, LLC

270 Murphy Road, Bldg. 2, Hartford, Connecticut 06114

_____ as Principal, hereinafter called the Principal,
and the Liberty Mutual Insurance Company

of 175 Berkeley Street, Boston, MA 02116

_____, a corporation duly organized under
the laws of the State of Massachusetts, as Surety, hereinafter called the Surety, are held and firmly bound unto

Ledyard Public Schools, 4 Blonders Blvd., Ledyard, CT 06339 as Obligee, hereinafter called the Obligee,

in the sum of 10% of Bid Amount

Dollars (\$ 10% of Bid Amount) , for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for LPS-2020-1 Ledyard High School-Asbestos Abatement

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 27th day of February, 2020

[Signature]
Witness

Select Demo Services, LLC (Seal)
Ronald Vertanice Principal
Title

[Signature]
Witness

Liberty Mutual Insurance Company
By [Signature]
Donna M. Robie Attorney-in-Fact



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8197951-969079

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Frank J. Smith; Ellen J. Young; Christina D. Hickey; Donna M. Robie

all of the city of Natick state of MA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 12th day of November, 2018.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 12th day of November, 2018 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 27th day of February, 2020.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

TOWN OF LEDYARD, CONNECTICUT

PROPOSAL FORM

LEDYARD HIGH SCHOOL ASBESTOS ABATEMENT

PROPOSAL #LPS-2020-1 –BID PROPOSAL

PROPOSER'S FULL LEGAL NAME:

Select Demo Services, LLC

Pursuant to and in full compliance with the RFP, the undersigned proposer, having visited the site or property if applicable, and having thoroughly examined each and every document comprising the RFP, including any addenda, hereby offers and agrees as follows:

To provide the products and/or services specified in, and upon the terms and conditions of, the RFP for the total sum of Two Hundred Seventy Three Thousand- Six hundred Dollars /100 Dollars (write out in words) (\$ 273,600.00).

ACKNOWLEDGEMENT

In submitting this Proposal Form, the undersigned proposer acknowledges that the price(s) include all labor, materials, transportation, hauling, overhead, fees and insurances, bonds or letters of credit, profit, security, permits and licenses, and all other costs to cover the completed work called for in the RFP. Except as otherwise expressly stated in the RFP, no additional payment of any kind will be made for work accomplished under the price(s) as proposed.

REQUIRED DISCLOSURES

1. Exceptions to or Modifications or Clarifications of the RFP

2.

X This proposal does not take exception to or seek to modify or clarify any requirement of the RFP, including but not only any of the Contract Terms set forth in Section 26 of the Standard Instructions to Proposers.

OR

_____ This proposal takes exception(s) to or seeks to modify or clarify certain of the RFP requirements, including but not only the following Contract Terms set forth in Section 26 of the Standard Instructions to

Town of Ledyard



Cost of Trash Removal at the entrances of the boiler room \$9,913.00
Includes disposal

Proposers. **Attached is a sheet fully describing each such exception.**

2. State Debarment List

Is the proposer on the State of Connecticut's Debarment List?

Yes
 No

3. Occupational Safety and Health Law Violations

Has the proposer or any firm, corporation, partnership or association in which it has an interest (1) been cited for three (3) or more willful or serious violations of any occupational safety and health act or of any standard, order or regulation promulgated pursuant to such act, during the three-year period preceding the proposal (provided such violations were cited in accordance with the provisions of any state occupational safety and health act or the Occupational Safety and Health Act of 1970, and not abated within the time fixed by the citation and such citation has not been set aside following appeal to the appropriate agency or court having jurisdiction) or (2) received one or more criminal convictions related to the injury or death of any employee in the three-year period preceding the proposal?

Yes
 No

If "yes," attach a sheet fully describing each such matter.

4. Arbitration/Litigation

Has either the proposer or any of its principals (regardless of place of employment) been involved for the most recent ten (10) years in any pending or resolved arbitration or litigation?

Yes
 No

If "yes," attach a sheet fully describing each such matter.

5. Criminal Proceedings

Has the proposer or any of its principals (regardless of place of employment) ever been the subject of any criminal proceedings?

Yes
 No

Town of Ledyard

If "yes," attach a sheet fully describing each such matter.

6. Ethics and Offenses in Public Projects or Contracts

Has either the proposer or any of its principals (regardless of place of employment) ever been found to have violated any state or local ethics law, regulation, ordinance, code, policy or standard, or to have committed any other offense arising out of the submission of proposals or bids or the performance of work on public works projects or contracts?

 Yes
 X No

If "yes," attach a sheet fully describing each such matter.

PROPOSAL (BID) SECURITY

I/we have included herein the required certified check or proposal (bid) bond in the amount of 10% of the proposal amount.

NOTE: THIS DOCUMENT, IN ORDER TO BE CONSIDERED A VALID PROPOSAL, MUST BE SIGNED BY A PRINCIPAL OFFICER OR OWNER OF THE BUSINESS ENTITY THAT IS SUBMITTING THE PROPOSAL. SUCH SIGNATURE CONSTITUTES THE PROPOSER'S REPRESENTATIONS THAT IT HAS READ, UNDERSTOOD AND FULLY ACCEPTED EACH AND EVERY PROVISION OF EACH DOCUMENT COMPROMISING THE RFP, UNLESS AN EXCEPTION IS DESCRIBED ABOVE.

BY Select Demo Services LLC
TITLE: Project Manager

Ronald Nastasia
(PRINT NAME)

Ronald Nastasia
(SIGNATURE)

DATE: 2/27/2020

END OF BASE BID PROPOSAL FORM

TOWN OF LEDYARD, CONNECTICUT

PROPOSER'S LEGAL STATUS DISCLOSURE

Please fully complete the applicable section below, attaching a separate sheet if you need additional space.

For purposes of this disclosure, "permanent place of business" means an office continuously maintained, occupied and used by the proposer's regular employees regularly in attendance to carry on the proposer's business in the proposer's own name. An office maintained, occupied and used by a proposer only for the duration of a contract will not be considered a permanent place of business. An office maintained, occupied and used by a person affiliated with a proposer will not be considered a permanent place of business of the proposer.

IF A SOLELY OWNED BUSINESS:

Proposer's Full Legal Name N/A

Street Address _____

Mailing Address (if different from Street Address) _____

Owner's Full Legal Name _____

Number of years engaged in business under sole proprietor or trade name _____

Does the proposer have a "permanent place of business" in Connecticut, as defined above?

_____ Yes _____ No

If yes, please state the full street address (not a post office box) of that "permanent place of business."

IF A CORPORATION:

Proposer's Full Legal Name N/A

Street Address _____

Mailing Address (if different from Street Address) _____

Owner's Full Legal Name _____

Number of years engaged in business _____

Names of Current Officers

President Secretary Chief Financial Officer

Does the proposer have a "permanent place of business" in Connecticut, as defined above?

_____ Yes _____ No

If yes, please state the full street address (not a post office box) of that "permanent place of business."

-

IF A LIMITED LIABILITY COMPANY:

Proposer's Full Legal Name Select Demo Services, LLC

Street Address 40 Lowell Road, Bldg 2, Salem, NH

Mailing Address (if different from Street Address) _____

Owner's Full Legal Name Ryan Denver

Number of years engaged in business 15

Names of Current Manager(s) and Member(s)

 Jason Hicks, General Manager 270 Murphy Road
Name & Title (if any) Residential Address (street only)

 Srjdan Milicevic, Vice President CT 40 Lowell Road
Name & Title (if any) Residential Address (street only)

 Mike White, Operations Manager 40 Lowell Road
Name & Title (if any) Residential Address (street only)

Name & Title (if any) Residential Address (street only)

Name & Title (if any) Residential Address (street only)

Does the proposer have a "permanent place of business" in Connecticut, as defined above?

 X Yes _____ No

If yes, please state the full street address (not a post office box) of that "permanent place of business."

 270 Murphy Road, Bldg 2, Hartford, CT 06114

IF A PARTNERSHIP:

Proposer's Full Legal Name N/A

Street Address _____

Mailing Address (if different from Street Address) _____

Owner's Full Legal Name _____

Number of years engaged in business _____

Names of Current Partners

Name & Title (if any) Residential Address (street only)

Name & Title (if any) Residential Address (street only)

Name & Title (if any) Residential Address (street only)

Name & Title (if any) Residential Address (street only)

Does the proposer have a "permanent place of business" in Connecticut, as defined above?

_____ Yes _____ No

If yes, please state the full street address (not a post office box) of that "permanent place of business."

Proposer's Full Legal Name

(print)
Name and Title of Proposer's Authorized Representative

(signature)
Proposer's Representative, Duly Authorized

Date

Town of Ledyard

TOWN OF LEDYARD, CONNECTICUT

Ledyard High School Asbestos Abatement

PROPOSAL LPS-2020-1

HOLD HARMLESS AGREEMENT

Contractor/organization agrees that it will indemnify and hold harmless the Ledyard Board of Education its respective officers, agents and employees from any loss, costs, damages, expenses, judgments and liability whatsoever kind or nature howsoever the same may be caused resulting directly or indirectly by any act or omission of the contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable resulting in bodily injury including sickness and death, personal injury or damage to property directly or indirectly, including the loss of use resulting there from as permitted by law unless and to the extent caused by the Ledyard Board of Education's willful acts.

I/we understand the conditions set forth within this instrument and agree to provide the required certification and will hold the Ledyard Board of Education harmless as outlined in the above statement.

CONTRACTOR/ORGANIZATION NAME

Select Demo Services, LLC

AUTHORIZED SIGNATURE

Ronald Nastasia

PRINTED NAME

Ronald Nastasia

AUTHORIZED SIGNATURE

PRINTED NAME

DATE

2/27/2020

END OF LEGAL STATUS DISCLOSURE FORM

Town of Ledyard

TOWN OF LEDYARD, CONNECTICUT

Ledyard High School Asbestos Abatement

PROPOSER'S CERTIFICATION

**Concerning Equal Employment Opportunities
And Affirmative Action Policy**

I/we, the proposer, certify that:

- 1) I/we are in compliance with the equal opportunity clause as set forth in Connecticut state law (Executive Order No. Three, <http://www.cslib.org/xeorder3.htm>).
- 2) I/we do not maintain segregated facilities.
- 3) I/we have filed all required employer's information reports.
- 4) I/we have developed and maintain written affirmative action programs.
- 5) I/we list job openings with federal and state employment services.
- 6) I/we attempt to employ and advance in employment qualified handicapped individuals.
- 7) I/we are in compliance with the Americans with Disabilities Act.
- 8) I/we (check one):
 have an Affirmative Action Program, or
 employ 10 people or fewer.

Select Demo Services, LLC

Legal Name of Proposer

Ronald Nastasia

(Signature)

Proposer's Representative, Duly Authorized

Ronald Nastasia

Name of Proposer's Authorized
Representative

Project Manager

Title of Proposer's Authorized Representative

2/27/2020

Date

Town of Ledyard

TOWN OF LEDYARD, CONNECTICUT

PROPOSER'S NON COLLUSION AFFIDAVIT

PROPOSAL FOR: *Ledyard High School Asbestos Abatement Services*

PROPOSAL NUMBER: *LPS-2020-1*

The undersigned proposer, having fully informed himself/herself/itself regarding the accuracy of the statements made herein, certifies that:

- (1) the proposal is genuine; it is not a collusive or sham proposal;
- (2) the proposer developed the proposal independently and submitted it without collusion with, and without any agreement, understanding, communication or planned common course of action with, any other person or entity designed to limit independent competition;
- (3) the proposer, its employees and agents have not communicated the contents of the proposal to any person not an employee or agent of the proposer and will not communicate the proposal to any such person prior to the official opening of the proposal; and
- (4) no elected or appointed official or other officer or employee of the Town of Ledyard is directly or indirectly interested in the proposer's proposal, or in the supplies, materials, equipment, work or labor to which it relates, or in any of the profits thereof.

The undersigned proposer further certifies that this affidavit is executed for the purpose of inducing the Town of Ledyard to consider its proposal and make an award in accordance therewith.

Select Demo Services, LLC

Legal Name of Proposer

Donald Nastasia

(signature)

Proposer's Representative, Duly Authorized

Ronald Nastasia

Name of Proposer's Authorized Representative

Project Manager

Title of Proposer's Authorized Representative

2/27/2020

Date

Subscribed and sworn to before me this *27th* day of *February*, 20*20*.

April D. Miller

Notary Public

My Commission Expires: *November 30, 2024*



Town of Ledyard

STATE OF CONNECTICUT BIDDER QUALIFICATION STATEMENT

SECTION 00 45 14
GENERAL CONTRACTOR'S
BIDDER QUALIFICATION STATEMENT

GENERAL CONTRACTOR
BIDDER'S QUALIFICATION STATEMENT

All bidders are required to file this form, properly completed, WITH THEIR PROPOSAL. Failure of a bidder to answer any question or provide required information may be grounds for the awarding authority to disqualify and reject the bid. If a question or request for information does not pertain to your organization in any way, use the symbol "NA" (Not Applicable). Use additional 8 1/2 x 11" sheets with your letterhead as necessary.

THE DEPARTMENT RESERVES THE RIGHT TO REQUEST ANY ADDITIONAL OR SUPPLEMENTAL INFORMATION NECESSARY TO COMPLETE ITS EVALUATION OF A BIDDER'S QUALIFICATION.

1. Indicate exactly the name by which this organization is known:

Name: Select Demo Services, LLC

2. How many years has this organization been in business under its present business name?

Years 15

3. How many years has this organization been in business as a General Contractor?

Years: 15

4. Indicate all other names by which this organization has been known and the length of time known by

each name: N/A

4.1 _____

4.2 _____

4.3 _____

5. This firm is a:

Corporation _____

Partnership _____

Sole Proprietorship _____

Joint Venture _____

Other X LLC

TOWN OF LEDYARD, CONNECTICUT

PROPOSAL #LPS-2020-1
LEDYARD PUBLIC SCHOOLS

PROPOSER'S STATEMENT OF REFERENCES

Provide at least three (3) references of projects comparable in scope:

1. BUSINESS NAME See attached
ADDRESS _____
CITY, STATE _____
TELEPHONE: _____
INDIVIDUAL CONTACT NAME AND POSITION _____

2. BUSINESS NAME See Attached
ADDRESS _____
CITY, STATE _____
TELEPHONE: _____
INDIVIDUAL CONTACT NAME AND POSITION _____

3. BUSINESS NAME See attached
ADDRESS _____
CITY, STATE _____
TELEPHONE _____
INDIVIDUAL CONTACT NAME AND POSITION _____

END OF STATEMENT OF REFERENCES

SECTION 00 45 14
GENERAL CONTRACTOR'S
BIDDER QUALIFICATION STATEMENT

PAGE 2 OF 5

6. Attach resumes of all supervisory personnel, such as Principals, Project Managers, and Superintendents, and Construction Scheduler (see Section 01 32 16 or 01 32 16.13 of the General Requirements, as applicable) who will be directly involved with the project on which you are now a bidder. Indicate their construction related training, certifications and licenses and the number of years of actual construction experience. Indicate the number of years of this actual construction experience which were in a Supervisory capacity. *See attached*

7. List all sub-trades, which your firm customarily performs with own employees:

7.1 KMK Insulation

7.2 IAT Logistics, LLC

7.3 _____

7.4 _____

7.5 _____

8. All Construction Projects your organization has in process (attach separate sheets using the following format as necessary):

8.1 Specific Title & Location: See attached

8.2 Contract Amount: _____

8.3 Description of your scope of work performed: _____

8.4 Owners Representative _____

(Name) _____ Telephone Number _____

9. Has your organization ever failed to complete a contract, or has any officer or partner of your organization ever been an officer or partner of another organization that failed to complete a contract?

NO

YES

If yes, indicate the circumstances leading to the project failure and the name of the company which provided the bonding for the failed contract(s):

CT DCS • 6000 - Bid Phase Forms- 09.01.141 PROJECT NO.: LPS-2020-1

Town of Ledyard

SECTION 00 45 14
GENERAL CONTRACTOR'S
BIDDER QUALIFICATION STATEMENT

PAGE 3 OF 5

10. Has your organization ever had a contract terminated?

NO

YES

If yes indicate the circumstances leading to the project termination of contract(s):

11. Has your organization had any legal or administrative proceedings against the organization, or any officers, principals, partners, members, or employees of the organization currently pending or concluded adversely within the last five years, and any judicial or administrative sanctions that are still in effect against such organization, and any of its officers, principals, partners, members, or employees? (Exclude OSHA violations which are called for elsewhere in this statement.)

NO

YES

If yes, list and explain:

12. Has your organization had any disbarments or suspensions that have been imposed in the past five years or that was still in effect during the five year period or is still in effect?

NO

YES

If yes, list and explain; such list must include disbarments and suspensions of officers, principals, partners, members, and employees of your organization:

13. Has your organization had any other reason that precludes your organization or any officer, principal, partner, member, or employees thereof from bidding on a contract in Connecticut or any other jurisdiction?

NO

YES

If yes, list and explain:

CT DCS - 6000 - Bid Phase Forms- 09.01.11 PROJECT NO.: LPS-2020-1

Town of Ledyard

**SECTION 00 45 14
GENERAL CONTRACTOR'S
BIDDER QUALIFICATION STATEMENT**

PAGE 4 OF 5

14. Has your organization had any willful or serious violations of any Occupational Safety and Health Act (OSHA) or of any standard, order or regulation promulgated pursuant to such act, during the three-year period preceding the bid, provided such violations were cited in accordance with the provisions of any State Occupational Safety and Health Act or Occupational Safety and Health Act of 1970?

NO

YES

If yes, list and explain; indicate whether these were abated within the time fixed by the citation or whether the citation was appealed. If appealed, what is the status or disposition?

See attached

15. Has your organization had any criminal convictions related to the injury or death of any employee in the three year period preceding the bid?

NO

YES

If yes, list and explain any such convictions:

16. Have there been any changes in your company's financial condition or business organization, which might affect your company's ability to successfully complete this contract?

NO

YES

If yes, list and explain:

CT DCS - 6000 - Bid Phase Forms- 09.01.11 PROJECT NO.: LPS-2020-1

Town of Ledyard

SECTION 00 45 14
GENERAL CONTRACTOR'S
BIDDER QUALIFICATION STATEMENT

PAGE 5 OF 5

Dated at Hartford, CT

Signed this 27th day of February 20 20

Name of Organization:

Select Demo Services, LLC

270 Murphy Road, Bldg 2

Hartford, CT 06114

Signature *Ronald Nastasia*
(Print Name) Ronald Nastasia

Notary Statement:

Mr./Mrs./Ms. Ronald Nastasia being duly sworn

Deposes and says that he/she is the Project Manager
of

Select Demo Services, LLC (Position or Title)

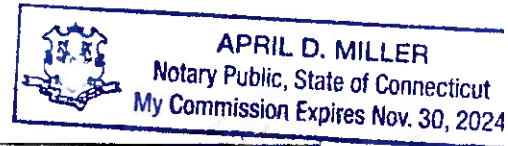
and that the answers to the
Foregoing

(Firm Name)

Questions and all statements therein contained are true and correct.

Notary Public April D. Miller

My Commission Expires November 30, 20 24



END OF SECTION

CT DCS • 6000 - Bid Phase Forms- 09.01.11 PROJECT NO.: LPS-2020-1

Town of Ledyard

STATE OF CONNECTICUT
Contractor Verification
(in accordance with Public Act 16-67)

Directions to Contractor: Connecticut law requires that any contractor applying or bidding for a contract (including individuals who are independent contractors) with a local or regional board of education, a governing council of a state or local charter school, or interdistrict magnet school operator require any employee with the contractor who would be in a position involving direct student contact to supply the contractor with the information provided in this form. Information may be collected either through a written communication or telephonically.

In addition, pursuant to Connecticut General Statutes (C.G.S.) § 10-233c, the contractor is required to contact – either telephonically or through written communication – any current or former employer of an employee if such employer was a local or regional board of education, a governing council of a state or local charter school, or interdistrict magnet school operator or if the employment caused the employee to have contact with children, to request any information concerning whether there was a finding of abuse or neglect or sexual misconduct against the employee. If the contractor receives any information indicating such a finding, or otherwise has knowledge of such a condition, the contractor must immediately forward such information to any local or regional board of education with which the contractor is under contract.

Directions to Employee of Contractor: Pursuant to Connecticut state law, employees of a contractor who would be in a position involving direct student contact must supply all of the information provided in Section 2 of this form.

Section 1 – To be completed by Contractor

Name	<i>Select Demo Services, LLC</i>
Street address	<i>270 Murphy Road, Bldg 2</i>
City, State, Zip Code	<i>Hartford, CT 06114</i>
Contact person	<i>Ronald Nastasia</i>
Telephone number email address	<i>508-579-1104</i>

(3) References of Projects

Project	Contract Value	General Contractor	Client Contact	Client Contact Number	Owner	Start Date	Completion Date	Prime/Sub	City	State
<p>Harvard University Hillis Library Cinema Renovations, Cambridge, MA</p> <p>Asbestos abatement of VAT/mastic, pipe insulation acoustical tiles used for soundproofing with associated glue daubs. Scope also includes PCB remediation of caulking and duct sealant.</p>	\$ 194,187	Wise Construction	Andrew Lynch, Wise Construction	781-721-1100	Harvard University	Aug-19	Nov-19	Subcontractor	Cambridge	MA
<p>281 Summer Street, Boston, MA</p> <p>Asbestos abatement of asbestos-containing paper under subfloor and walk-in cooler. Scope also included selective demolition of interior walls.</p>	\$ 100,000	CBRE	Gary Gobbi, CBRE	617-912-7000	CBRE	Aug-19	Aug-19	Subcontractor	Boston	MA
<p>NISource/Columbia Gas, Lawrence, MA Gas Explosion Clean-up</p> <p>Project originally consisted of the removal of gas appliance, but GC and Owner were overly impressed SDS, so they increased scope to: asbestos abatement of 7,500+ houses; removal of underground ACM transite pipe; delivery of new equipment; chimney cleaning; and general clean-up. At the height of the project, SDS was running 200+ of their own laborers each day, 7 days per week during daylight hours. SDS' custom tracking system "Select Application Form" was so effective in tracking such a labor-intensive project with a multitude of moving parts, it became the primary source for NISource and insurance adjusters to ensure accuracy of resident restoration and claims.</p>	\$ 19,000,000	Gilbane Building Co	Meredith Whalen, Gilbane	617-478-3376	Gilbane Building Co.	Oct-18	Dec-18	Subcontractor	Lawrence	MA

Sample Listing of Current Select Demo Projects

Project	Contract Value	General Contractor	Client Contact	Client Contact Number	Owner	Start Date	Completion Date
Archer Donahue, Boston, MA Structural demolition, selective interior demolition (complete gut), PCB remediation and asbestos abatement of this 6-story, 150,000 SF former Suffolk University property. Scope also included facade removal and the erection of an extensive shading system. SDS removed the entire penthouse structure and created all structural openings for new elevators, stairwell chases, auditorium balconies and stage area. Asbestos abatement included the removal of 100,000 SF of VAI/mastic and 180,000 SF of ACM plaster PCB 5.	\$ 7,930,165	Consigli Construction Co.	Christopher Candelio, Consigli	508-473-2560	JDM, LLC	Sep-17	Feb-20
Miller River Apartments, Cambridge, MA Complete take-down and asbestos abatement of a 20,000 SF community center. Scope also includes asbestos abatement, PCB remediation of window caulking/glazing, full interior gut and facade restoration of this Cambridge Housing Authority's 22-story, 300,000 SF housing development.	\$ 6,000,000	Consigli Construction Co.	Joe Napolitano, Consigli	508-473-2560	Cambridge Housing Authority	Jan-19	Dec-21
The Jackson Laboratory, Bldg. 250, Phase 2 Expansion, Ellsworth, ME Selective interior demolition throughout a partially occupied active research lab facility. Demolition will be performed "dust free."	\$ 700,000	The Whiting Turner Contracting Co	Kyle Wickstrom, Whiting Turner	207-745-0442	EYO, Inc	Feb-19	Feb-20
Johnson & Johnson, Raynham, MA Selective interior demolition of 100,000 SF of lab and office space. Scope consists of the removal of ceilings, cubicals, carpets, etc... Work is being performed over multiple phases. Select also is performing the concrete filling of old MEP core holes.	\$ 1,000,000	Gilbane Building Co.	Kim Gibson, Gilbane	617-478-3900	Johnson & Johnson	Mar-19	Mar-20
Water Pollution Control Plant, Southington, Ct Phased abatement of assumed PCB and asbestos containing materials, and the demolition of various pumps, valves, MFPs, tank components, and misc. finishes throughout an existing operational waste water treatment plant	\$ 1,160,000	Carlin Contracting Co. Inc.	Bruce Miller, Carlin Contracting Co.	860-460-6130	The Town of Southington Ct	Mar-19	Mar-20
Kenmore Building 1 - 4th Floor Demolition and Abatement, Boston, MA Building 1 of 9 Buildings that are being demolished/renovated. Scope includes phased select demolition and abatement of the basement through the 4th floor. Project will be performed in two phases to where all floors will be abated except for the 1st floor Post Office which will be performed at a later date	\$ 604,350	Related Beal	Mike Murrow, Related Beal	617-399-9542	Related Beal	Mar-19	Mar-20
Northshore Mall Phase 2 Renovations, Peabody, MA Perimeter Spaces Interior demolition and asbestos abatement of 14 stores and mechanical spaces to allow for Phase II total take-down. Work is being conducted over 2 floors and Select is performing 50,000 SF of interior demolition and abatement - VAI, mastic, roofing, vapor barrier, glue dabs and pipe insulation. A MA DEP issued NTWP will be required for the facade of the police station that will be bulk-loaded during the demolition phase. Roof openings, stairwells take-downs of 3 floors.	\$ 900,000	CM&B	Steve Perry, CM&B	781-246-9400	Mall at Northshore, LLC	Apr-19	Mar-20
Sears Burlington Mall, Burlington, MA Exterior demolition, including the removal of planters, sidewalks, overhangs, loading dock, etc; sawcutting at first floor and removal of brick from exterior of building; selective interior demolition and trenchwork	\$ 1,700,000	Graycor	Brian Rice, Graycor	331-232-9461	Simons Properties	Apr-19	Feb-20
Elevate Bio & Warehouse, Waltham, MA Selective demolition of former post office to make way for new pharmaceutical space. Scope includes elevator removal, stair demolition, mechanical removal and 60+ roof openings	\$ 270,000	The Richmond Group	Pat Murphy, The Richmond Group	617-304-8367	Elevate Bio	May-19	Jul-20
Logan Airport Terminal C Canopy & Upper Deck, Boston, MA Phased selective demolition of non-inside airport areas. Scope includes canopy demolition, pre-cast panel and grade beam removal in Central & West Garage Lots, removal of Departure Level sidewalk jersey barriers and sidewalks, elevator demolition and the reconfiguration in West Garage for new revenue islands.	\$ 1,814,125	SKANSKA	Larry Vagnini, SKANSKA	617-275-6094	Massachusetts Port Authority	May-19	Dec-20
Boston College Cushing Hall, Chestnut Hill, MA Complete take-down and asbestos abatement of this 4-story, 60,000 SF concrete building located in a heavily populated, active college campus. Scope also includes the removal of 800 tons of ACM foundations, which was performed under a MA DEP issued NTWP	\$ 2,000,000	Suffolk Construction Co.	Sean Edwards, Suffolk Construction	617-517-4435	Boston College	Jun-19	Feb-20

Dana Farber Cancer Institute South Shore Cancer Center Renovation, South Weymouth, MA Phased selective demolition with scope including: removal and disposal of GWB partitions, flooring and ceiling finishes, roof systems, curbs, pavers, landscaping, doors and millwork. Disposal of MEPS	\$ 375,000	Gilbane Building Co.	Lynde Callahan	617-478-3300	Dana Farber Cancer Institute	Jun-19	Jun-20
Durfee High School, Fall River, MA Selective interior and exterior demolition of the 100,000 SF field house (gym), including removal of all roofing, asbestos facade, and demolition of all interior finishes and 2nd floor locker room curbs and slabs. Scope also includes the complete demolition of a 400,000 SF cast in place portion of the building including separations at two ends from the parts scheduled to remain. Active school campus and restricted trucking hours	\$ 7,663,300	Suffolk Construction Co.	Sean Edwards, Suffolk Construction	978-804-6231	Fall River Public Schools	Jun-19	Sep-21
Amundi Pioneer, Boston, MA Selective demolition of 80,000 SF of downtown Barton office space over 4 floors including AHU, GWB partitions, doors and frames, millwork, elevator lobby finishes, flooring, etc...	\$ 478,500	Structure Tone	Shawn Carbery, Structure Tone	617-592-1806	Oxford Properties	Jul-19	Nov-20
Cooling Tower, 208 Clarendon Street, Boston, MA Dismantling of asbestos transite panels of rooftop cooling units to allow for the put back of new panels. This project will be performed in 3 separate phases over from 2019 through 2021.	\$ 189,750	Boston Properties	Mike Marta, Boston Properties	617-275-0228	BP Hancock, LLC	Sep-19	Dec-21
UMASS Amherst Central Core, Amherst, MA Sew-cutting and concrete demolition of underground steam line vaults throughout an open courtyard area. Vaults will be exposed by others	\$ 110,700	Bond Brothers	Elio DiBiase, Bond Brothers	617-387-3400	University of Massachusetts	Aug-19	Feb-20
Ascend Dispensary Phase 1 - Core & Shell, Boston, MA Phased interior, structural demolition of stairs, elevators, architectural finishes of this 12,000 SF space over 5 floors. Scope also includes the demolition of a 20 foot chimney and slab cutting	\$ 410,000	Shawmut Design & Construction	Paul Eagles, Shawmut Design & Construction	617-438-7721	Ascend Dispensary	Aug-19	Feb-20
Cigna Wildlife Restack, Bloomfield, CT Asbestos abatement of pipe insulation and duct sealant in various areas of Cigna's 450,000 SF, 3-story headquarters.	\$ 100,000	Bartlett Brainsd Eacott	Bl Diana, BBE	860-218-0495	Cigna	Sep-19	Apr-21
Sanford Converted Elementary School, Sanford, ME Interior, selective demolition of this 100,000 SF, 2-story school. Scope includes removal of slab for underground plumbing and relaying of slab	\$ 240,000	Structure Tone	Tom Roy, Structure Tone	603-998-3341	Town of Sanford, ME	Aug-19	Mar-20
Wayfair, Boston, MA Interior demolition of 157,000 SF over 6 floors. Scope includes complete interior gut of space, as well as interstitial stair openings	\$ 800,000	Columbia Construction	Ian Manderfink, Columbia Construction	978-664-9500	Wayfair	Sep-19	Feb-20
Eversource, Waltham, MA Trenching and installation of ductbanks throughout Eversource Site, including backfill and patching of asphalt. Excavating around foundations inside the building to expose grade beams. Creating openings in grade beams to allow for foundation reinforcement	\$ 233,787	Standard Builders	Kevin Schmitz, Standard Builders	850-594-7143	Eversource	Sep-19	Jan-20
The Foundry Building, Cambridge, MA Removal of 3 levels and 60,000 SF of structural slabs while preserving the brick exterior envelope; partial take down of 2-story, 2,000 SF structure; removal of exterior facade; protection of adjacent critical Verizon equipment; removal, protection and preservation of historic mono-truss; utility cut and cap (water, gas, electric); asbestos abatement of 23,000 SF of ACM roofing	\$ 1,400,000	WT Rich Co., Inc.	Evan Moore, WT Rich Co.	617-467-6010	City of Cambridge	Oct-19	Oct-20



Ryan Denver
President

Professional Experience

Select Demo Services, LLC, Salem, NH, 2004 – Present

President

Develops and implements high-level strategies, makes major corporate decisions, manages the overall operations and resources of the company and demonstrates safety leadership. Provides management and guidance to advance the company's position in the industry. Oversees all field operations to ensure projects are being performed safely, within budget and within the schedule promised. Develops strategies and tactics to increase revenue, profitability and organizational growth. Oversees corporate operations to ensure efficiency, quality and customer service. Evaluates performance of management for compliance with corporate policy, procedures and objectives. Reviews project bids and associated costs with Estimators and Project Managers. Formulates the company's strategic planning to achieve the objectives of the business plan with the aim of maximizing return and minimizing risk for the company. Acts as an innovative leader in marketing and operations, corporate growth strategies and positioning company to excel in its marketplace.

Notable Projects

NiSource/Columbia Gas Explosion, Lawrence, MA

Project Value: \$19 million

Project originally consisted of the removal of gas appliance, but scope soon increased to: asbestos abatement of 7,500+ houses; removal of underground ACM transite pipe; delivery of new equipment; chimney cleaning; and general clean-up. At the height of the project, SDS ran 200+ of their own laborers each day, 7 days per week during daylight hours.

Harvard University Lowell House, Cambridge, MA

Project Value: \$13.2 million

Interior, selective demolition (complete gut) and asbestos abatement of 200,000 SF dormitory on an active college campus. Scope also included structural, interior demolition, PCB remediation and T&D of construction waste. SDS ran 150+ laborers per day to meet the highly aggressive schedule.

Chelsea Creek Headworks, Chelsea, MA

Project Value: \$9 million

Abrasive blast removal of PCB paint from various surfaces of an active MWRA wastewater treatment plant. All work was performed in air and leak tight negative pressure containments. Scope also included selective, interior demolition, asbestos abatement and concrete surface preparation.

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Ryan Denver
President

Notable Projects

77 A Street, Needham, MA

Project Value: \$3.4 million

Selective and structural interior demolition (complete gut) of 240,000 SF former General Dynamics RND Facility. Scope also included the asbestos abatement of entire mechanical system, saw-cutting and T&D of construction waste.

200 Sidney Street/40 Erie Street, Cambridge, MA

Project Value: \$3.1 million

Selective and structural demolition (complete gut) of a 200,000 SF lab space. Scope also included the asbestos abatement of building's mechanical system, lead paint removal and T&D of construction waste.

St. Gabriel's Church & Monastery Renovation, Brighton, MA

Project Value: \$2.6 million

Complete take-down of 75,000 Sf, 5-story masonry building and selective, structural interior demolition of wood-framed 35,000 SF monastery and 14,000 SF historical church. Scope also included asbestos abatement of all 3 buildings and a complex building separation. Select engineered a structural bracing plan to safely dismantle failing roof truss system.

Price, Waterhouse Coopers, 125 High Street, Boston, MA

Project Value: \$2.2 million

Structural, selective interior demolition (complete gut) and asbestos abatement of 12 floors in an occupied office building in Downtown Boston. Fast-tracked schedule in which Select worked around multiple trades.

Belmont High School, Belmont, MA

Project Value: \$2 million

Asbestos abatement, selective demolition, building separation and structural demolition at the existing 267,000 SF Belmont High School for phase 1 enabling work to make way for the new high school and middle school. Scope also included protecting the pool and demolishing the structure around it.

Hyatt Centric Hotel, Boston, MA

Project Value: \$1.9 million

Selective and structural demolition (complete gut) of this 240,000 SF commercial building to make way for a new hotel. Scope also included saw-cutting, slab removal, façade removal, asbestos abatement and T&D of construction waste.

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Srdjan Milicevic
Vice President

**Professional
Experience**

Select Demo Services, LLC, Salem, NH, 2019 - present

Vice President

Oversees and manages entire Connecticut Division. Estimates, project manages and provides leadership and oversight for day-to-day operations on all large, complex demolition and environmental remediation projects throughout the New England Region. Works with the Operations Department to ensure projects perform efficiently, under budget, safely and on time. Leads multiple project teams and projects operationally in each phase including pre-construction, abatement, demolition close-out, and post-construction services. Ensures demolition/abatement progress per the schedule. Adheres to budgetary guidelines, quality, and safety standards. Understands contract requirements and manages project team resources accordingly. Provides project planning, budgeting, and identifying resources needed. Manages teams, resources and develops clear objectives/goals for each individual. Builds and manages long term relationships and partnerships with key and target clients to generate leads and increase odds of receiving repeat business.

NASDI, LLC, Woburn, MA, 2011 - 2019

Vice President of Project Management & Estimating (2017 – 2019)

Provided operations oversight and direction in the following areas: client maintenance, estimating, project management, procedural and process issues, financial and reporting processes, subcontractor performance, manpower, constructability and technical issues, legal and liability issues and risk analysis and mitigation. Reviewed the performance of all operations and made recommendations to ownership regarding staffing, developmental needs, position evaluations, and compensation. Performed monthly project reviews with Project Managers with respect to project schedules, safety, administration, and profitability. Built effective relationships with customers, design teams, specialty contractors, suppliers, and user groups that reflected and supported company core values and met or exceeded the customer's expectations.

Chief Estimator/Senior Project Executive (2014 – 2017)

Oversaw and assigned responsibilities to entire estimating department. Prepared estimates and proposals for technically difficult and complex structural and interior demolition and environmental remediation projects. Identified risk issues and their order of magnitude on all estimates. Analyzed alternate means and methods to determine the most economic alternative with respect to job productivity. Trained and developed estimators while providing leadership and guidance to advance them within the organization. Oversaw and responsible for the management of all projects, with a focus on profit and loss responsibility.

Senior Estimator/Senior Project Manager (2011 – 2014)

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Srdjan Milicevic
Vice President

Professional Experience

Ostrander Corp., Somerville, MA, Jan. 2005 – Sept. 2011
Project Manager/Site Superintendent

Education

University of Massachusetts Boston – Master of Business Administration, 2011
Wentworth Institute of Technology – BS in Architectural Engineering, 2006

Notable Projects

Emerson College Little Building, Boston, MA

Project Value: \$19 million

Demolition, asbestos abatement and hazardous waste removal. Project entailed dismantling of a 50,000 SF portion of the 250,000 SF building, cutting openings and removing façade. Interior elements and finishes were asbestos-contaminated. Removal of PCB exterior window caulking and staging of the entire building.

Logan Airport Hangar 16, East Boston, MA

Project Value: \$8.3 million

Building demolition, asbestos abatement, hazardous waste remediation, PCB remediation and site restoration of an 80,000 SF hangar and a 40,000 SF of offices. The project also involved soil remediation involving PCB-impacted subsurface fill beneath hangar slab due to historical site use.

BMC Durfee High School, Fall River, MA

Project Value: \$7.6 million

Selective interior and exterior demolition of the 100,000 SF field house, including removal of all roofing, asbestos façade, and demolition of all interior finishes and 2nd floor locker room curbs and slabs. Scope also includes the complete demolition of a 400,000 SF cast in place portion of the building including separations at two ends from the parts scheduled to remain.

FM Global Northwoods, Johnston, RI

Project Value: \$6 million

Complete gut-out of 330,000 SF existing building. Scope included interior, selective demolition, asbestos abatement, universal waste removal, PCB remediation, demolition of 19 AHU units, saw-cutting, removal of pre-cast sun shade beams and removal of exterior precast trim.

Harvard University Standish Hall, Cambridge, MA

Project Value: \$5 million

Selective demolition and asbestos abatement of 77,000 SF college dormitory on an active college campus. This highly aggressive schedule was performed utilizing 2 shifts and running 100 men per day.

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Srdjan Milicevic
Vice President

Notable Projects

Lemuel Shattuck Hospital, Jamaica Plain, MA

Project Value: \$4 million

Demolition, interior abatement, hazardous material waste removal, PCB remediation of window caulking, backfilling the foundation footprint and the widening of an existing roadway. The 11-story, 100,000 SF and 2-story, 7,000 SF building demolition consisted of isolating all utilities migrating from the main hospital with no interruptions to the active hospital, installing tunnel bulkhead walls and the thorough separation of the entire brick façade, including the concrete masonry units, as asbestos containing material waste stream.

MIT Bldg. E-52, Cambridge, MA

Project Value: \$3 million

Selective demolition and asbestos abatement of 135,000 SF building located in heavily populated area of Kendall Square. Scope also included the removal of all finishes, the mechanical penthouse and the complete removal of the concrete roof structure (slab, beams, columns).

Salem Probate & Family Court, Salem, MA

Project Value: \$2.7 million

Partial take-down of a 30,000 SF wing, selective demolition of a 60,000 SF building, removal of caissons, asbestos abatement and universal waste removal. Scope also included removal of RCRA plaster, PCB abatement, cuts/caps, temporary pedestrian walkway, fencing, jersey barriers and erosion control.

Boston College St. Thomas More Hall, Brighton, MA

Project Value: \$2 million

Complete abatement and demolition of a 65,000 SF college office building. Scope also included removal of over 2,000 tons of ACM-coated foundations, friable asbestos in the North Wing bottom slab that required exterior containments once the upper slab and portions of the building were removed

Boston College Cushing Hall, Chestnut Hill, MA

Project Value: \$2 million

Complete take-down and asbestos abatement of a 4-story, 60,000 SF concrete building located in a heavily populated, active college campus. Scope also included the removal of 800 tons of ACM foundations

Quinnipiac University Trupe & Larson Dorms, Hamden, CT

Project Value: \$1.1 million

Asbestos abatement of 40,000 SF of ACM floor tile, 21,000 SF of ACM textured ceilings, 36,000 SF of ACM sheetrock and joint compound. Scope also includes demolition of doors, ceramic flooring, bathroom partitions, and MEPs.

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Mike White
Abatement Operations Manager

**Professional
Experience**

Select Demo Services, LLC, Salem, NH, 2014 - present

Abatement Operations Manager

Responsible for regulatory compliance and understanding/abiding by all asbestos, hazardous waste and building regulations. Responsibilities include the management of all onsite abatement personnel, conducting work/safety meetings and attending weekly management/progress meetings. Responsible for interface with clients and subcontractors. Works closely with the Safety Department to establish and maintain environmental safety plans. Supervises projects ranging in size from \$10,000 to \$20 million and manages as little as five to 100+ employees on any one project.

Cutting Edge, Hopedale, MA, 2011 – 2014

Operations Manager

Marcor Environmental, Wilmington, MA, 2005 – 2011

Operations Manager

ACT Abatement Corporation, Lawrence, MA, 2001 – 2005

Supervisor

Aulson Company, LLC, Methuen, MA, 1996 – 2001

Supervisor

Licensure/Training

- Lead Awareness Training
- 40 hour Asbestos Foreman Training
- 48 hour HAZMAT Foreman Training
- Fall Protection Certification
- Confined Space Training
- OSHA 30-hour Certified
- Certified CPR/AED & First Aid
- MA, CT, ME, RI, NH Asbestos Supervisor Licenses

Notable Projects

Columbia Gas Explosion, Lawrence/Andover/N. Andover, MA

Project Value: \$19 million

Removal of gas appliances and asbestos abatement in 7,500+ houses; removal of underground ACM transite pipe; delivery of new equipment; chimney cleaning; and general clean-up. At the height of the project, Select ran 200+ of their own laborers each day, 7 days per week during daylight hours.

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Mike White

Abatement/Floor Polishing Operations Manager

Notable Projects

Harvard University Lowell House, Cambridge, MA

Project Value: \$13.2 million

Interior, selective demolition (complete gut) and asbestos abatement of 200,000 SF dormitory on an active college campus. Scope also included structural, interior demolition, PCB remediation and T&D of construction waste. SDS ran 150+ laborers per day to meet the highly aggressive schedule.

Chelsea Creek Headworks, Chelsea, MA

Project Value: \$9 million

Abrasive blast removal of PCB paint from various surfaces of an active MWRA waste water treatment plant. All work was performed in air and leak tight negative pressure containments. Scope also included selective, interior demolition, asbestos abatement and concrete surface preparation.

Archer Donahue, Boston, MA

Project Value: \$7.9 million

Structural demolition, selective, interior demolition (complete gut), PCB remediation and asbestos abatement of this 6-story, 150,000 SF former Suffolk University property. Scope also included façade removal and the ejection of an extensive shoring system. SDS removed penthouse structure and created all structural openings for new elevators, stairwell chases, auditorium balconies. Asbestos abatement included the removal of 100,000 SF of VAT/mastic and 180,000 SF of ACM plaster PCB's.

Canon Street Power Station, New Bedford, MA

Project Value: \$4 million

Structural demolition, asbestos abatement, PCB remediation and hazardous material decontamination clean-up of this 255,000 SF power plant.

St. Gabriel's Church & Monastery Renovation, Brighton, MA

Project Value: \$2.6 million

Complete take-down of 75,000 Sf, 5-story masonry building and selective, structural interior demolition of wood-framed 35,000 SF monastery and 14,000 SF historical church. Scope also included asbestos abatement of all 3 buildings and a complex building separation.

Abbot Buildings at Harvard Square, Cambridge, MA

Project Value: \$1 million

Complete takedown of the Corcoran Building - a 3-story, 30,000 SF building adjacent to 3 other buildings (6-foot separation between building and public) and interior, selective demo of Abbot and Brattle Buildings, including structural demolition of floors and roofing. Scope also included the removal of ACM roofing and window caulking.

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Jason Hicks
Division Manager – Connecticut Branch

**Professional
Experience**

Select Demo Services, LLC, Hartford, CT, 2018 – Current

Division Manager

Plans, directs, coordinates and assists in the management of all demolition/ environmental remediation projects in the Connecticut Region. Oversees project operations to ensure efficiency, quality, progress, safety and building standards. Ensures company resources are managed and coordinated in an efficient manner on all projects in order to perform work within budget and ahead of schedules. Directly responsible for sales growth through accurate project cost analysis and negotiation of project award and contract execution for targeted project opportunities.

Select Demo Services, LLC, Hartford, CT, 2017 - 2018

Project Manager/Estimator

Prepared estimates and proposals for structural and interior demolition and environmental remediation projects. Performed buy-outs of subcontractor trades and materials for various projects. Attended walk-throughs, assessed cost estimating, plan reviews and demolition/abatement plan preparation. Developed and tracked bid schedules for upcoming projects. Responsible for the management of multiple projects, with a focus on profit and loss responsibility. Accountable for scheduling, managing all field operations, supervising project foremen and operators, coordinating sub-contractors and maintaining superior client relationships.

New England Yankee Construction, Wallingford, CT, 2003 - 2017

Project Manager/Estimator (2008 – 2017)

Field Operator/Supervisor (2005 – 2008)

Field Laborer (2003 – 2005)

Notable Projects

Quinnipiac University Trupe & Larson Dorms, Hamden, CT

Project Value: \$1.1 million

Asbestos abatement of 40,000 SF of ACM floor tile, 21,000 square feet of ACM textured ceilings, and 36,000 SF of ACM sheetrock and joint compound. Scope also includes demolition of doors, ceramic flooring, bathroom partitions, and MEPs.

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Jason Hicks
Division Manager – Connecticut Branch

Notable Projects

Hotel Duncan, New Haven, CT

Project Value: \$938,000

Selective interior demolition (complete gut) and asbestos abatement of all interior finishes of this 44,000 SF, 6-story former hotel built in 1890. Scope included removal of all plaster from walls and ceilings, all flooring and existing mechanical systems.

Lillie B. Haynes Elementary School, Niantic, CT

Project Value: \$927,000

Multi-phased selective demolition, asbestos abatement and PCB remediation in a 1-story, 119,000 SF occupied elementary school. Scope included removal of 50,000 SF of ACM VAT/mastic during the summer break, while completing selective demolition of ceilings, walls, millwork and concrete slabs. Scope also included the removal of selective windows that contained ACM and PCB caulking and glazing.

Francis T. Wheeler School, Plainville, CT

Project Value: \$768,000

Multi-phased selective demolition, asbestos abatement and PCB remediation of 1-story, 100,000 SF occupied school. Scope included removal of 30,000 SF of VAT/mastic during the summer break, while completing selective demolition of ceilings, millwork, walls and concrete slabs. Scope also included the removal of all windows, which contained asbestos and PCB glazing and caulking.

The Jackson Lab, Bldg, 250, Ellsworth, ME

Project Value: \$700,000

Selective, interior demolition throughout a partially occupied active research lab facility. Demo will be performed "dust free."

Niantic Center Elementary School, Niantic, CT

Project Value: \$606,000

Multi-phased selective demolition, asbestos abatement and PCB remediation of this 2-story, 68,000 SF occupied, existing elementary school. Scope included removal of 30,000 SF ACM VAT/mastic during the summer break, while simultaneously completing demolition of ceilings, millwork, walls and concrete slabs. Scope also included the removal of all windows, which contained PCB caulking and glazing.

Yale University Evans Hall, New Haven, CT

Project Value: \$186,000

Selective interior demolition of 8,000 SF on 2nd floor of 180,000 SF, 4-story university lecture hall building. Scope included demolition of walls, flooring, ceilings and miscellaneous finishes. Demolition was performed in an occupied building on an active university campus with numerous high-end finishes to remain.

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Energy & Conservation Building, Ridgefield, CT

Project Value: \$166,000

9,000 SF over 2 floors of asbestos abatement and selective demolition of multi-layered flooring, walls and ceilings. Several layers of flooring including subfloors needed to be removed to enable new construction.

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**Professional
Experience**

NASDI, LLC, Woburn, MA, 2016-Present

Project Manager/Environmental Operations Manager

Accountable for scheduling projects, managing field operations, supervising project supervisors, coordinating subcontractors and maintaining superior client relationships on demolition and environmental remediation projects. Prepares estimates, work plans and schedules for structural and interior demolition and environmental remediation projects. Performs buy-outs of subcontractor trades and materials for various projects. Extremely knowledgeable in regulatory compliance with asbestos, lead, hazardous materials and building regulations, EPA Contractor Work Plan development, as well as approval, and implementation per 40 CFR Part 761 for PCB projects. Familiarity with TSCA/RCRA regulations and disposal requirement and compliance with OSHA Safe Work Practices.

Essex Newbury North Contracting Corp., Newburyport, MA, 2011 - 2016

Estimator/Operations Manager

F&D Trucking Co., Millbury, MA, 2009 – 2011

Estimator/Operations Manager

RM Technologies, Inc., Lawrence, MA, 2009

Project Manager

The Aulson Company, Methuen, MA, 2008 – 2009

Project Manager

ACT Abatement, Lawrence, MA, 2002 – 2008

Operations Manager

Allstate Abatement, Haverhill, MA, 2000 – 2002

Operations Manager

National Surface Cleaning, Inc., Methuen, MA, 1981 – 2000

Asbestos Foreman/Supervisor

Licensure/Training

- 40 hour Asbestos Foreman Training
- 40 hour HAZWOPER Training
- 40 hour Lead Training
- OSHA 30-hour Certified
- Certified CPR/AED & First Aid
- MA Asbestos Supervisor License
- MA Lead Supervisor License
- MA Construction Supervisor License CS-101494



Education

United States Marine Corps, 1976 - 1979

Central Catholic High School, 1972 - 1976

Ronald Nastasia

Project Manager/Environmental Operations Manager

Notable Projects

Harvard University Smith Center Façade, Cambridge, MA

Project Value: \$2 million

Phased removal of asbestos windows and PCB exterior caulking in an occupied university campus center

Harvard University Smith Campus Center Enabling Package, Cambridge, MA

Project Value: \$800,000

Selective demolition and asbestos abatement for the enabling package in an occupied university campus center. NASDI's scope also includes minor façade removal

Harvard University Standish Hall, Cambridge, MA

Project Value: \$5 million

Selective demolition and asbestos abatement of 77,000 SF college dormitory on an active college campus. NASDI's performed this highly aggressive schedule utilizing two shifts and running 100 men per day.

Boston Design Center, Boston, MA

Project Value: \$3.1 million

Asbestos abatement of 990 13' X 17' steel frame windows that are inset into a cast in-place concrete façade of an 8-story building in Boston's Seaport District.

Orville Platt High School, Meriden, CT

Project Value: \$4.6 million

Phased demolition and asbestos abatement of 226,000 SF school. Selective demolition of existing pool area and locker rooms; separation, demolition, asbestos abatement and PCB removal of three wings of school. PCB removal consisted of building and window systems sealants and associated adjacent materials.

Putnam High School, Putnam, CT

Project Value: \$1.9 million

Phased selective demolition, asbestos abatement and PCB remediation throughout active high school. NASDI's PCB remediation scope includes caulking, sealants and associated window systems.



Winchester High School Enabling Project, Winchester, MA

Project Value: \$3 million

Phased selective demolition and asbestos abatement of a 90,000 SF area in an active high school

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

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You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.



Year 20 19

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no 1218-0176

Establishment name **SELECT DEMO SERVICES, LLC**

city **SALEM** State **NH**

Identify the person			Describe the case			Classify the case			Enter the number of days the injured or ill worker was:			Select the "injury" outcome or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Worker)	(D) Date of injury or onset of illness (e.g., 7/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetone torch)	(G) Death	(H) Days away from work or restriction	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away from work	(L) On job transfer or restriction	(M) Injury	(1) Skin disorder	(2) Respiratory condition	(3) Poisoning	(4) Hearing loss	(5) All other illnesses
Reset	1	Vincente Acosta	3 / 23 month / day	Job Site	Broke arm attempting to stir cement in mixer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset	2	Oscar Ordonez	4 / 1 month / day	Job Site	Injured shoulder when a wall fell unexpectedly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset	3	Joe Beaugrand	6 / 20 month / day	Job Site	Missstepped off last rung of ladder, sprained ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Page totals	0	3	0	85	3	0	0	0	0	0	0

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time for reviewing the instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA, Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Save Input

Add a Form Page

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 19

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Reimember to review the Log to verify that the entries are complete and accurate before completing this summary.
Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."
Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	0
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
85	
(K)	(L)

Injury and Illness Types			
Total number of . . .	(1) Injuries	(4) Poisonings	(5) Hearing loss
	3	0	0
(2) Skin disorders	0		0
(3) Respiratory conditions	0		0
			(6) All other illnesses
			0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.
Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information	
Your establishment name	SELECT DEMO SERVICES, LLC
Street	40 Lowell Road
City	Salem NH
State	NH
Zip	03079
Industry description (e.g., <i>Manufacture of motor truck trailers</i>)	DEMOLITION & ABATEMENT
Standard Industrial Classification (SIC), if known (e.g., 3715)	1742
OR	
North American Industrial Classification (NAICS), if known (e.g., 336212)	238910
Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)	
Annual average number of employees	370
Total hours worked by all employees last year	775459
Sign here	
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	
Company/Executive	DIC 8445
Title	
Phone	603-946-9481
Date	1/30/90
Save Input	

Log of Work-Related Injuries and Illnesses

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Year 20 18

U.S. Department of Labor
Occupational Safety and Health Administration

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name **SELECT DEMO SERVICES, LLC**

city **SALEM**

State **NH**

Identify the person		Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Select the "injury" column or choose one type of illness:							
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 3/11)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and objective/subjective findings (e.g., Second degree burns on right forearm from oxyacetylene torch)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away from work	(L) On job transfer or restriction	(M) Injury	(1) Skin disorders	(2) Respiratory conditions	(3) Allergic reactions	(4) Musculoskeletal	(5) Poisoning	(6) All other illnesses
Reset 1	Maximo DeMota	Laborer	4 / 26 month / day	Job Site	Grinder kicked back and cut chin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset 2	Rothda Than	Laborer	8 / 18 month / day	Job Site	Back strain pulling up floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Page totals	0	2	0	5		2	0	0	0	0	0	0

Save Input

Add a Form Page

Page 1 of 1

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time for reviewing the instructions, searching existing data sources, gathering the data, reviewing the collection of information, and completing and reviewing the collection of information. Send comments to Washington, DC 20503. Do not send the completed form to this office.



OSHA's Form 300A (Rev. 01/2004)

Year 20 18

Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0076

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35. If OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days	
Total number of days from work	Total number of days of job transfer or restriction
5	
(K)	(L)

Injury and Illness Types			
Total number of (M)	(1) Injuries	(4) Poisonings	(2) Skin disorders
2	0	0	0
(3) Respiratory conditions	0	(5) Hearing loss	0
0	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20310. Do not send the completed forms to this office.

Establishment information
Your establishment name SELECT DEMO SERVICES LLC

Street 40 Lowell Road

City Salem State NH Zip 03079

Industry description (e.g., *Manufacture of motor truck trailers*)
DEMOLITION & ABATEMENT

Standard Industrial Classification (SIC), if known (e.g., 3715)
1742

OR _____

North American Industrial Classification (NAICS), if known (e.g., 336212)
238910

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 400

Total hours worked by all employees last year 806146

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Wesley Johnson Title President

Phone 603-386-0391 Date 1/22/19

Save Input

Log of Work-Related Injuries and Illnesses

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Year 20 17

U.S. Department of Labor
Occupational Safety and Health Administration

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Form approved OMB no. 1218-0176

Establishment name: **SELECT DEMO SERVICES, LLC**

City: **SALEM**

State: **NH**

Identify the person		Describe the case		Classify the case			Enter the number of days the injured or ill worker was:		Select the "injury" column or choose one type of illness:									
(A) Case no.	(B) Employee's name	(C) Job title (e.g., welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/balance that directly injured or made person ill (e.g., Second degree burn on right forearm from oxyacetylene torch)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away from work	(L) On job restriction	(M) Days lost	(1) Skin disorders	(2) Respiratory condition	(3) Poisoning	(4) Hearing loss	(5) All other illnesses	
Reset 1	Jose Binet	Laborer	4 / 5 month / day	Work Site	Struck by falling pipe in hand and shoulder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	128 days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset 2	Rui Perreira	Laborer	8 / 24 month / day	Work Site	Hurt bicep moving plywood	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	51 days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/ / month / day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Page totals						0	1	1	0	128	51	2	0	0	0	0	0	0

Save Input

Add a Form Page

Page 1 of 1

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time for reviewing the instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate of time, the burden of this data collection, include the OMB control number, the U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 201 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader

Year 20 17

U.S. Department of Labor
Occupational Safety and Health Administration



Form approved OMB no. 1218-0174

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 307 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
128	51
(K)	(L)

Injury and Illness Types

Total number of (M)	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
2	0	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments on this burden estimate or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

Establishment information
Your establishment name* **SELECT DEMO SERVICES LLC**

Street **1 DELAWARE DRIVE**

City **SALEM** State **NH** Zip **03079**

Industry description (e.g., *Manufacture of motor truck trailers*) **INTERIOR DEMOLITION**

Standard Industrial Classification (SIC), if known (e.g., 3715) **1742**

CR _____

North American Industrial Classification (NAICS), if known (e.g., 336212) **238910**

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees **220**

Total hours worked by all employees last year **616224**

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete

Ryan Henry Title President

Company executive _____

Phone _____ Date 2/1/18

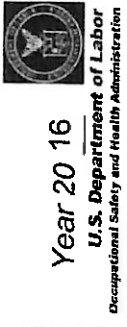
Save Input

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.



Year 20 16

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name: **SELECT DEMO SERVICES, LLC**
City: **SALEM** State: **NH**

Identify the person		Describe the case			Classify the case						Enter the number of days the injured or ill worker was:								
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Hitter)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burn on right forearm from acetone torch)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away from work	(L) On job transfer or restriction	(M) Light duty	(1) Skin disease	(2) Respiratory condition	(3) Fracture	(4) Loss of consciousness	(5) Transfer to another hospital	(6) All other illnesses	
Reset	1	Brian O'Conner	LABORER	6 / 22 month / day	JOB SITE														
Reset	2	Paul Hickey	Laborer	8 / 3 month / day	Job Site	Cut R forearm on metal stud				180	5								
Reset																			
Reset																			
Reset																			
Reset																			
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Reset																			
						Page totals													
						0						180 5 2 0 0 0 0 0							

Save Input

Add a Form Page

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Persons are not required to provide information unless it displays a currently valid OMB control number. If you have any comments about this collection of information or any aspect of this data collection, contact the Office of Management and Budget, Paperwork Project Director (0330-0187) at 1215 Jefferson Avenue, NW, Washington, DC 20503. Do not send the completed forms to this office.

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 16

U.S. Department of Labor
Occupational Safety and Health Administration



Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0
(G)	(H)	(I)
		(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	5
(K)	(L)

Injury and Illness Types

Total number of (M)	(4) Poisonings	0
(1) Injuries	(5) Hearing loss	0
(2) Skin disorders	(6) All other illnesses	0
(3) Respiratory conditions		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20310. Do not send the completed forms to this office.

Establishment information

Your establishment name **SELECT DEMO SERVICES LLC**

Street **1 DELAWARE DRIVE**

City **SALEM** State **NH** Zip **03079**

Industry description (e.g., *Manufacture of motor truck trailers*)

INTERIOR DEMOLITION

Standard Industrial Classification (SIC), if known (e.g., 3713)
1742

OR _____

North American Industrial Classification (NAICS), if known (e.g., 336212)
238810

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees **103**

Total hours worked by all employees last year **424970**

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____
Phone _____ Date _____

Save Input

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 20 15

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name
SELECT DEMO SERVICES, LLC

City **SALEM** State **NH**

Identify the person		Describe the case				Classify the case			Enter the number of days the injured or ill worker was:		Select the "injury" column or choose one type of illness:								
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2 / 10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and substance that caused injury or made person ill (e.g., Sawed deep laceration on right forearm from oscillating hand)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other non-work days	(K) Away from work	(L) On job transfer or restriction	(M) Injury	(1) Skin disorder	(2) Respiratory condition	(3) Poisoning	(4) Infectious disease	(5) Allergies	(6) All other illnesses	
Reset 1	JEREMY STEPHENSON	LABORER	1 / 19 month / day	JOB SITE	MANUALLY UNLOADING IN BUGGY WHEN MESH SCREEN CAME UP LACERATION TO EYELID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset 2	KENNETH BOSARI	LABORER	3 / 6 month / day	JOB SITE	LUMBAR AND RIGHT KNEE STRAIN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset 3	ROBERTO MARTINEZ	LABORER	6 / 3 month / day	JOB SITE	DUST BLEW UP BEHIND SAFETY GLASSES INTO RIGHT EYE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset 4	SCOTT FERREIRA	LABORER	7 / 14 month / day	JOB SITE	PULLING SHEET ROCK ABOVE DUCT WORK CAUGHT ARM ON CORNER OF WORK CUT ARM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset			/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Page totals	0	4	0	0	13	4	0	0	0	0	0	0	0

Save Input

Add a Form Page

Page 1 of 1

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, collect the information, review the collection of information, revise the collection of information, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a valid OMB control number. If you have any comments about this estimate of any other aspect of this data collection, including this burden estimate, you should contact the Office of Management and Budget, Paperwork Project Director, Washington, DC 20503. Do not send the completed forms to this office.

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 15



Form approved OMB no 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0". Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0
(g)	(h)	(i)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
13	0
(k)	(l)

Injury and Illness Types

Total number of (m)	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(1) Injuries	4	0	0
(2) Skin disorders	0	0	0
(3) Respiratory conditions	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form. Public response burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-5044, 2100 Constitution Avenue, NW Washington, DC 20210. Do not send the completed form to this office.

Establishment information
 Your establishment name SELECT DEMO SERVICES LLC
 Street 1 DELAWARE DRIVE
 City SALEM State NH Zip 03079
 Industry description (e.g., *Manufacture of motor truck trailers*)
INTERIOR DEMOLITION
 Standard Industrial Classification (SIC), if known (e.g., 3715) 1742
 OR _____
 North American Industrial Classification (NAICS), if known (e.g., 336212) 238910

Employment information (If you don't have these figures, see the Worksheet on the next page in example.)
 Annual average number of employees 103
 Total hours worked by all employees last year 253607

Sign here
 Knowingly falsifying this document may result in a fine.
 I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____
 Phone _____ Date _____

Save Input



State of Connecticut
Department of Administrative Services
Office of State Fire Marshal

This Certificate is issued in Accordance with Connecticut General Statute's section 29-402 inclusive,
by the Commissioner of the Connecticut Department of Administrative Services, which is non-transferable to:

SELECT DEMO SERVICES, LLC

Licensed as a

DEMOLITION CONTRACTOR

Located at

40 LOWELL ROAD SALEM, NH 03079

License No: DMCR.003208

License Class: Class A

Designated Technical Expert:

DAN MESSIER

Issuance Date: **04/01/2020**

Expiration Date: **03/31/2021**

Class A License is required for the demolition of any structure or portion thereof greater than two and one-half stories or 35 feet in height.

Class B License is required for the demolition of any structure or portion thereof equal to or less than two and one-half stories or 35 feet in height.

A handwritten signature in black ink that reads "Josh Geballe".

Josh Geballe
Commissioner

SELECT DEMO SERVICES LLC
40 LOWELL RD STE 2
SALEM, NH 03079-4030

Dear Licensed Professional: This is your validated certificate for the coming year. Should you have any questions about your license, please email oplc.dph@ct.gov.

Department of Public Health
P.O. Box 340308
Hartford, CT 06134-0308
ct.gov/dph/license

Sincerely,



Renée Coleman-Mitchell, MPH
Commissioner-Designate

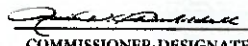
EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
NAME
SELECT DEMO SERVICES LLC

VALIDATION NO. 15402233	CERTIFICATE NO. 753	CURRENT THROUGH 02/28/2021
----------------------------	------------------------	-------------------------------

PROFESSION
Asbestos Contractor

SIGNATURE


COMMISSIONER-DESIGNATE

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

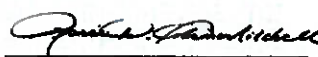
THE INDIVIDUAL NAMED BELOW IS CERTIFIED BY THIS DEPARTMENT AS A

Asbestos Contractor

LICENSE NO. 753
CURRENT THROUGH 02/28/2021
VALIDATION NO. 15402233

SELECT DEMO SERVICES LLC

SIGNATURE


COMMISSIONER-DESIGNATE

INSTRUCTIONS:

1. Detach and sign each of the cards on this form.
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment on pay-stages. The employee's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.


WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
NAME
SELECT DEMO SERVICES LLC

VALIDATION NO. 15402233	CERTIFICATE NO. 753	CURRENT THROUGH 02/28/2021
----------------------------	------------------------	-------------------------------

PROFESSION
Asbestos Contractor

SIGNATURE


COMMISSIONER-DESIGNATE



State of Connecticut

Lookup Detail View

Contact Information

Name	Address
SELECT DEMO SERVICES, LLC	40 LOWELL ROAD SALEM, NH 03079

License Information

Credential	Credential Type	First Issuance Date	Effective Date	Expiration Date	Status	Reason
DMCR.003208	DEMOLITION CONTRACTOR	04/01/2018	04/01/2019	03/31/2020	ACTIVE	LICENSED

Generated on: 1/30/2019 12:08:37 PM



State of Connecticut

Lookup Detail View

Contact Information

Name	Address
SELECT DEMO SERVICES, LLC	40 LOWELL ROAD SALEM, NH 03079

License Information

Credential	Credential Type	First Issuance Date	Effective Date	Expiration Date	Status	Reason
DMCR.003208	DEMOLITION CONTRACTOR	04/01/2018	04/01/2019	03/31/2020	ACTIVE	LICENSED

Generated on: 1/30/2019 12:08:37 PM