BID SOLICITATION

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

BID NUMBER: B06088

TITLE: WASTE DISPOSAL, MEDICAL

BID OPENING DATE AND TIME:

03/15/2006 11:15 AM

BUYER: ALMA MILLER
PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 3/1/2006 - 2/28/2008

BILL TO
UNIVERSITY OF RHODE ISLAND
URI ACCOUNTS PAYABLE
103 ALBERT CARLOTTI BLDG
KINGSTON RI 02881

SHIP TO
UNIVERSITY OF RHODE ISLAND
URI CENTRAL RECEIVING
ATTN: SEE BELOW
PLAINS RD
KINGSTON RI 02881

Requisition Number(s): R86A068788

Item	Class-Item	Quantity	Unit	Unit Price	Total
	BLANKET REQUIREMENTS: 3/1/06 - 2/28/08				
	BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request.				
	ORDERING (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.

BID SOLICITATION

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

BID NUMBER: B06088

TITLE: WASTE DISPOSAL, MEDICAL

BID OPENING DATE AND TIME:

03/15/2006 11:15 AM

BUYER: ALMA MILLER
PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 3/1/2006 - 2/28/2008

BILL TO
UNIVERSITY OF RHODE ISLAND
URI ACCOUNTS PAYABLE
103 ALBERT CARLOTTI BLDG
KINGSTON RI 02881

SHIP TO
UNIVERSITY OF RHODE ISLAND
URI CENTRAL RECEIVING
ATTN: SEE BELOW
PLAINS RD
KINGSTON RI 02881

Requisition Number(s): R86A068788

Item	Class-Item	Quantity	Unit	Unit Price	Total
	AN INSURANCE CERTIFICATE IN COMPLIANCE WITH PROVISIONS OF ITEM 31 (INSURANCE) OF THE GENERAL CONDITIONS OF PURCHASE IS REQUIRED FOR COMPREHENSIVE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION AND MUST BE SUBMITTED BY THE SUCCESSFUL BIDDER(S) TO THE DIVISION OF PURCHASES PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE STATE OF RHODE ISLAND AS CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN REJECTION OF THE OFFEROR'S BID. ANNUAL RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE AGENCY IDENTIFIED ON THE PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.

BID SOLICITATION

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

BID NUMBER: B06088

TITLE: WASTE DISPOSAL, MEDICAL

BID OPENING DATE AND TIME:

03/15/2006 11:15 AM

BUYER: ALMA MILLER
PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 3/1/2006 - 2/28/2008

BILL TO
UNIVERSITY OF RHODE ISLAND
URI ACCOUNTS PAYABLE
103 ALBERT CARLOTTI BLDG
KINGSTON RI 02881

SHIP TO
UNIVERSITY OF RHODE ISLAND
URI CENTRAL RECEIVING
ATTN: SEE BELOW
PLAINS RD
KINGSTON RI 02881

Requisition Number(s): R86A068788

Item	Class-Item	Quantity	Unit	Unit Price	Total
	NOTE: IF THIS BID COVERS CONSTRUCTION, SCHOOL BUSING, HAZARDOUS WASTE, OR VESSEL OPERATION, APPLICABLE COVERAGES FROM THE FOLLOWING LIST MUST ALSO BE SUBMITTED TO THE DIVISION OF PURCHASES PRIOR TO AWARD: * PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS) - $1 MILLION OR 5% OF ESTIMATED PROJECT COST, WHICHEVER IS GREATER. * BUILDER'S RISK INSURANCE - COVERAGE EQUAL TO FACE AMOUNT OF CONTRACT FOR CONSTRUCTION. * SCHOOL BUSING - AUTO LIABILITY COVERAGE IN THE AMOUNT OF $5 MILLION. * ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL) - $1 MILLION OR 5% OF FACE AMOUNT OF CONTRACT, WHICHEVER IS GREATER. * VESSEL OPERATION - (MARINE OR AIRCRAFT) - PROTECTION & INDEMNITY COVERAGE REQUIRED IN THE AMOUNT OF $1 MILLION.				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.

BID SOLICITATION

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

BID NUMBER: B06088

TITLE: WASTE DISPOSAL, MEDICAL

BID OPENING DATE AND TIME:

03/15/2006 11:15 AM

BUYER: ALMA MILLER
PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 3/1/2006 - 2/28/2008

BILL TO
UNIVERSITY OF RHODE ISLAND
URI ACCOUNTS PAYABLE
103 ALBERT CARLOTTI BLDG
KINGSTON RI 02881

SHIP TO
UNIVERSITY OF RHODE ISLAND
URI CENTRAL RECEIVING
ATTN: SEE BELOW
PLAINS RD
KINGSTON RI 02881

Requisition Number(s): R86A068788

Item	Class-Item	Quantity	Unit	Unit Price	Total
	THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.				
	DISPOSAL SERVICES FOR REGULATED MEDICAL WASTE INCLUDING PATHOLOGICAL / ANATOMICAL WASTE.				
	THE VENDOR SHALL MEET ALL REQUIREMENTS OF THE RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (RIDEM) REGULATIONS INCLUDING DEM-DAH-MW-01-92, AS AMENDED, AND OTHER APPLICABLE STATE AND FEDERAL REGULATIONS. THEY MUST FILE ALL REQUIRED REGULATORY REPORTS				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.

BID SOLICITATION

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

BID NUMBER: B06088

TITLE: WASTE DISPOSAL, MEDICAL

BID OPENING DATE AND TIME:

03/15/2006 11:15 AM

BUYER: ALMA MILLER
PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 3/1/2006 - 2/28/2008

BILL TO
UNIVERSITY OF RHODE ISLAND
URI ACCOUNTS PAYABLE
103 ALBERT CARLOTTI BLDG
KINGSTON RI 02881

SHIP TO
UNIVERSITY OF RHODE ISLAND
URI CENTRAL RECEIVING
ATTN: SEE BELOW
PLAINS RD
KINGSTON RI 02881

Requisition Number(s): R86A068788

Item	Class-Item	Quantity	Unit	Unit Price	Total
	THE VENDOR MUST BE ON THE RIDEM LIST OF PERMITTED MEDICAL WASTE TRANSPORTERS AND HAVE ALL OTHER REQUIRED STATE / FEDERAL LICENSES AND PERMITS ALL PATHOLOGICAL / ANATOMICAL WASTE MUST BE INCINERATED. ALL REGULATED MEDICAL WASTE THAT IS NOT INCINERATED MUST BE DISPOSED OF BY A LEGALLY PERMITTED PROCESS. THE VENDOR MUST PROVIDE DOCUMENTATION OF ALL DISPOSAL METHODS PROPOSED TO BE USED IN THIS CONTRACT INCLUDING CURRENT OPERATING PERMITS FOR THE PROPOSED DISPOSAL FACILITIES FROM THE APPLICABLE STATE / FEDERAL REGULATORY AGENCIES TO THE UNIVERSITY OF RHODE ISLAND AND STATE OF RHODE ISLAND PURCHASING WITH THE BID RESPONSE THE VENDOR SHALL PROVIDE ALL SUPPLIES FOR PACKAGING THE WASTE. THE WASTE BOX UNITS INCLUDE THE CARDBOARD BOXES, RED PLASTIC BAGS (2 MIL MINIMUM AND COMPLIANT WITH THE STRENGTH CRITERIA SPECIFIED IN THE RIDEM REGULATIONS), LABELS, BARCODES, AND TAPE. ALL MEDICAL WASTE TRACKING FORMS WILL BE PROVIDED BY THE VENDOR. BOX SIZES TO BE PROVIDED ARE 2.2 CUBIC FEET, 4.5 CUBIC FEET, AND 7.0 CUBIC FEET CAPACITY. URI, SAFETY & RISK MANAGEMENT 177 PLAINS ROAD KINGSTON, RI 02881				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.

BID SOLICITATION

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

BID NUMBER: B06088
TITLE: WASTE DISPOSAL, MEDICAL
BID OPENING DATE AND TIME:
03/15/2006 11:15 AM

BUYER: ALMA MILLER
PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 3/1/2006 - 2/28/2008

BILL TO
UNIVERSITY OF RHODE ISLAND
URI ACCOUNTS PAYABLE
103 ALBERT CARLOTTI BLDG
KINGSTON RI 02881

SHIP TO
UNIVERSITY OF RHODE ISLAND
URI CENTRAL RECEIVING
ATTN: SEE BELOW
PLAINS RD
KINGSTON RI 02881

Requisition Number(s): R86A068788

Item	Class-Item	Quantity	Unit	Unit Price	Total
1.0	948-93 2.2 CU. FT. BOX - PERIOD 3/1/06 - 2/28/07 (FIRST YEAR) REGULATED MEDICAL WASTE	17.00	EA		
2.0	948-93 4.5 CU. FT. BOX - PERIOD 3/1/06 - 2/28/07 (FIRST YEAR) REGULATED MEDICAL WASTE	122.00	EA		
3.0	948-93 7.0 CU. FT. BOX - PERIOD 3/1/06 - 2/28/07 (FIRST YEAR) REGULATED MEDICAL WASTE	2.00	EA		
4.0	948-93 2.2 CU. FT. BOX - REGULATED MEDICAL WASTE (ANATOMICAL / PATHOLOGICAL FOR INCINERATION)	1.00	EA		
5.0	948-93 4.5 CU. FT. BOX - REGULATED MEDICAL WASTE (ANATOMICAL / PATHOLOGICAL FOR INCINERATION)	86.00	EA		
6.0	948-93 7.0 CU. FT. BOX - REGULATED MEDICAL WASTE (ANATOMICAL / PATHOLOGICAL FOR INCINERATION)	2.00	EA		
7.0	948-93 2.2 CU. FT. BOX - PERIOD 3/1/07 - 2/28/08 (SECOND YEAR) REGULATED MEDICAL WASTE	17.00	EA		
8.0	948-93 4.5 CU. FT. BOX - PERIOD 3/1/07 - 2/28/08 (SECOND YEAR) REGULATED MEDICAL WASTE	122.00	EA		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.

BID SOLICITATION

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

BID NUMBER: B06088
TITLE: WASTE DISPOSAL, MEDICAL
BID OPENING DATE AND TIME:
03/15/2006 11:15 AM

BUYER: ALMA MILLER
PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 3/1/2006 - 2/28/2008

BILL TO
UNIVERSITY OF RHODE ISLAND
URI ACCOUNTS PAYABLE
103 ALBERT CARLOTTI BLDG
KINGSTON RI 02881

SHIP TO
UNIVERSITY OF RHODE ISLAND
URI CENTRAL RECEIVING
ATTN: SEE BELOW
PLAINS RD
KINGSTON RI 02881

Requisition Number(s): R86A068788

Item	Class-Item	Quantity	Unit	Unit Price	Total
9.0	948-93 7.0 CU. FT. BOX - PERIOD 3/1/07 - 2/28/08 (SECOND YEAR) REGULATED MEDICAL WASTE	2.00	EA	_____	_____
10.0	948-93 2.2 CU. FT. BOX - REGULATED MEDICAL WASTE (ANATOMICAL / PATHOLOGICAL FOR INCINERATION)	1.00	EA	_____	_____
11.0	948-93 4.5 CU. FT. BOX - REGULATED MEDICAL WASTE (ANATOMICAL / PATHOLOGICAL FOR INCINERATION)	86.00	EA	_____	_____
12.0	948-93 7.0 CU. FT. BOX - REGULATED MEDICAL WASTE (ANATOMICAL / PATHOLOGICAL FOR INCINERATION)	2.00	EA	_____	_____

THE TOTAL NUMBER OF BOXES TRANSPORTED FOR DISPOSAL IN 2005 WAS 230. THE QUANTITY IS ASSUMED TO BE SIMILAR FOR SUBSEQUENT YEARS.

THE UNIVERSITY REGULATED MEDICAL WASTE PICK-UPS WILL OCCUR FROM THE DEPARTMENT OF SAFETY AND RISK MANAGEMENT OFFICE LOCATED AT 177 PLAINS ROAD, KINGSTON, RI 02881. WE WOULD LIKE TO SCHEDULE PICK-UPS FOR TUESDAY MORNINGS ON ALTERNATE WEEKS. (26 PICK-UPS PER YEAR)

THE VENDOR WILL CARRY INSURANCE COMPLYING WITH STATE OF RHODE ISLAND REQUIREMENTS INCLUDING $1,000,000 IN LIABILITY INSURANCE.

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.

BID SOLICITATION

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

BID NUMBER: B06088
TITLE: WASTE DISPOSAL, MEDICAL
BID OPENING DATE AND TIME:
03/15/2006 11:15 AM

BUYER: ALMA MILLER
PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 3/1/2006 - 2/28/2008

BILL TO
UNIVERSITY OF RHODE ISLAND
URI ACCOUNTS PAYABLE
103 ALBERT CARLOTTI BLDG
KINGSTON RI 02881

SHIP TO
UNIVERSITY OF RHODE ISLAND
URI CENTRAL RECEIVING
ATTN: SEE BELOW
PLAINS RD
KINGSTON RI 02881

Requisition Number(s): R86A068788

Item	Class-Item	Quantity	Unit	Unit Price	Total
	THE INVOICE WILL BE INITIATED BY THE VENDOR ONLY UPON RECEIPT OF A COMPLETED MEDICAL WASTE TRACKING FORM SPECIFYING THE NUMBER OF BOXES SENT FOR INCINERATION / DISPOSAL. THE UNIVERSITY REQUESTS DOCUMENTATION, SUCH AS A CERTIFICATE OF DISPOSAL, THAT SHOWS WHEN THE BOXES WERE ACTUALLY INCINERATED / DISPOSED. THE FORM OF THIS DOCUMENTATION SHOULD BE MUTUALLY AGREED TO BY THE VENDOR AND THE UNIVERSITY. THE VENDOR MUST PROVIDE DOCUMENTATION THAT IT HAS AN EMPLOYEE SAFETY AND COMPLIANCE TRAINING PROGRAM IN PLACE. CONSULTATION / EVALUATION (CUSTOMER SERVICE) SHALL BE PROVIDED AT NO COST TO THE UNIVERSITY. THE VENDOR MUST PROVIDE DOCUMENTATION OF ITS COMPLIANCE HISTORY INDICATING ANY STATE / FEDERAL REGULATORY AGENCY VIOLATIONS FOR THE LAST 2 YEARS INCLUDING MOTOR VEHICLE VIOLATIONS. DEPARTMENT CONTACT PERSONS: GENERAL INFORMATION: ANNE GREGSON, DEPARTMENT COORDINATOR; PHONE (401) 874-2591; ANNE@URI.EDU TECHNICAL QUESTIONS: BARBARA RAY, COORD. / HAZ MAT & CHEM WASTE; PHONE(401) 874-7993 ; RAY@GSO.URI.EDU				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.

BID SOLICITATION

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

BID NUMBER: B06088
TITLE: WASTE DISPOSAL, MEDICAL
BID OPENING DATE AND TIME:
03/15/2006 11:15 AM

BUYER: ALMA MILLER
PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 3/1/2006 - 2/28/2008

BILL TO
UNIVERSITY OF RHODE ISLAND
URI ACCOUNTS PAYABLE
103 ALBERT CARLOTTI BLDG
KINGSTON RI 02881

SHIP TO
UNIVERSITY OF RHODE ISLAND
URI CENTRAL RECEIVING
ATTN: SEE BELOW
PLAINS RD
KINGSTON RI 02881

Requisition Number(s): R86A068788

Item	Class-Item	Quantity	Unit	Unit Price	Total
	DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY. -			**TOTAL:**	_____

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.