

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION  
 PROCUREMENT SERVICES SECTION

**AFFIDAVIT OF COMPLIANCE - PROCUREMENT OF ITEMS OF APPAREL FROM RESPONSIBLE MANUFACTURERS PROVISION**

BID/RFP NUMBER: 1364

DATE: 1/10/2010

RETAIL SUPPLIER: Streicher's Police Equipment

This affidavit of compliance will be the contractor's sworn statement that facilities identified on this form are responsible manufacturers as defined in the Milwaukee Code of Ordinances 310-17 sub. 2-d. Contractors shall procure and submit sworn reports or affidavits from every subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section. In the event that any information provided by the contractor or subcontractor changes during the specified time period of the contract, the contractor shall submit or cause to be submitted to the purchasing director sworn reports or affidavits relating to the updated information.

A. Below, provide the name and address of the **companies and facilities** and the items of apparel that have been or will be manufactured, distributed, laundered or dry cleaned under this contract and provide the base hourly wage and the percent of wage level paid as health benefits for persons working at the facilities in which the items of apparel have been or will be manufactured or distributed, laundered, or dry cleaned (attach additional sheet, if necessary):

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP	BASE HOURLY WAGE*	% OF WAGE LEVEL PAID AS HEALTH BENEFITS
1. Safariland, LLC	13386 International Pky	Jacksonville	FL	32218	\$9.46 - \$15.00	80%
2. Safariland, LLC	3120 E. Mission Blvd	Ontario	CA	91761	\$9.46 - \$15.00	80%
3. Safariland Internacional	Calle Uno Poniente # 115, Cd. Industrial Nueva	Tijuana	Baja California, MX		\$2.73 - \$4.25*  *Based on published WSJ rate on 1/13/10	Varies
4.						

B. Below, provide the names and address of all **owners** of the facilities in which the items of apparel have been or will be manufactured, distributed, laundered or dry cleaned under this contract and provide the base hourly wage and the percent of wage level paid as health benefits for persons working at the facilities in which the items of apparel have been or will be manufactured or distributed, laundered, or dry cleaned. (attach additional sheet, if necessary):

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP	BASE HOURLY WAGE	% OF WAGE LEVEL PAID AS HEALTH BENEFITS
1. Safariland, LLC	Same as above					
2.						
3.						
4.						

**\*THE SUCCESSFUL BIDDER MUST COMPLY WITH THE HOURLY NON-POVERTY WAGE TABLE WHICH CAN BE FOUND ON THE PROCUREMENT SERVICES WEB SITE AT: <http://www.city.milwaukee.gov/display/router.asp?docid=327>  
PLEASE MAKE SURE YOU ARE USING THE MOSE CURRENT WAGE TABLE AT THE TIME THIS AFFIDAVIT IS COMPLETED. IF THIS AFFIDAVIT DOES NOT COMPLY WITH THE ABOVE REQUIREMENTS FOR WAGES AND BENEFITS PAID, THE BID MAY BE REJECTED.**

In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my manufacturers and their subcontractors purchasing, renting, laundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17.

Further, I understand that any false statement on these forms could result in:

- Withholding of payments.
- Termination, suspension or cancellation of the contract in whole or in part.
- After a due process hearing, denial of the right of the contractor to bid on future city contracts, by himself or herself, partner or agent, or by any corporation of which he or she is a member, for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.

I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above:

AUTHORIZED SIGNATURE:

*Adam Goldman*

PRINTED NAME:

Adam Goldman

COMPANY NAME:

Safariland, LLC

Personally came before me on this 18<sup>th</sup> day of January, 2010, (he/she) Adam Goldman who acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

(SEAL)

NOTARY PUBLIC SIGNATURE:

*Leanne M. McKenzie*

PRINT NAME:

Leanne M. McKenzie

My commission expires:

July 31, 2012

