



City of Stuart

121 SW Flagler Avenue • Stuart • Florida 34994
Department of Financial Services
Procurement and Contracting Services Division

Lenora Darden, CPPB
Procurement Manager
ldarden@ci.stuart.fl.us

Telephone (772) 288-5308
Fax: (772) 600-0134
www.cityofstuart.us

January 15, 2016

Via: Email transmission, priority1fireprotection@yahoo.com

Priority 1 Fire Protection, Inc.
Attn: Robert Smith, Jr, Owner
2044 SE Washington Street
Stuart, FL 34997

Subject: Notice of Award
RFQ No. 2016-002: Fire Extinguisher/Suppression Inspection/Testing Services

Dear Mr. Smith,

You are hereby notified that your firm has been awarded RFQ No. 2016-002, Fire Extinguisher/Suppression Inspection/Testing Services, for the award of Group C, in the annual amount not to exceed \$1,152.00, in accordance with the terms and conditions specified in the RFQ.

The initial contract period will be for one year, effective on January 15, 2016 through January 14, 2017, with 2 one-year renewal options. The City reserves the right to exercise the option to renew annually, if mutually agreed upon in writing by both parties subject to the same terms and conditions of the original agreement. Annual renewals shall be subject to the appropriation of funds, vendor's satisfactory performance and determination that the contract renewal is in the best interest of the City.

All services shall be coordinated with the City Project Manager, John LaPadula, who can be contacted at (772) 288-5342.

The City of Stuart looks forward to a mutually beneficial business relationship. If you have any questions, please feel free to contact me by email at ldarden@ci.stuart.fl.us or call me at (772) 288-5308.

Sincerely,

Lenora Darden
Procurement Manager
City of Stuart, Florida

c: 2016-002 RFQ File
Milton Leggett, Deputy Public Works Director

MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT

Honorable Ruth Pietruszewski CFC, Tax Collector
3485 S.E. Willoughby Blvd., Stuart, FL 34994
(772) 288-5604

Account 2011-650-0861 Cert
Phone (772)233-6744 Sic No 453910
Location 2044 SE WASHINGTON ST STU



Prev Yr	\$.00	Lic Fee	\$26.25
	\$.00	Penalty	\$6.56
	\$.00	Coll-Fee	\$6.60
	\$.00	Transfer	\$3.00

TOTAL \$42.41

Has satisfied requirements to engage in the business, profession
or occupation of RETAIL

at location listed for the period beginning on the

08 Day of JANUARY

AND ENDING SEPTEMBER 30 2016

SMITH, ROBERT BRUCE JR
PRIORITY 1 FIRE PROTECTION
2044 SE WASHINGTON ST
STUART, FL 34997

805 2015 02654.0002 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS
SUBJECT TO A \$250 FINE. IF NOT PAID BY SEPT. 30th, A DELINQUENT PENALTY OF 10%
FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER
UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE: A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT
EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT

Honorable Ruth Pietruszewski CFC, Tax Collector
3485 S.E. Willoughby Blvd., Stuart, FL 34994
(772) 288-5604

Account 2011-125-0862 Cert 20953700022011
Phone (772)233-6744 Sic No 423990
Location 2044 SE WASHINGTON ST STU



Prev Yr	\$.00	Lic Fee	\$26.25
	\$.00	Penalty	\$6.56
	\$.00	Coll-Fee	\$6.60
	\$.00	Transfer	\$3.00

TOTAL \$42.41

Has satisfied requirements to engage in the business, profession
or occupation of SERVICES ON FIRE EXTINGUISHER
at location listed for the period beginning on the

08 Day of JANUARY

AND ENDING SEPTEMBER 30 2016

SMITH, ROBERT BRUCE JR
PRIORITY 1 FIRE PROTECTION, INC.
2044 SE WASHINGTON ST
STUART, FL 34997

805 2015 02654.0001 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS
SUBJECT TO A \$250 FINE. IF NOT PAID BY SEPT. 30th, A DELINQUENT PENALTY OF 10%
FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER
UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE: A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT
EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Profit Corporation**

PRIORITY 1 FIRE PROTECTION, INC.

Filing Information

Document Number	P10000101546
FEI/EIN Number	27-4297427
Date Filed	12/16/2010
Effective Date	12/16/2010
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	01/08/2016

Principal Address2044 SE Washington St
Stuart, FL 34997

Changed: 01/08/2016

Mailing Address2044 SE Washington St
Stuart, FL 34997

Changed: 01/08/2016

Registered Agent Name & AddressSMITH, JR, ROBERT
2044 SE Washington St
Stuart, FL 34997

Name Changed: 01/08/2016

Address Changed: 01/08/2016

Officer/Director Detail**Name & Address**

Title PVST

SMITH, JR, ROBERT
2044 SE Washington St
Stuart, FL 34997

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Priority 1 Fire Protection, Inc.		
	2 Business name/disregarded entity name, if different from above Priority 1 Fire Protection, Inc.		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) 2044 SE Washington Street		Requester's name and address (optional)
	6 City, state, and ZIP code Stuart, FL 34997		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
2 7 - 4 2 9 7 4 2 7	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 1/1/2016
------------------	----------------------------	-----------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
NON-CONSTRUCTION INDUSTRY
CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA
WORKERS' COMPENSATION LAW



EFFECTIVE 11/28/2011 EXPIRATION DATE: N/A

PERSON: ROBERT B SMITH JR

FEIN: 274297427

BUSINESS NAME AND ADDRESS:

PRIORITY 1 FIRE PROTECTION INC
3389 SW SAWGRASS VILLAS DR
PALM CITY, FL 34990

SCOPE OF BUSINESS OR TRADE:

1- SALES

2- FIRE EXTINGUISHER SERVICE

IMPORTANT

F Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who
O elects exemption from this chapter by filing a certificate of election
L under this section may not recover benefits or compensation under this
D chapter.

H Pursuant to Chapter 440.05(12), F.S., Certificates of election to be
E exempt apply only within the scope of the business or trade listed on
R the notice of election to be exempt.

E Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt
and certificates of election to be exempt shall be subject to revocation
if, at any time after the filing of the notice or the issuance of the
certificate, the person named on the notice or certificate no longer meets
the requirements of this section for issuance of a certificate. The
department shall revoke a certificate at any time for failure of the
person named on the certificate to meet the requirements of this
section.

QUESTIONS? (850) 413-1609

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.



City of Stuart

121 SW Flagler Avenue • Stuart • Florida 34994
Department of Financial Services
Procurement & Contracting Services Division

Amanda Reed
Procurement Specialist
purchasing@ci.stuart.fl.us

Telephone (772) 288-5308
Fax: (772) 600-0134
www.cityofstuart.us

Date: January 6, 2016
To: Prospective Bidders
Subj: Addendum #1 to RFQ# 2016-002, Fire Extinguisher/Suppression Inspection/Testing Services

ADDENDUM #1

The purpose of this addendum is to replace section E1.C. and add to Option 1 Equipment (New/Replace/Refill) the following: two (2) large capacity fire extinguishers where combustible and flammable liquids are stored and transferred per NFPA 10, Standard for Portable Fire Extinguishers. A revised quote form is attached to this addendum.

Replace section E1. C. with the following:

“All fire extinguishers are to be of proper rating, installation, and marking as required by National Fire Protection Association (NFPA). All fire extinguishers not meeting minimum charge requirements or requiring service beyond annual requirements at the time of inspection, i.e. requiring 6-year maintenance or hydrostatic testing with the ability to retest or recharge, **shall be either repaired, recharged or replaced.**”

All other terms and conditions of this RFQ remain unchanged.

This Addendum shall be considered an integral part of the RFQ and Contract Documents and this Addendum must be acknowledged, signed and returned with your submittal **by 2:30 pm on January 11, 2016**. Failure to comply will result in disqualification of your bid submitted.

Amanda Reed

Amanda Reed
Procurement Specialist
City of Stuart, Florida

Acknowledgement is hereby made of Addendum #1 to RFQ# 2016-002: Fire Extinguishers/Suppression Inspection/Testing Services

Robert B Smith
Signature

PRIORITY 1 FIRE PROTECTION
Firm

1/11/16
Date

PRIORITY 1 FIRE PROTECTION @YAKOV.COM
Email Address

REQUEST FOR QUOTATION 2016-002-FIRE EXTINGUISHERS/SUPPRESSION SYSTEMS

REVISED BID FORM

RFQ Date: 1/11/16	RFQ No: 2016-002	Reply By: January 11, 2016 by no later than 2:30 PM (Late Submittals May be Rejected)	Dept./Div. Citywide	Contact: Amanda Reed purchsing@ci.stuart.fl.us
----------------------	---------------------	---	------------------------	--

All bid prices shall include travel time, mileage, and any associated expenses and must remain firm throughout the initial contract period. Exact delivery point will be provided at time of order placement. It will be the responsibility of the vendor to supply the necessary labor and materials for the site placement of all equipment as specified herein.

GROUP A - WATER BASED FIRE PROTECTION SYSTEMS INCLUDING BACKFLOWS

DESCRIPTION	1	2	3	TOTAL PRICE (Columns 2 + 3=)
	Quarterly Inspection Unit Cost	Quarterly (Unit Cost X 3 = Annual Total)	Annual Inspection/Testing (Unit Cost)	
Fire Sprinklers - City Hall, 121 SW Flagler Ave	\$	\$	\$	\$
Fire Sprinklers - Community Ctr, 724 SE 10 th St	\$	\$	\$	\$
Fire Sprinklers - Public Safety, 830 MLK Jr Blvd	\$	\$	\$	\$
Fire Sprinklers - Fire Station 2, 1100 SE Monterey Rd Ext.	\$	\$	\$	\$
Standpipe System-Courtesy Floating Dock, City Hall, 121 SW Flagler Avenue			\$	\$
GROUP A - GRAND TOTAL				\$

GROUP B - HOODS

DESCRIPTION	Semi-Annual Inspection Unit Cost	TOTAL PRICE (Unit Cost X 2=)
Hoods - Community Center, 724 SE 10 th Street	\$	\$
Hoods - Fire Station 1, 800 MLK Jr Blvd	\$	\$
GROUP B - GRAND TOTAL		\$

GROUP C - FIRE EXTINGUISHERS

QUANTITY EACH	DESCRIPTION	Annual Inspection/Testing Unit Cost	TOTAL PRICE (Qty X Unit Cost=)
328	ABC	\$ 300	\$ 98400
6	BC	\$ 300	\$ 1800
24	CO2	\$ 400	\$ 9600

Company Name: PRIORITY 1 FIRE PROTECTION

GROUP C - FIRE EXTINGUISHERS (Cont'd)			
QUANTITY EACH	DESCRIPTION	Annual Inspection/Testing Unit Cost	TOTAL PRICE (Qty X Unit Cost=)
5	Halotron	\$ 300	\$ 1500
4	PK	\$ 300	\$ 1200
8	PW	\$ 300	\$ 2400
1	6 Class K	\$ 300	\$ 300
Total 376	GROUP C - GRAND TOTAL		\$ 1152⁰⁰

OVERALL TOTAL FOR GROUPS A - C	\$ 1152⁰⁰
---------------------------------------	-----------------------------

OPTION 1 - EQUIPMENT (NEW / REPLACE / REFILL)			
LB/SIZE	DESCRIPTION	NEW/REPLACE COST	REFILL COST (Unit Price Per LB)
2.5	ABC	\$ 3650	\$ 2050
5.0	ABC	\$ 4800	\$ 2050
10.0	ABC	\$ 6500	\$ 3050
20.0	ABC	\$ 15000	\$ 4000
2.5	BC	\$ 4000	\$ 2050
5.0	BC	\$ 5500	\$ 2050
20.0	BC	\$ 15500	\$ 4000
2.5	Halotron	\$ 12000	\$ 12050
5.0	Halotron	\$ 21200	\$ 22050
10.0	Halotron	\$ 45500	\$ 47050
5.0	CO2	\$ 17500	\$ 1475
10.0	CO2	\$ 24500	\$ 2950
15.0	CO2	\$ 29400	\$ 4425
10.0	PK	\$ 11500	\$ 3050
20.0	PK	\$ 23000	\$ 4000
2.5	PW	\$ 14000	\$ 1895
10	2 Large Capacity Dry Chemical	\$ 8000	\$ 3050
	6 Class K	\$ 22500	\$ 14000

Company Name: Priority 1 Fire Protection

OPTION 2 –REPAIRS AND ADDITIONAL SERVICES

DESCRIPTION	HOURLY LABOR RATE
Technician: Labor rate per hour is based on regular working hours schedule only. Overtime is not permitted.	\$ <u>85.00</u>

OPTION 3 –PARTS & MATERIALS

DESCRIPTION	% MARK UP (Not to Exceed 10%)
Identify Percentage Mark-Up Cost For Miscellaneous Parts and Materials	%

Optional services for labor, equipment, parts and materials to cover service requirements are not part of inspection and testing services; and are for bid evaluation purposes only. These options will be used on an as needed basis. (0%) is acceptable for Direct Pass-Thru

Preferred method of payment is by the City Purchasing Card (VISA). DO YOU ACCEPT THE PURCHASING CARD (VISA)? Yes No

Quotes may be faxed, e-mailed or mailed, but must contain original signatures. Electronic signatures are not acceptable

All Prices will remain firm for a period of forty-five (45) days from the date of Bid opening.

The City of Stuart offers bidders who commit to accepting the Purchasing Card, noted above in the Bid Schedule as payment method, a one percent (1%) reduction in their bid price for evaluation purposes only. When evaluating prices submitted by bidders in response to this solicitation, the total offered price of a bidder committed to accepting the Purchasing Card will be reduced by one percent, the resulting number is then compared to the other bidders' offered price. If the committed bidder is awarded the contract, the award will be at the originally bid price.

The undersigned bidder hereby certifies that the invitation to bid has not been altered in any manner; and that bidder has received all the Addenda listed below and has incorporated them into his Bid listed herein. Failure to acknowledge the above requirements will render the bid non-responsive and no further evaluation of the bid will occur.

ACKNOWLEDGEMENT IS HEREBY MADE OF RECEIPT OF ADDENDA ISSUED DURING THE SOLICITATION PERIOD:

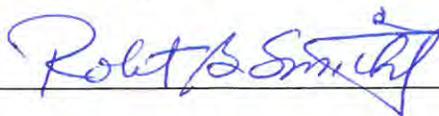
ADDENDUM # C THROUGH ADDENDUM # _____

Federal ID # 27-4297427

Company Name: PRIORITY 1 FIRE PROTECTION Date: 1/11/16

Name & Title of individual submitting Bid: ROBERT B. SMITH, JR.

Email address: PRIORITY1FIREPROTECTION@YAHOO.COM Ph: 772-233-6744

AUTHORIZED SIGNATURE: 

ATTACHMENT B

QUESTIONNAIRE OF BIDDERS INFORMATION

FILLABLE FORM AVAILABLE

PART A - QUALIFICATIONS

Information provided shall fully explain the firm's qualifications and experience of their Organization to provide services as stated below: (Bidders may attach additional sheets, if necessary).

- 1. Bidder is licensed by the State of Florida Fire Marshal for water based systems, portable and pre-engineered fire extinguisher systems to provide services as described herein. Is supporting documentation included? Yes [X] No []
2. Bidder's facility is approved by FDOT and is Class A licensed in the State of Florida to provide services as described herein. Is supporting documentation included? Yes [X] No []
3. Provide trained technician's credentials as identified in Section C3. Is supporting documentation included Yes [X] No []

Technicians assigned to this project,

Name: BOB SMITH Title OWNER Cellular Number 772-233-6744

5 # of Years with Firm, 13 #Years of Technical Experience

FIRE EXTINGUISHER CLASS B Technical Licenses Obtained and Dates Obtained 2011

FIRE EXTINGUISHER CLASS B Technical Certifications Obtained and Dates Obtained 32 HR CECU EVERY 2 YEARS

Technicians assigned to this project,

Name: Title Cellular Number

of Years with Firm, #Years of Technical Experience

Technical Licenses Obtained and Dates Obtained

Technical Certifications Obtained and Dates Obtained

PART B - OTHER REQUESTED INFORMATION

- 1. Number of year's organization has been in business: 5
2. Identify any training provided to your employees, i.e. safety, etc: CECU 32 Hrs (2 years)
3. Provide office hours and contact information of staff responsible for coordination of services. 8 AM to 4 PM BOB SMITH 772-233-6744
4. Bidder to provide details of uniform and identification worn by employees:
5. Approximately how many miles is your location from the City of Stuart? 10 MILES
6. Provide warranty information: MANUF. WARRANTY AND SERVICE WARRANTY 1 year
7. Bidder to provide details of uniform and identification worn by employees. BUSINESS SHIRT, PERMIT, PANTS OR SHORT, FOOTWEAR

ATTACHMENT C

Provide three (3) satisfactory references within the past five (5) years of similar complexity, nature, and size of this project.

#1 Reference

Company/Entity Name: MARTIN MEMORIAL HOSPITAL	
Address 300 HOSPITAL AVE	
City STUART State FL Zip Code 34994	
Contact Name: BRIAN GILLEN Title: HEAD SECURITY	
Phone No: (772) 223-5945 EXT (2628) - Email:	
Date of Service or Contract Period: ON GOING Location ALL FACILITIES	
Summary of Services Performed INSPECTION, SERVICES, SALES ALL FIRE EXTINGUISHERS	
Governmental or <u>Private</u>	Dollar Value of Contract \$ 10,000

#2 References

Company/Entity Name: MARTIN COUNTY SCHOOL DISTRICT	
Address 2000 SE 10th ST	
City STUART State FL Zip Code 34994	
Contact Name: ^{MISSY TRUMPLER} Title: OPERATION MANAGER	
Phone No: (772) 223-3105 ^{EXT. 144} Fax: (772) 221-4912 Email: TRUMPLM@MARTIN-K12-FL.US	
Date of Service: 2012 Location ALL SCHOOLS + FACILITIES	
Amount of Meals/Service	
<u>Governmental</u> or Private	Dollar Value of Contract \$ 15,000 to \$20,000

#3 References

Company/Entity Name: CITY OF STUART	
Address 121 SW FLAGLER AVE	
City STUART State FL Zip Code 34994	
Contact Name: MILTON Title:	
Phone No: (772) 288-5398 Fax: () - Email:	
Date of Service: 2011 Location ALL CITY FACILITIES	
Amount of Meals/Service	
Governmental or Private	Dollar Value of Contract \$ 5,000

Company Name PRIORITY FIRE PROTECTION

PRIORITY 1 FIRE PROTECTION, INC.

2044 SE Washington St

Stuart, FL 34996

Phone: (772) 233-6744 Fax: (855) 233-6744

E-Mail: priority1fireprotection@yahoo.com



DATE	TECHNICIAN	CELL
11/9/2015	Bob Smith	772.233.6744

JOB NAME:
City of Stuart

SUBMITTED TO:

City of Stuart
Attn: Milton 772-288-5341
920 E. 10th St
Stuart, FL 34994

ANNUAL FIRE EXTINGUISHER MAINTENANCE PRICE SHEET

ITEM	PRICE EACH
ANNUAL MAINTENANCE	
ABC / BC / Pressurized Water / Water Mist / Halon - up to 20 lbs or 2.5 gals. <i>Includes: Annual Maintenance per NFPA #10, all tags, labels, seals, pull pins, handles, rivets (all external parts excluding hose assemblies) and bar coding.</i>	\$3.00
CO2 - up to 20 lbs <i>Includes: All of the above for Annual Maintenance plus continuity test of hose.</i>	\$4.00
6 YEAR MAINTENANCE / RECHARGE	
ABC / BC 2.5 lbs to 5 lbs	\$20.50
ABC / BC 10 lbs <i>Includes: All of the above for Annual Maintenance plus the 6 year maintenance per NFPA #10, all internal parts including chemical, valve stem, o-rings, siphon tube and guage if necessary. Recharge included.</i>	\$30.50
Pressurized Water / Water Mist <i>Includes: All of the above for Annual Maintenance plus all internal parts including valve stem, o-rings, siphon tube and guage if necessary</i>	\$18.95
CO2 <i>Includes: All of the above for Annual Maintenance plus all internal parts including valve stem, o-rings, siphon tube.</i>	\$2.95
HYDROTEST	
ABC / BC / Pressurized Water / Water Mist / Halon - up to 20 lbs or 2.5 gals. <i>Includes: All of the above for Annual Maintenance plus internal cylinder inspection and testing of cylinders per DOT regulations.</i>	\$28.50
CO2 - up to 20 lbs <i>Includes: All of the above for Annual Maintenance plus visual inspection, devalve, visual plus test for thread cracks on aluminum cylinders and test of cylinder per DOT regulations.</i>	\$34.00
NEW FIRE EXTINGUISHERS	
5lb ABC	\$48.00
10lb ABC	\$65.00
Service charge	\$24.95

Accepted by: _____

Date: _____

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified.



LET YOUR FIRE EXTINGUISHERS BE OUR PRIORITY





Robert B Smith, Jr.
Priority 1 Fire Protection Inc.
3465 B SW Palm City School Ave Palm City FL
34990

Permit Section-
209537-0002-2011



Expires: 12/31/2015
Exclusions:
CO2 Hydro Test
Pre-engineered
Halon

Jeff G. Smith

JEFF G. SMITH
CHIEF, PERMITS SECTION