



Leroy D. Baca, Sheriff

County of Los Angeles
Sheriff's Department Headquarters

4700 Ramona Boulevard
Monterey Park, California 91754-2169



May 31, 2007

Notice to Potential Contractors:

BULLETIN NO. 3
REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ)
POLYGRAPH EXAMINATION SERVICES
RFSQ NO. PES – 333-2007

This Bulletin No. 3 is being issued as an addendum to the RFSQ with the following changes:

1. Replace the Required Forms, Exhibit 1, Contractor's Organization Questionnaire/Affidavit with the revised attached form.
2. Add the following to Subparagraph 3.2 **Disqualification Review**:

As stated in Subparagraph 1.4.5, Contractor must pass with a score of 80% the polygraph proficiency test consisting of general polygraph knowledge, question formulation, chart analysis, and instrumentation (Refer to Appendix C, Required Forms, Exhibit 12). If disqualification results from failure of the Contractor to achieve a passing score, a disqualification review will not be granted to preserve the integrity of the test. However, the Contractor may re-apply after a six month waiting period providing the solicitation remains open.

All other terms and conditions of the RFSQ remain in effect. Should you have any questions, please contact Mona Whittouck, Contracts Unit, at rmwhitto@lasd.org.

Sincerely,

LEROY D. BACA, SHERIFF

Teri L. Wilhelm, Director
Fiscal Administration

A Tradition of Service Since 1850

REQUIRED FORMS - EXHIBIT 1
CONTRACTOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, date and sign this form. The person signing the form must be authorized to sign on behalf of the Contractor and to bind the applicant in a Contract.

1. If your firm is a corporation, state its legal name (as found in your Articles of Incorporation) and State of incorporation:

Name	State	Year Inc.
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2. If your firm is a partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ____ If yes,

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

Contractor acknowledges and certifies that it meets and will comply with all of the Minimum Requirements detailed in Subparagraph 1.4 and will adhere to all the County Requirements listed in Subparagraph 1.5.

Check the appropriate boxes:

- Yes** **No** Subparagraph 1.4 (see RFSQ for details of each Minimum Requirement
- 1.4.1 successful graduation from a recognized and accredited formal polygraph training course
 - 1.4.2 currently active in the administration of polygraph examinations.
 - 1.4.3 current member, in good standing, with one of the following professional polygraph examiner associations **and** have attended a minimum of 16 hours of training sponsored by one of these organizations in the last three (3) years:
 - American Polygraph Association
 - California Association of Polygraph Examiners
 - American Association of Policy Polygraphists
 - 1.4.4 proficient in the use of the Lafayette computerized polygraph instrument
 - 1.4.5 pass with a score of 80% the polygraph proficiency test. If a passing score is not achieved, the Contractor shall be disqualified.
- Yes** **No** Subparagraph 1.5 Adherence to County Requirements

Contractor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this solicitation are made, the response may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Contractor's Name: _____

Address: _____

e-mail address: _____ Telephone number: _____

Fax number: _____

On behalf of _____ (Contractor's name), I _____ (Name of Contractor's authorized representative), certify that the information contained in this Contractor's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

California Business License Number

Date

County WebVen Number