

CITY OF MILWAUKEE DEPARTMENT OF ADMINISTRATION  
PROCUREMENT SERVICES SECTION

**AFFIDAVIT OF COMPLIANCE - PROCUREMENT OF ITEMS OF APPAREL FROM RESPONSIBLE MANUFACTURERS PROVISION**

REQ NUMBER: BU 2051 Rebid #1

DATE: 03 January 2007

RETAIL SUPPLIER: GLOBAL PROTECTION USA

This affidavit of compliance will be the contractor's sworn statement that facilities identified on this form are responsible manufacturers as defined in the Milwaukee Code of Ordinances 310-17 sub. 2-d. Contractors shall procure and submit sworn reports or affidavits from every subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section. In the event that any information provided by the contractor or subcontractor changes during the specified time period of the contract, the contractor shall submit or cause to be submitted to the purchasing director sworn reports or affidavits relating to the updated information. **NOTE: SEPARATE AFFIDAVIT FORMS MAY BE SUBMITTED FOR EACH SUBCONTRACTOR INVOLVED WITH THIS CONTRACT.**

A. Below, provide the name and address of the companies and facilities in which items of apparel have been or will be manufactured, distributed, laundered or dry cleaned under this contract and provide the base hourly wage and the percent of wage level paid as health benefits for persons working at the facilities in which the items of apparel have been or will be manufactured or distributed, laundered, or dry cleaned (attach additional sheet, if necessary): **-(LIST BIDDER & SUBCONTRACTORS)**

| NAME OF MANUFACTURER/<br>CONTRACTOR/SUBCONTRACTOR | ADDRESS           | CITY       | STATE             | ZIP     | BASE HOURLY<br>WAGE | % OF WAGE<br>LEVEL PAID AS<br>HEALTH<br>BENEFITS |
|---|-------------------|------------|-------------------|---------|---------------------|--|
| 1. AIRBOSS - DEFENSE                              | 881 LANDRY STREET | ACTON VALE | QUEBEC,<br>CANADA | JOH 1A0 | \$15.00/hr.         | 11%  |
| 2.  |                   |            |                   |         |                     |  |
| 3.  |                   |            |                   |         |                     |  |
| 4.  |                   |            |                   |         |                     |  |

B. Below, provide the names and address of all owners of the facilities listed above in which the items of apparel have been or will be manufactured, distributed, laundered or dry cleaned under this contract and provide the base hourly wage and the percent of wage level paid as health benefits for persons working at the facilities in which the items of apparel have been or will be manufactured or distributed, laundered, or dry cleaned. (attach additional sheet, if necessary): **-(LIST BIDDER & SUBCONTRACTORS)**

| NAME OF MANUFACTURER/<br>CONTRACTOR/SUBCONTRACTOR<br>OWNERS NAME   | ADDRESS | CITY | STATE | ZIP | BASE HOURLY<br>WAGE | % OF WAGE<br>LEVEL PAID AS<br>HEALTH<br>BENEFITS |
|--|---------|------|-------|-----|---------------------|--|
| 1. AIRBOSS IS A PUBLIC COMPANY TRADING ON THE Toronto<br>Stock Exchange (TSE) UNDER THE SYMBOL BOS. INFO AVAILABLE AT <a href="http://www.airbossamerica.com">www.airbossamerica.com</a> |         |      |       |     |                     |  |
| 2.   |         |      |       |     |                     |  |
| 3.   |         |      |       |     |                     |  |
| 4.   |         |      |       |     |                     |  |

*Domestic manufacturers: A base hourly wage adjusted annually (minimum) required for production of 2008 not to exceed, at a final, the average hourly wage in the US department of health and human services most recent poverty guideline for a family of 3 out of poverty. A 5% margin above the average hourly wage in the US department of health and human services for a family of 3 out of poverty. Outside of the US: A nationwide wage and benefits level which is comparable to the non-poverty wage for domestic manufacturers as defined in subd. 7 after being adjusted to reflect the country's level of economic development by using a factor such as the relative national standard of living index or the World Bank GNI Per Capita Purchasing Power Parity in order to raise a family of 3 out of poverty. In addition, workers shall not be subject to disciplinary wage deductions.*

If this affidavit does not comply with the above requirements for wages and benefits paid, the bid may be rejected.

In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my manufacturers and their subcontractors purchasing, renting, laundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17.

Further, I understand that any false statement on these forms could result in:

- Withholding of payments.
- Termination, suspension or cancellation of the contract in whole or in part.
- After a due process hearing, denial of the right of the contractor to bid on future city contracts, by himself or herself, partner or agent, or by any corporation of which he or she is a member, for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.

I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above:

AUTHORIZED SIGNATURE: *Marc Bouchard*  
 PRINTED NAME: MARC BOUCHARD  
 COMPANY NAME: AIRBOSS-DEFENSE

Personally came before me on this 7 day of JANUARY, 2008, (he/she) MARC BOUCHARD who acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

(SEAL) NOTARY PUBLIC SIGNATURE: *Jayme Powell*  
 PRINT NAME: JAYME POWELL  
 My commission expires: N/A