

DIVISION OF PUBLIC SAFETY – NAVAJO NATION DEPARTMENT OF FIRE & RESCUE

**HAZARDOUS MATERIALS EQUIPMENT**

**INVITATION FOR BID**

**ADDENDUM #3 BID NO: 25-10-3891DB**

**BID DUE DATES:** **FEBRUARY 20, 2026, BY 5:00 PM MST**  
ANY BIDS RECEIVED AFTER THIS DATE/TIME WILL NOT BE ACCEPTED

**DESCRIPTION:** DIVISION OF PUBLIC SAFETY – NAVAJO NATION DEPARTMENT OF FIRE & RESCUE  
**HAZARDOUS MATERIALS EQUIPMENT**

**CONTACT PERSON:** John Williams, Fire Chief  
Division of Public Safety - Department of Fire & Rescue  
Email: [johnwilliams@navajo-nsn.gov](mailto:johnwilliams@navajo-nsn.gov)  
Phone: (928) 871-6915

MUST IDENTIFY BID# AND COMPANY NAME ON THE OUTSIDE OF ALL **SEALED BID** PACKAGE/ ENVELOPE (UPS OR FEDEX)

**MAIL/DELIVER TO:** THE NAVAJO NATION  
PURCHASING SERVICES DEPARTMENT  
ADMINISTRATION BUILDING #1 – 1<sup>ST</sup> FLOOR  
WINDOW ROCK BLVD  
WINDOW ROCK, ARIZONA 86515  
**ATTN: PURCHASING SECTION**  
ADDENDUM#3 BID NO: 25-10-3891DB

PLEASE SUBMIT AN ORIGINAL AND TWO (2) COPIES OF YOUR BID IN A SEALED ENVELOPE AND CLEARLY MARK ON THE OUTSIDE OF THE ENVELOPE

**ADDENDUM #3 BID NO: 25-10-3891DB**

**DIVISION OF PUBLIC SAFETY – NAVAJO NATION DEPARTMENT OF FIRE & RESCUE**  
**HAZARDOUS MATERIALS EQUIPMENT**  
**PRIORITY STATUS**

**A. PURPOSE OF THIS INVITATION FOR BID (IFB)**

The Navajo Nation Fire & Rescue Service (NNFRS) is requesting bids from vendors to purchase hazardous materials - (supply and equipment) for the entire department. This invitation for bid is intended to solicit bids from prospective qualified vendor(s) on the proposed specification, as identified in Section C.

**B. CONDITIONAL GOVERNING THE PROCUREMENT**

The Navajo Nation Fire and Rescue Service (NNFRS) will comply with all federal and tribal laws and regulations pertaining to the procurement of these items. The NNFRS reserves the right to reject any IFB, in whole or in part. The IFB is not a legal binding agreement, obligation, or contract and any cost incurred by the respondent in preparing, transmitting, presenting, or modifying the IFB shall be the responsibility of the respondent. Indian preference will apply to this IFB as well as vendors who should indicate they are Navajo Nation priority one or two vendors.

**C. SPECIFICATIONS**

20	ALTAIR 5X Multigas Detectors w/ calibration gas, probes, re-charging docks		
200	ALTAIR 5X Multigas Detectors replacement sensors per each unit (5 sensors x 2 each) x 20 detectors.		
10	Sensit HXG-3 CGI meters w/ probes and calibration gas/tubing		
2	RAE Systems MultiRAE Pro 2/ calibration gas, probes, re-chargable		
2	Ludlum Model 14C-RK Kits		
8	Ortec Radeaglet-R RIID Detectors		
4	AccuRad PRD Personal Radiation Detectors		
2	Agilent Handheld Raman Spectrometers		
1	Thermal Imaging Camera		
12	Drager Tubes - Chlorine		
12	Drager Tubes – Carbon Monoxide		
12	Drager Tubes - Ammonia		

10	Draeger Tube Pump Accuro kit w/ hard sided case		
12	Large pH paper test strips 2-10 range – 1" x 9" (tube containers)		
12	BartOvation pH Test Strips 1-14 (tube containers)		
12	Potassium Iodide Starch Oxidizer test strip (tube containers)		
12	Nerve agent test strips (M8 paper) (1 kit of 12)		
1	M256A1 chemical agent detector kits (12 in one kit)		
2	HazCat 2.0 Pro Chemical Identification kits		
2	10 pk box – Pro Strips Biological Warfare Agent Detection Kit – Multi-agent		
4	Confined space ventilation fans		
4	Confined space ducts		
8	DuPont Tychem 10000 Encapsulated Level A – certified to NFPA 1990 (NFPA 1994 Class 2)		
2	Cases of DuPont TyChem 10000 TK128T - (XL)		
2	Cases of DuPont TyChem 10000 TK128T - (2X)		
2	Cases of DuPont TyChem 10000 TK128T - (3X)		
2	Cases of DuPont TyChem 10000 TK128T - (4X)		
2	Boxes of DuPont TyVex (2X)		
8	HazMat Boots – 10 Wide (Tingley) #82330.10		
8	HazMat Boots – 12 Wide (Tingley) #82330.12		
8	HazMat Boots – 13 Wide (Tingley) #32330.13		
1	Dupont Universal Pressure test kit #990810 UV		
9	DQE Standard Decon Shower Systems		
10	Decon shower elevation grids		
8	Decon wands		
1	Large catch pools 50x50		
1	Decon waste enclosed waste tank – 300 gallons		
1	MasCas II Decon Shower Systems 4 stall - w/ economy ground tarp, electric water pump, fire hose reducing manifold, flexible wastewater tank,		

	heavy duty privacy screen, single stall conversion kit for MasCas II shower, wasterwater hose, and water supply hose.		
1	Mass decon shower air cooling unit		
1	Portable water heaters for mass decon shower		
1	Mass decon shelter air heating system		
1	Mass decon shower conveyer roller system		
2	Decon shower electric submersible pumps		
10	HY-D mass decontamination - nozzles		
1	DQE Equipment Decon Station System		
9	Task Force Tips DECON/pak		
18	Task Force Tips PRO/pak		
2	3M Scott Ska-Pak AT - Supplied Air Respirators (SAR) 15 min. version – 4500 psi carbon		
1	3M Scott Mobile Air Supply Cart		
20	Air-Purifying Respirators (APR) w/ vapor/gas filters/canisters/cartridges		
20	Powered Air-Purifying Respirators (PAPR) w/ mask/hoods		
9	Boxes of Chemical-resistant inner gloves (various sizes)		
8	Type II Hard hats- Grey		
24	Kappler Chem-Tape Chemical Resistant Tape (24 rolls)		
1	Certified Clean 2 oz. Clear Glass Sample Jars (24/cs)		
1	Certified Clean 2 oz. Amber Glass Sample Jars (24/cs)		
1	Certified Clean 40 mL Clear Glass Vials (72/cs)		
1	Certified Clean 40 mL Amber Glass Vials (72/cs)		
8	16 pc Emergency Plug and Wedge Kit		
1	104 pc Emergency Plug and Wedge Kit		
2	Overpack 55 gallon drums		

20	Plug n Dike 5 gal. buckets		
10	Plug/leak control kits for liquid/gas/bulk material leaks		
80	10 boxes of absorbent socks – 20 ft. x 8		
3	Emergency Rescue Stretcher Kit - HMH Sked Rescue System with strap kit		
4	Non-sparking shovels		
2	HazMat clean-up push brush/broom		
2	Ampco USA Non-sparking tool kits		
1	Chlorine Institute Emergency Kit A – Cylinder Tank		
1	Chlorine Institute Emergency Kit B – Ton Containers		
1	Chlorine Institute Emergency Kit C – Tank Car		
1	Hi-Vis Heavy Duty Woven Tarp - 40 x 60'		
1	Newson-Gale Hazmat Grounding and Bonding Kit		
1	Propane flare kit – The Dragon Slayer		
1	Hazmat Stinger Kit		
2	E-Z Up Work Cube (Limeade)		
4	LTA Project - AirLight Flash 8 feet lighting towers		
1	LTA Project – AirLight Pro Max 14 feet lighting tower		
4	Kore Kooler Rehab Chairs		
1	Indian Springs Chlorine Kit A – Training Cylinder		
1	Indian Springs Chlorine Kit B – Training End with Wheels		
1	Indian Springs Chlorine Kit C – Tank Car Training Dome		
12	HazCat Refresher Training Kit KTC2002 2.0		
2	M256 Chemical Detection Training Kits		
4	Kappler Zytron 500 Training Suits – ZCS555 (LG/XL) (Charcoal)		

4	Kappler Zytron 500 Training Suits – ZCS555 (2X/3X) (Charcoal)		
25	NIOSH Pocket Guide to Chemical Hazards		
30	Emergency Response Guidebook ERG – 2024 Edition, Spiral Bound		
<b>Shipping (If Applicable)</b>			
<b>Sales Tax</b>			
<b>Grand Total</b>			

**BIDS ARE TO BE ON COMPANY LETTERHEAD WITH UNIT PRICE, SUBTOTAL, NAVAJO NATION SALES TAX (6%), SHIPPING, IF APPLICABLE, AND GRAND TOTAL.**

**COST PROPOSAL MUST BE SEALED SEPARATELY.**

**BIDS MUST INCLUDE NAVAJO NATION CERTIFICATION REGARDING DEBARMENT & SUSPENSION AND W-9 FORMS.**

**NAVAJO NATION CERTIFICATION  
Regarding Debarment, Suspension, and  
Contracting Eligibility**

1. Applicant entity acknowledges that to the best of its knowledge that the Applicant entity, either in its present form or in any identifiable capacity, has not, in accordance with 12 N.N.C. § 361:
  - A. Been convicted of the commission of criminal offenses incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of any such contract or subcontract;
  - B. Been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of business integrity or honesty, which currently, seriously, and directly affect responsibility as a Navajo Nation contractor;
  - C. Been convicted under antitrust statutes arising out of the submission of bids or proposals;
  - D. Violated contract provisions, including:
    - i. Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract,
    - ii. A recent record of failure to perform or of unsatisfactory performance with the terms of any contract, or
    - iii. Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
2. Applicant acknowledges that if the Navajo Nation determines that the executed Certification provided herein is untrue or not wholly accurate, it shall be grounds for the Navajo Nation to terminate the contract and pursue other legal remedies, at the Navajo Nation's discretion.
3. Applicant certifies to the best of its knowledge that it is eligible to do business with the

Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. § 1501 and 5 N.N.C. § 301. Applicant also acknowledges that per 12 N.N.C. § 1505, it will not be eligible to contract with the Navajo Nation if deemed ineligible by the appropriate department or entity of the Navajo Nation which receives the Applicant's request for consideration for a business opportunity.

---

Applicant Name

---

Name of individual signing on Applicant's behalf (print)

---

Applicant Address

---

Title of individual signing on Applicant's behalf

---

Applicant Address

---

Signature of individual signing on Applicant's behalf

---

Applicant Address

---

Date

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.  
See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)						
2 Business name/disregarded entity name, if different from above.						
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.						
<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate						
<input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.						
<input type="checkbox"/> Other (see instructions)						
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions						
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)					
6 City, state, and ZIP code						
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number							
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>

or

Employer identification number									
<input type="text"/>	-	<input type="text"/>							

## 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 for Part II, later.

Sign Here	Signature of U.S. person	Date
-----------	--------------------------	------

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they