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STATEMENT OF INTENT

Prescribed by: 41 CFR 102-40
Sponsor: Disposition Services

Form Approved
OMB No. 0704-0534
Expires October 31, 2021

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB 0704-0534, is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

NOTE: The bidder has a duty to demonstrate responsibility and compliance with federal, state, county, city or local environmental/safety regulations or ordinances on the use and storage of Hazardous Property (HP) to qualify for an award. **The Disposition Services Sales Contracting Officer may use the bidder's failure to provide complete or accurate information on this basis to deny the award.**

SECTION I. BIDDER INFORMATION ***If bidder is agent, check here*** ☐

a. NAME AND PHONE NUMBER OF PRINCIPAL:

b. PRINCIPAL'S ADDRESS:

c. PLEASE LIST OTHER BUSINESS OR NAMES USED BY THE PRINCIPAL BIDDER:

d. NATURE OF BUSINESS

☐ (1) BROKER, MARKETER, RETAILER or WHOLESALER

☐ (2) TREATMENT, STORAGE AND/OR DISPOSAL FACILITY

☐ (3) OTHER (Specify) _____

e. INDICATE ALL RELEVANT TRAINING AND EXPERIENCE RELATED TO THE USE AND STORAGE OF HAZARDOUS PROPERTY.

BIDDER MUST INDICATE THE ITEM(S) FOR WHICH THE INFORMATION IN THIS SECTION APPLIES.

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SECTION 2. DESTINATION OF PROPERTY

NOTE: LIST THE ACTUAL STREET ADDRESS WHERE THE PROPERTY IS TO BE DELIVERED. POST OFFICE BOXES ARE NOT ACCEPTABLE.

a. ☐ 1. PRINCIPAL BIDDER(S) ☐ 2. OTHER (List)

NAME, ADDRESS AND PHONE NUMBER OF DESTINATION

EPA ID NO. AND/OR LICENSE/PERMIT(S) NO. (Mandatory if facility is regulated by federal/state or local authorities)

TYPE(S) OF ACTIVITY DESTINATION POINT IS LICENSED/PERMITTED FOR:

b. DOES THE PRINCIPAL OWN THE STORAGE FACILITY? ☐ YES ☐ NO

IF THE STORAGE FACILITY IS NOT OWNED BY THE PRINCIPAL, PROVIDE THE NAME AND PHONE NO. OF THE OWNER AND THE RELATIONSHIP BETWEEN THE PARTIES. IF THE STORAGE FACILITY IS RENTED, DOES THE LEASE SPECIFICALLY INCLUDE THE STORAGE OF HAZARDOUS PROPERTY? ☐ YES ☐ NO IF YES, ENCLOSE A COPY OF THE LEASE AGREEMENT.

c. PROVIDE THE NAME, ADDRESS AND PHONE NO. OF THE FEDERAL/STATE ENVIRONMENTAL REGULATORY AGENCIES AND/OR NON-EMERGENCY PHONE NO. FOR THE LOCAL, STATE, COUNTY, CITY OR OTHER AGENCY THAT HAS JURISDICTION FOR FIRE/SAFETY INSPECTIONS OR WOULD RESPOND TO EMERGENCIES WHERE THE PROPERTY WILL BE STORED. FAILURE TO ACCURATELY COMPLETE THIS BLOCK WITH REQUESTED INFORMATION MAY RESULT IN YOUR BID BEING NON-RESPONSIVE AND ULTIMATELY NO AWARD. *(911 Is Not Acceptable)*

d. LIST ALL FEDERAL/STATE/LOCAL ENVIRONMENTAL REGULATORY AGENCIES THAT HAVE INSPECTED THE FACILITY/BUSINESS OR THE DESTINATION SITE DURING THE PAST TWO (2) YEARS. INCLUDE THE NAME OF THE INSPECTORS, AND THE NAME, ADDRESS, AND PHONE NO. OF EACH AGENCY. FAILURE TO ACCUR.ATELY COMPLETE THIS BLOCK WITH REQUESTED INFORMATION MAY RESULT IN YOUR BID BEING NON-RESPONSIVE AND ULTIMATELY NO AWARD.

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SECTION 3. SPECIFIC USAGE *(Insert Item Number(s) as Appropriate)*

a. AS A PURCHASER, I WILL:

☐ (1) RESELL ITEM(S): _____

☐ (2) USE ITEM AS INTENDED: _____

☐ (3) SCRAP ITEM(S) FOR RECOVERY OF CONTENTS: _____

☐ (4) RE-REFINE/REPROCESS ITEM(S): _____

☐ (5) OTHER (Specify Item and Usage): _____

b. IF ITEM(S) ARE RESOLD, LIST ALL CUSTOMERS AND PROVIDE ALL APPLICABLE INFORMATION REQUESTED IN SECTION 2, PARAGRAPHS C & D OF ABOVE FOR EACH CUSTOMER. USE ADDITIONAL PAPER IF NECESSARY AND ATTACH TO THIS FORM.

SECTION 4. ACKNOWLEDGEMENTS

a. Bidder acknowledges that sanctions may be imposed against any persons who knowingly/unknowingly violates any law relative to environmental protection, illegal transportation or storage/safety requirements/regulations or who knowingly falsifies or conceals information regarding the business, disposition, violation or use of the property and may include the denial of any future participation in the DoD Surplus Sales Program.

b. Bidder acknowledges that the information provided in this statement will be considered a part of the bid under the IFB, and a part of the contract of sale if the bid is accepted by the United States of America.

SECTION 5. CERTIFICATION

THE UNDERSIGNED BIDDER HEREBY CERTIFIES THAT IF AWARDED A CONTRACT UNDER THIS INVITATION FOR BIDS, THE BIDDER WILL COMPLY WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS, ORDINANCES, AND REGULATIONS WITH RESPECT TO THE CARE, HANDLING, STORAGE, SHIPMENT, RESALE, EXPORT, OR OTHER USE OF THE MATERIAL HEREBY PURCHASED. THE BIDDER WILL HOLD THE UNITED STATES HARMLESS FROM AND INDEMNIFY THE UNITED STATES AGAINST ANY OR ALL DEBTS, LIABILITIES, JUDGEMENTS, COSTS, DEMANDS, SUITS, ACTIONS, OR OTHER CLAIMS OF ANY NATURE ARISTNG FROM OR INCIDENT TO THE HANDLING, USE, STORAGE, SHIPMENT, RESALE, EXPORT, OR OTHER DISPOSITION OF THE ITEMS PURCHASED.

I CERTIFY THAT ALL OF THE INFORMATION GIVEN IN THIS STATEMENT IS TRUE AND CORRECT, AND THAT I HAVE NOT KNOWINGLY OMITTED ANY ADDITIONAL INFORMATION WHICH IS INCONSISTENT WITH THIS STATEMENT. I UNDERSTAND THAT THIS STATEMENT IS INCORPORATED BY REFERENCE INTO ANY RESULTING CONTRACT OF SALE WITH THE U.S. GOVERNMENT. PRIOR TO EFFECTING ANY CHANGE OF FACT OR INTENTION FROM THAT STATED HEREIN OR IN ANY PRIOR AMENDMENT, WHETHER OCURRING BEFORE OR AFTER THE RELEASE OF PROPERTY UNDER CONTRACT, I WILL SUBMIT A WRITTEN REQUEST FOR AMENDMENT OF THIS STATEMENT TO THE DLA DISPOSITION SERVICES CONTRACTING OFFICER.

I AGREE THAT I WILL NOT EFFECT SUCH CHANGES WITHOUT FIRST RECEIVING THE WRITTEN APPROVAL OF THE DLA DISPOSITION SERVICES CONTRACTING OFFICER.

_____ DATE OF SIGNING

_____ SIGNATURE OF OFFICIAL BIDDER

_____ PRINT OR TYPE NAME OF BIDDER

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SECTION 6. SPECIFIC USAGE

As a purchaser, I will:

(a) Ensure that a minimum of 75% of the hazardous property purchased from DLA Disposition Services will be managed by one of the following methods within 12 months of the purchase date: (Specify Item)

- ☐ (1) Resell Items: _____
- ☐ (2) Use Item as Intended: _____
- ☐ (3) Scrap Item(s) For Recovery of Contents: _____
- ☐ (4) Re-Refine. Reprocess Item(s): _____
- ☐ (5) Other (Specify Item and Use) _____

(b) Maintain accurate log(s) which records management of hazardous property by one of the following methods for purchases from DLA Disposition Services: (Specify Item)

- ☐ (1) Resell Items: _____
- ☐ (2) Use Item as Intended: _____
- ☐ (3) Scrap Item(s) For Recovery of Contents: _____
- ☐ (4) Re-Refine/Reprocess Items(s): _____
- ☐ (5) Other (Specify Item and Use): _____

(c) Provide DLA Disposition Services Sales Office with a Semi-Annual Report (See section 7) June 1st and December 1st recording management of hazardous property received from DLA Disposition Services by one of the following methods: (Specify Item)

- ☐ (1) Resell Items: _____
- ☐ (2) Use Item as Intended: _____
- ☐ (3) Scrap Item(s) For Recovery of Contents: _____
- ☐ (4) Re-Refine/Reprocess Items(s): _____
- ☐ (5) Other (Specify Item and Use): _____

NOTE: If the conditions of these requirements are not met, DLA Disposition Services will not consider releasing any further property to you until the requirements have been satisfied.

_____
Printed Name of Buyer(s)

_____ _____
Signature of Buyer(s) Date Signed

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SECTION 7. SEMI-ANNUAL REPORT

a. NAME OF ITEM:

b. UNIT OF ISSUE:

c. QUANTITY:

d. CONTRACT NUMBER(s) (where the material came from #):

e. STORAGE LOCATION:

f. DATE OF REMOVAL (n/a if item stored in original location):

g. POINT OF CONTACT (POC) IF DIFFERENT FROM ORIGINAL DESTINATION:

PRINTED NAME:

ADDRESS:

TELEPHONE NUMBER:

SIGNATURE: _____

h. IF PROPERTY IS RESOLD BUYER(s):

PRINTED NAME:

ADDRESS:

TELEPHONE NUMBER:

DLA DISPOSITION SERVICES SALES CONTRACTOR SIGNATURE: _____