

KING COUNTY HOUSING AUTHORITY CAPITAL CONSTRUCTION DEPARTMENT 700 ANDOVER PARK WEST * TUKWILA, WA 98188

ADDENDUM:	1		DATE: 09-27-23				
PROJECT NAME:	RFQ FOR ENVIRONMENTAL REVIEW SERVICES						
CONTACT NAME:	Kelly L. Iverson		TITLE:	Sr. Management Analyst			
PHONE:	206-574-1218		EMAIL:	kellyi@kcha.org			
This Addendum is used to Identify Items in the Original Documents with Action as Follows:							
I	□ BID	▼ RFQ		RFP			
□ CLARIFY	☐ CHANGE	□ DELETE	✓ ADD	□ SUBSTITUTE			
Page(s) Total for this Addenda including this page.							
1. Revised Consultant Certification Return Form – 2.							

END OF ADDENDUM #1



CONSULTANT'S CERTIFICATION

NAME	COF FIRM:						
PHYSI	ICAL ADDRESS:						
	ING ADDRESS: cent from physical address)						
TEL	EPHONE No.:	CON	SULTANT IS A(N)	!			
			OTHER", Describe				
	UBI No.:	FED					
OWNE	CR(S) OF FIRM (must list	all owners; use an a	additional sheet if ne	cessary)			
NAME OF OWNER(VNER(S)	DA	ATE(S) OF OWNERSHIP (from – to)			
UNDEI respons		JURY,I /	We hereby certi	fy that: (Check the appropriate			
1.	I / We have a supplied by the King Cour			and Drawings (if applicable) as			
2.		the various requirem	ents contained in the	es that would preventMe RFQ Documents to the greatest tached goals.			
3.		segregated facilities	s are maintained, ex-	_My /Our employees to cept for separate or single-user een the sexes.			
4.	an Equal Employment	Opportunity Plan is I / We h	n the past that rec	Have Not participated in quired filing reports with the We Have / Have next () days.			
5.				Taxpayer Identification Number to Me / Us and			
6.				We are not subject to Backup m Backup Withholding, or			



RFQ for ENVIRONMENTAL REVIEW SERVICES SUBMITTAL RETURN FORM - 2

	Am/_	We Are suldends, or		•			` /	
		S has notified sup Withholding.		Us that	I Am / _	We	Are no lon	ger subject
		RE subject to Ba		olding, leave	#6 blank an	d go to#	7)	
7.	subject to	We have Backup Withhold led out #6 – you	ding because	of under repor	rting interest	or divide	ends.	•
8.	, who is by title the PLEASE PRINT PLEASE PRINT							
	of our fi	rm/company and re submitted, and	has been d	esignated, as t	he responsi	ole officia	al to ensure	•
AUTH	ORIZED (OFFICIAL:						
SIGN	ATURE:			TI	TLE: PLEA	SE PRINT		
	NAME:	PLEASE PRINT		D	ATE:			