

AIR MOBILITY AIRCRAFT PLAN

PACKET: B





April 2, 2024

Washington State Department of Transportation
310 Maple Park Avenue SE
P.O. Box 47300
Olympia, WA 98504-7300

Dear WSDOT Team,

Merchant Aviation LLC, a Groupe ADP Company (MAv-ADP) is pleased to respond to this Request for Qualifications (RFQ) for the Air Mobility Aircraft Plan. We herewith submit our qualifications as a Respondent to this RFQ.

Merchant Aviation, LLC, is part of Groupe ADP, one of the largest airport operators in the world with 27 airports on four continents serving over 300 million passengers per year, which gives us a unique ability to implement an operations-based approach in all aviation projects. In building our Team, we have partnered with several trusted firms from Washington who will enhance the Team's local knowledge and bring specialized expertise to cover all aspects of the project. Our team also reflects the WSDOT's commitment to substantial and meaningful MSVWBE participation, and we commit to substantially exceed MSVWBE goals on this project.

MAv-ADP is in the forefront of Advanced Air Mobility and we are currently designing and building vertiports to serve eVTOL technology. Groupe ADP is responsible for designing and constructing a set of vertiports to serve Paris for the 2024 Olympic Games and beyond and we are working hand in hand with eVTOL companies building and testing new vehicles. Groupe ADP is also doing cutting-edge work in unmanned aerial systems and are using this technology today at several of our airports, incorporating drones for a wide variety of tasks. MAv-ADP is currently assisting airports in the US to integrate Advanced Air Mobility in their Master Plans and we will leverage our experience, combined with the latest FAA Vertiport Design guidance, to share our ideas and recommendations on the use of unmanned aerial system operations.

Our response will showcase the skills and expertise that our Team will bring WSDOT proven and exceptional value. Our Team is enthusiastically prepared to accept the challenges and provide professional recommendations, solutions and deliverables in an efficient, organized, and timely manner. We thank you for the opportunity to respond to your request for proposal.

Sincerely,

Joël Couillandeu
Chief Executive Officer - Merchant Aviation, LLC

Washington State Department of Transportation

Performance Evaluation Completed by Reference

Consultant Name:

Consultant's Project Manager:

Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.)

Type of Work:

☐ Roadway Design ☐ Plans Specs & Estimates ☐ Transportation Study ☐ Right-of-Way ☐ Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

☐ Prime

☐ Sub

Start Date

End Date

Dollar Amount of Services

Performance Evaluation

Rating Criteria

Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.

Score

1 - Low to 10 - High

1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?

2. Did the firm complete the project within the total budgeted amount?

3. Did the firm complete the project within the contract schedule(s)?

4. Did the firm meet all of your technical standards and quality expectations?

5. Was the firm's communication, both oral and written, clear and concise?

6. Was the firm's project management system effective?

Total Score

(Total the score by adding the scores for criterias 1 through 6.)

Average Score

(Average the score by dividing the total score by the total number of criteria that was rated.)

Evaluator Information:

Firm/Company Name:

Evaluator's Name:

Evaluator's Title:

Firm/Company Address:

Phone:

Fax:

Date:

Distribution: ☐ Original: Return to Consultant being evaluated; and

☐ Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

Rev. 2014

Washington State Department of Transportation

Performance Evaluation Completed by Reference

Consultant Name:

Consultant's Project Manager:

Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.)

Type of Work:

☐ Roadway Design ☐ Plans Specs & Estimates ☐ Transportation Study ☐ Right-of-Way ☐ Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

☐ Prime

☐ Sub

Start Date

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Dollar Amount of Services

Performance Evaluation

Rating Criteria

Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.

Score

1 - Low to 10 - High

1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?

2. Did the firm complete the project within the total budgeted amount?

3. Did the firm complete the project within the contract schedule(s)?

4. Did the firm meet all of your technical standards and quality expectations?

5. Was the firm's communication, both oral and written, clear and concise?

6. Was the firm's project management system effective?

Total Score

(Total the score by adding the scores for criterias 1 through 6.)

Average Score

(Average the score by dividing the total score by the total number of criteria that was rated.)

Evaluator Information:

Firm/Company Name:

Evaluator's Name:

Evaluator's Title:

Firm/Company Address:

Phone:

Fax:

Date:

Distribution: ☐ Original: Return to Consultant being evaluated; and

☐ Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

Rev. 2014

Washington State Department of Transportation

Performance Evaluation Completed by Reference

Consultant Name: Merchant Aviation
Consultant's Project Manager: David Tomber
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) Westchester County Airport Master Plan Update (ongoing)

Type of Work:

☐ Roadway Design ☐ Plans Specs & Estimates ☐ Transportation Study ☐ Right-of-Way ☒ Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

☒ Prime ☐ Sub	Start Date	End Date	Dollar Amount of Services
	10/01/19		1,716,932.00

Performance Evaluation	
Rating Criteria Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	Score 1 - Low to 10 - High
1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?	10.00
2. Did the firm complete the project within the total budgeted amount?	9.00
3. Did the firm complete the project within the contract schedule(s)?	9.00
4. Did the firm meet all of your technical standards and quality expectations?	10.00
5. Was the firm's communication, both oral and written, clear and concise?	10.00
6. Was the firm's project management system effective?	10.00
Total Score (Total the score by adding the scores for criterias 1 through 6.)	58.00
Average Score (Average the score by dividing the total score by the total number of criteria that was rated.)	9.67

Evaluator Information:		
Firm/Company Name: Westchester County Department of Planning		
Evaluator's Name: Stephen Courage	Evaluator's Title: Associate Transportation Planner	
Firm/Company Address: 148 Martine Ave, Room 428A, White Plains, NY 10601		
Phone: (914) 995-1622	Fax:	Date: 03/25/24

Distribution: ☐ Original: Return to Consultant being evaluated; and
☐ Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

Rev. 2014

Consultant Information Form

Firm Name: Merchant Aviation, LLC		FYE Date: June 30	Number of Employees: 25
Address: 382 Springfield Ave, Ste 411			
City: Summit	State: NJ	Zip Code: 07901	County: Union
Phone: 908-273-3600	Fax:	Company Web Site: merchantaviation.com	
Remit to Address: 382 Springfield Ave, Ste 411			
City: Summit	State: NJ	Zip Code: 07901	County: Union
Phone: 908-273-3600		Fax:	
Statewide Vendor Number (SWV) for Remit to Address:		Federal Tax ID Number or Social Security Number: 47-5652121	
Unified Business Identifier Number (UBI):		Date Universal Numbering System (DUNS) Number:	
Year Firm Established: 2015	UDBE/SBE/MSVWBE Certification Number::	NAICS Code & Code Name:	
Proposed Project Manager: Dave Tomber		Email: davidt@merchantaviation.com	
Financial Contact: Joel Couillandean		Email: joelc@merchantaviation.com	

Firm Type:

☐ Sole Proprietor
 ☐ Partnership
 ☐ C – Corp.
 ☐ Limited Partnership
 ☐ Subchapter S Corp.
☒ Limited Liability Company

Annual Gross Receipt:

☐ \$0 to \$1 Million
 ☐ \$1 Million to \$5 Million
☒ \$5 Million to \$10 Million
☐ \$10 Million to \$15 Million
☐ Over \$15 Million

Note:

Firm Name: Please do not use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

Unified Business Identifier (UBI) Number: Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at www.dor.wa.gov

Statewide Vendor (SWV) Number: The Statewide Vendor (SWV) Number is **REQUIRED** for vendors to receive payments. If your firm doesn't already have an SWV number, your firm will be required to acquire a SWV number prior to execution of an agreement. For additional information, please visit the Office of Financial Management (OFM) at <https://www.ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services>

FYE Date: Your firm's fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at www.omwbe.wa.gov

It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.

Consultant Information Form

Firm Name: Andersen Bjornstad Kane Jacob, Inc.		FYE Date: 03.21.2024	Number of Employees: 6
Address: 3810 NE 52nd Street			
City: Seattle	State: Washington	Zip Code: 98105	County: King
Phone: 206.340.2255	Fax:	Company Web Site: www.abkj.com	
Remit to Address: 3810 NE 52nd Street			
City: Seattle	State: Washington	Zip Code: 98105	County: King
Phone: 206.890.6335		Fax:	
Statewide Vendor Number (SWV) for Remit to Address:		Federal Tax ID Number or Social Security Number: 91-0927987	
Unified Business Identifier Number (UBI): 600150682		Date Universal Numbering System (DUNS) Number: 067157792	
Year Firm Established: 1956	UDBE/SBE/MSVWBE Certification Number: M4M0023308/D4M0023308	NAICS Code & Code Name: 541330 & 541310	
Proposed Project Manager: Greg Lee, PE SE		Email: gregs@abkj.com	
Financial Contact: Sanjay Soli, AIA		Email: sanjays@abkj.com	

Firm Type:

☐ Sole Proprietor
 ☐ Partnership
 ☒ C – Corp.
 ☐ Limited Partnership
 ☐ Subchapter S Corp.
 ☐ Limited Liability Company

Annual Gross Receipt:

☐ \$0 to \$1 Million
 ☒ \$1 Million to \$5 Million
 ☐ \$5 Million to \$10 Million
 ☐ \$10 Million to \$15 Million
 ☐ Over \$15 Million

Note:

Firm Name: Please do not use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

Unified Business Identifier (UBI) Number: Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at www.dor.wa.gov

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FYE Date: Your firm's fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at www.omwbe.wa.gov

It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.

Consultant Information Form

Firm Name: Harris Miller Miller & Hanson Inc.		FYE Date: 6/30/2024	Number of Employees: 62
Address: 700 District Avenue, Suite 800			
City: Burlington	State: MA	Zip Code: 01803	County: Middlesex
Phone: 781-229-0707	Fax: -	Company Web Site: www.hmmh.com	
Remit to Address: 700 District Avenue, Suite 800			
City: Burlington	State: MA	Zip Code: 01803	County: Middlesex
Phone: 781-299-0707	Fax: -		
Statewide Vendor Number (SWV) for Remit to Address: -		Federal Tax ID Number or Social Security Number: 04-2737079	
Unified Business Identifier Number (UBI): 602-764-905		Date Universal Numbering System (DUNS) Number: 01-835-2641	
Year Firm Established: 1981	UDBE/SBE/MSVWBE Certification Number: D2F0024107	NAICS Code & Code Name: 541620, 541611, 541690, and 541715	
Proposed Project Manager: Philip Soucacos		Email: psoucacos@hmmh.com	
Financial Contact: Andrew Fansel, Controller		Email: afansel@hmmh.com	

Firm Type:

☐ Sole Proprietor ☐ Partnership ☒ C – Corp. ☐ Limited Partnership ☐ Subchapter S Corp. ☐ Limited Liability Company

Annual Gross Receipt:

☐ \$0 to \$1 Million ☐ \$1 Million to \$5 Million ☐ \$5 Million to \$10 Million ☐ \$10 Million to \$15 Million ☒ Over \$15 Million

Note:

Firm Name: Please do not use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

Unified Business Identifier (UBI) Number: Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at www.dor.wa.gov

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FYE Date: Your firm's fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at www.omwbe.wa.gov

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Consultant Information Form

Firm Name: Osborn Consulting, Inc.		FYE Date: 12/31	Number of Employees: 99
Address: 1800 112th Ave NE, Suite 220E			
City: Bellevue	State: WA	Zip Code: 98004	County: King
Phone: 425-451-4009	Fax: 425-955-9347	Company Web Site: www.osbornconsulting.com	
Remit to Address: 1800 112th Ave NE, Suite 220E			
City: Bellevue	State: WA	Zip Code: 98004	County: King
Phone: 425-451-4009	Fax: 425-955-9347		
Statewide Vendor Number (SWV) for Remit to Address: SWV0177176-0		Federal Tax ID Number or Social Security Number: 20-1896054	
Unified Business Identifier Number (UBI): 602 446 858		Date Universal Numbering System (DUNS) Number: 360872556	
Year Firm Established: 2004	UDBE/SBE/MSVWBE Certification Number: D2F0019030	NAICS Code & Code Name: 541330, 541320, 541620, 541690, 541340, 541715	
Proposed Project Manager: David Jacobs		Email: davidj@osbornconsulting.com	
Financial Contact: David Jacobs		Email: davidj@osbornconsulting.com	

Firm Type:

☐ Sole Proprietor
 ☐ Partnership
 ☐ C – Corp.
 ☐ Limited Partnership
 ☒ Subchapter S Corp.
 ☐ Limited Liability Company

Annual Gross Receipt:

☐ \$0 to \$1 Million
 ☐ \$1 Million to \$5 Million
 ☐ \$5 Million to \$10 Million
 ☒ \$10 Million to \$15 Million
 ☐ Over \$15 Million

Note:

Firm Name: Please do not use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

Unified Business Identifier (UBI) Number: Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at www.dor.wa.gov

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FYE Date: Your firm's fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at www.omwbe.wa.gov

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Consultant Information Form

Firm Name: Practice for Architecture Urbanism (PAU)		FYE Date: 12/31	Number of Employees: 18
Address: 215 Park Ave. S Suite 1901			
City: New York	State: NY	Zip Code: 10003	County: New York
Phone: 212.962.6307	Fax: 646-512-8946	Company Web Site: pau.studio	
Remit to Address: 215 Park Ave. S Suite 1901			
City: New York	State: NY	Zip Code: 10003	County: New York
Phone: 212.962.6307		Fax: 646-512-8946	
Statewide Vendor Number (SWV) for Remit to Address: L0017565958		Federal Tax ID Number or Social Security Number: 81-3241361	
Unified Business Identifier Number (UBI): 604-810-176		Date Universal Numbering System (DUNS) Number: 07-090-5423	
Year Firm Established: 2015	UDBE/SBE/MSVWBE Certification Number: MWCERT2017-848	NAICS Code & Code Name: 541300	
Proposed Project Manager: Ruchika Modi		Email: RM@pau.studio	
Financial Contact: Julia Lewis		Email: JL@pau.studio	

Firm Type:

☐ Sole Proprietor
 ☐ Partnership
 ☐ C – Corp.
 ☐ Limited Partnership
 ☒ Subchapter S Corp.
 ☐ Limited Liability Company

Annual Gross Receipt:

☐ \$0 to \$1 Million
 ☐ \$1 Million to \$5 Million
 ☐ \$5 Million to \$10 Million
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FYE Date: Your firm's fiscal year end date.

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Consultant Information Form

Firm Name: SMG Consulting		FYE Date: 12/31	Number of Employees: 10
Address: 113 Hanging Garden			
City: Irvine	State: CA	Zip Code: 92620	County: Orange
Phone: 602-317-7263	Fax:	Company Web Site: www.smg-consulting.com	
Remit to Address: 113 Hanging Garden			
City: Irvine	State: CA	Zip Code: 92620	County: Orange
Phone: 602-317-7263	Fax:		
Statewide Vendor Number (SWV) for Remit to Address: To Be Acquired		Federal Tax ID Number or Social Security Number: 46-1318161	
Unified Business Identifier Number (UBI): To Be Acquired		Date Universal Numbering System (DUNS) Number: 107433132	
Year Firm Established: 2012	UDBE/SBE/MSVWBE Certification Number: -	NAICS Code & Code Name: 541611 - Administrative Managem⁺	
Proposed Project Manager: Sergio Cecutta		Email: sergio@smg-consulting.com	
Financial Contact: Sergio Cecutta		Email: sergio@smg-consulting.com	

Firm Type:

☐ Sole Proprietor
 ☐ Partnership
 ☐ C – Corp.
 ☐ Limited Partnership
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 ☐ Limited Liability Company

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FYE Date: Your firm's fiscal year end date.

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It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: Air Mobility Aircraft Plan

I hereby certify, on behalf of the firm identified below, as follows (check one):

☒ **NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

☐ **MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Merchant Aviation LLC
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Joel Couillandeu
Print Name of person making certifications for firm

Title: CEO
Title of person signing certificate

Place: Summit, New Jersey
Print city and state where signed

Date: 4/1/2024

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

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WSDOT AIR MOBILITY
AIRCRAFT PLAN

Solicitation Title: _____

I hereby certify, on behalf of the firm identified below, as follows (check one):

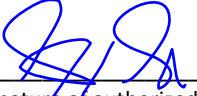
☒ **NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

☐ **MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Andersen Bjornstad Kane Jacobs, Inc.
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Sanjay Soli
Print Name of person making certifications for firm

Title: President
Title of person signing certificate

Place: Seattle, Washington
Print city and state where signed

Date: March 21st, 2024

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportation is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: State of Washington Department of Transportation Notice to Consultants Air Mobility Aircraft Plan

I hereby certify, on behalf of the firm identified below, as follows (check one):

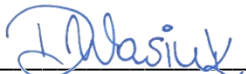
☒ **NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

☐ **MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Harris Miller Miller & Hanson Inc.
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Diana B. Wasiuk
Print Name of person making certifications for firm

Title: President & CEO
Title of person signing certificate

Place: Burlington, MA
Print city and state where signed

Date: 3/20/2024

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportation is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: Air Mobility Aircraft Plan

I hereby certify, on behalf of the firm identified below, as follows (check one):

☒ **NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

☐ **MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Osborn Consulting, Inc.

Name of Contractor/Bidder – Print full legal entity name of firm

By: Tarelle Osborn
Signature of authorized person

Tarelle Osborn, PE
Print Name of person making certifications for firm

Title: Principal & President
Title of person signing certificate

Place: Bellevue, WA
Print city and state where signed

Date: March 25, 2024

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportation is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: State of Washington
Department of Transportation
Notice to Consultants
Air Mobility Aircraft Plan

I hereby certify, on behalf of the firm identified below, as follows (check one):

☒ **NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

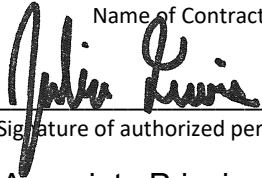
OR

☐ **MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Practice for Architecture Urbanism (PAU)

Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Julia Lewis
Print Name of person making certifications for firm

Title: Associate Principal
Title of person signing certificate

Place: New York, NY
Print city and state where signed

Date: 3/26/2024

CONTRACTOR CERTIFICATION '
EXECUTIVE ORDER 18-03 – WORKERS' RIGHTS '
WASHINGTON STATE GOODS & SERVICES CONTRACTS '

Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportation is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: Air Mobility Aircraft Plan

I hereby certify, on behalf of the firm identified below, as follows (check one):

☒ **NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

☐ **MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: SMG Consulting LLC "
Name of Contractor/Bidder – Print full legal entity name of firm "

By: 
Signature of authorized person "

Sergio Cecutta
Print Name of person making certifications for firm

Title: "Partner
Title of person signing certificate

Place: Irvine, CA
Print city and state where signed

Date: "March 26, 2024

CONTRACTOR CERTIFICATION
WAGE LAW COMPLIANCE – RESPONSIBILITY CRITERIA
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Prior to awarding contracts, agencies are required to determine that bidder is 'responsible bidder.' See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include contractor certification that the contractor has not willfully violated Washington's wage laws. See Chapter 258, 2017 Laws (enacting SSB 5301).

Solicitation or Agreement Title: Air Mobility Aircraft Plan

Solicitation Posting Date or Agreement Start Date: 15 February 2024

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the below certification is true and correct and that I am authorized to make the following certification on behalf of the firm listed herein.

CERTIFICATION:

This firm has NOT been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction to have willfully violated, as defined in [RCW 49.48.082](#), any provision of RCW chapters [49.46](#), [49.48](#), or [49.52](#) within three (3) years prior to the date of the above-stated date.

FIRM NAME: Merchant Aviation LLC
Name of Consultant/Contractor – Print full legal entity name of firm

By: 
Signature of authorized person

Joel Couillandeu
Print Name of person making certifications for firm

Title: CEO
Title of person signing certificate

Place: Summit, New Jersey
Print city and state where signed

Date: 1/4/2024

Submittal Instructions:

- If submitting a proposal in response to a solicitation, a signed Certification Document for the Prime and all Subs must also be included in your proposal Packet B (see advertisement for additional requirements).
- If requesting to add a Sub to an existing agreement, submit the signed Certification Document to: ConsultantRates@wsdot.wa.gov.

**CONTRACTOR CERTIFICATION
WAGE LAW COMPLIANCE – RESPONSIBILITY CRITERIA
WASHINGTON STATE GOODS & SERVICES CONTRACTS**

Prior to awarding contracts, agencies are required to determine that bidder is 'responsible bidder.' See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include contractor certification that the contractor has not willfully violated Washington's wage laws. See Chapter 258, 2017 Laws (enacting SSB 5301).

Solicitation or Agreement Title: WSDOT AIR MOBILITY
AIRCRAFT PLAN

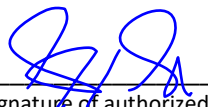
Solicitation Posting Date or Agreement Start Date: FEB 15TH, 2024

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the below certification is true and correct and that I am authorized to make the following certification on behalf of the firm listed herein.

CERTIFICATION:

This firm has NOT been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction to have willfully violated, as defined in [RCW 49.48.082](#), any provision of RCW chapters [49.46](#), [49.48](#), or [49.52](#) within three (3) years prior to the date of the above-stated date.

FIRM NAME: Andersen Bjornstad Kane Jacobs, Inc.
Name of Consultant/Contractor – Print full legal entity name of firm

By: 
Signature of authorized person

Sanjay Soli
Print Name of person making certifications for firm

Title: President
Title of person signing certificate

Place: Seattle, Washington
Print city and state where signed

Date: March 21st, 2024

Submittal Instructions:

- If submitting a proposal in response to a solicitation, a signed Certification Document for the Prime and all Subs must also be included in your proposal Packet B (see advertisement for additional requirements).
- If requesting to add a Sub to an existing agreement, submit the signed Certification Document to: ConsultantRates@wsdot.wa.gov.

**CONTRACTOR CERTIFICATION
WAGE LAW COMPLIANCE – RESPONSIBILITY CRITERIA
WASHINGTON STATE GOODS & SERVICES CONTRACTS**

Prior to awarding contracts, agencies are required to determine that bidder is 'responsible bidder.' See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include contractor certification that the contractor has not willfully violated Washington's wage laws. See Chapter 258, 2017 Laws (enacting SSB 5301).

Solicitation or Agreement Title: State of Washington Department of Transportation Notice to Consultants Air Mobility Aircraft Plan

Solicitation Posting Date or Agreement Start Date: Thursday February 15, 2024

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the below certification is true and correct and that I am authorized to make the following certification on behalf of the firm listed herein.

CERTIFICATION:

This firm has **NOT** been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction to have willfully violated, as defined in [RCW 49.48.082](#), any provision of RCW chapters [49.46](#), [49.48](#), or [49.52](#) within three (3) years prior to the date of the above-stated date.

FIRM NAME: Harris Miller Miller & Hanson Inc.
Name of Consultant/Contractor – Print full legal entity name of firm

By:  Diana B. Wasiuk
Signature of authorized person Print Name of person making certifications for firm

Title: President & CEO Place: Burlington, MA
Title of person signing certificate Print city and state where signed

Date: 3/20/2024

Submittal Instructions:

- If submitting a proposal in response to a solicitation, a signed Certification Document for the Prime and all Subs must also be included in your proposal Packet B (see advertisement for additional requirements).
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CONTRACTOR CERTIFICATION
WAGE LAW COMPLIANCE – RESPONSIBILITY CRITERIA
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Prior to awarding contracts, agencies are required to determine that bidder is 'responsible bidder.' See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include contractor certification that the contractor has not willfully violated Washington's wage laws. See Chapter 258, 2017 Laws (enacting SSB 5301).

Solicitation or Agreement Title: Air Mobility Aircraft Plan

Solicitation Posting Date or Agreement Start Date: 2/15/2024

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the below certification is true and correct and that I am authorized to make the following certification on behalf of the firm listed herein.

CERTIFICATION:

This firm has NOT been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction to have willfully violated, as defined in [RCW 49.48.082](#), any provision of RCW chapters [49.46](#), [49.48](#), or [49.52](#) within three (3) years prior to the date of the above-stated date.

FIRM NAME: Osborn Consulting, Inc.
Name of Consultant/Contractor – Print full legal entity name of firm

By: Tarelle Osborn
Signature of authorized person

Tarelle Osborn, PE
Print Name of person making certifications for firm

Title: Principal & President
Title of person signing certificate

Place: Bellevue, WA
Print city and state where signed

Date: March 25, 2024

Submittal Instructions:

- If submitting a proposal in response to a solicitation, a signed Certification Document for the Prime and all Subs must also be included in your proposal Packet B (see advertisement for additional requirements).
- If requesting to add a Sub to an existing agreement, submit the signed Certification Document to: ConsultantRates@wsdot.wa.gov.

**CONTRACTOR CERTIFICATION
WAGE LAW COMPLIANCE – RESPONSIBILITY CRITERIA
WASHINGTON STATE GOODS & SERVICES CONTRACTS**

Prior to awarding contracts, agencies are required to determine that bidder is 'responsible bidder.' See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include contractor certification that the contractor has not willfully violated Washington's wage laws. See Chapter 258, 2017 Laws (enacting SSB 5301).

Solicitation or Agreement Title: State of Washington
Department of Transportation
Notice to Consultants
Air Mobility Aircraft Plan

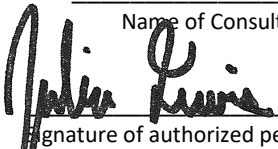
Solicitation Posting Date or Agreement Start Date: February 15, 2024

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the below certification is true and correct and that I am authorized to make the following certification on behalf of the firm listed herein.

CERTIFICATION:

This firm has **NOT** been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction to have willfully violated, as defined in [RCW 49.48.082](#), any provision of RCW chapters [49.46](#), [49.48](#), or [49.52](#) within three (3) years prior to the date of the above-stated date.

FIRM NAME: Practice for Architecture Urbanism (PAU)
Name of Consultant/Contractor – Print full legal entity name of firm

By: 
Signature of authorized person

Julia Lewis
Print Name of person making certifications for firm

Title: Associate Principal
Title of person signing certificate

Place: New York, NY
Print city and state where signed

Date: 03/26/2024

Submittal Instructions:

- If submitting a proposal in response to a solicitation, a signed Certification Document for the Prime and all Subs must also be included in your proposal Packet B (see advertisement for additional requirements).
- If requesting to add a Sub to an existing agreement, submit the signed Certification Document to: ConsultantRates@wsdot.wa.gov.

CONTRACTOR CERTIFICATION
WAGE LAW COMPLIANCE – RESPONSIBILITY CRITERIA
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Prior to awarding contracts, agencies are required to determine that bidder is 'responsible bidder.' See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include contractor certification that the contractor has not willfully violated Washington's wage laws. See Chapter 258, 2017 Laws (enacting SSB 5301).

Solicitation or Agreement Title: Air Mobility Aircraft Plan

Solicitation Posting Date or Agreement Start Date: February 15, 2024

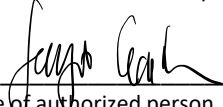
I hereby certify, under penalty of perjury under the laws of the State of Washington, that the below certification is true and correct and that I am authorized to make the following certification on behalf of the firm listed herein.

CERTIFICATION:

This firm has **NOT** been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction to have willfully violated, as defined in [RCW 49.48.082](#), any provision of RCW chapters [49.46](#), [49.48](#), or [49.52](#) within three (3) years prior to the date of the above-stated date.

FIRM NAME: SMG Consulting LLC

Name of Consultant/Contractor – Print full legal entity name of firm

By: 
Signature of authorized person

Sergio Cecutta
Print Name of person making certifications for firm

Title: Partner
Title of person signing certificate

Place: Irvine, CA
Print city and state where signed

Date: March 26, 2024

Submittal Instructions:

- If submitting a proposal in response to a solicitation, a signed Certification Document for the Prime and all Subs must also be included in your proposal Packet B (see advertisement for additional requirements).
- If requesting to add a Sub to an existing agreement, submit the signed Certification Document to: ConsultantRates@wsdot.wa.gov.



Billing Rate Table

WSDOT Agreement: Merchant Aviation, LLC 382 Springfield Avenue, Suite 411 Summit, NJ 07901		
Job Classifications		Hourly Billing Rate
Officer In Charge		\$ 350.0
Senior Project Manager		\$ 280.0
Senior Planner - Airfield/Airspace		\$ 255.0
Senior Planner - Advanced Air Mobility		\$ 260.0
Planner		\$ 130.0

We understand that the draft professional service agreement will be negotiated and agreed with the preferred bidder, and therefore that formal award and contract execution are subject to agreement between the parties on those contract terms.



Billing Rate Table

[illegible]



Billing Rate Table

WSDOT Agreement: HMMH 700 District Ave #800 Burlington, MA 01803		
Job Classifications		Hourly Billing Rate
Supervisory Consultant II		\$315.92
Senior Consultant I		\$187.96
Project Support I		\$139.25



Billing Rate Table

WSDOT Agreement: Osborn Consulting, Inc. 1800 112th Ave NE, Suite 220E Bellevue, WA 98004		
Job Classifications		Hourly Billing Rate
Senior Project Manager		\$235.00
Design Engineer		\$155.00



Billing Rate Table

WSDOT Agreement: Practice for Architecture Urbanism (PAU) 215 Park Ave S. Suite 1901 New York, NY 10003	
Job Classifications	Hourly Billing Rate
Associate Principal	\$275.00
Designer	\$180.00



Billing Rate Table

WSDOT Agreement: SMG Consulting 113 Hanging Garden Irvine, CA 92620	
Job Classifications	Hourly Billing Rate
Consultant	\$350.00