WSF, Point Defiance & Tahlequah Ferry Terminal Physical Security Infrastructure

ORDER REQUEST FORM

Please fax completed order request and Sensitive Security Information Nondisclosure Agreement to:

(360) 705-6810

Company Name:			
Address:			
City, State, Zip:			
Your Name:			
Phone Number:			
Fax Number:			
*Bidding Status:	☐ *Prime	☐ Sub	
Number of Copies:			
Additional Order Processing Requests: **Please note:** Expedited Shipping requests cannot be processed without a valid UPS or FedEx account number.			

***Please note that you must be Prequalified with WSDOT to bid as a Prime on this project.**
Visit http://www.wsdot.wa.gov/biz/contaa/prequal/default.htm for further information on Prequalification.

Due to the security requirements of this project, the Sensitive Security Information Nondisclosure Agreement (see next page) must be filled out entirely and returned by fax before your order will be processed.

Your order will be processed within one business day of receipt. There is a nonrefundable fee of $25.00 (plus tax where applicable) per set of documents requested. This fee includes the printing and ground shipping costs.

Please allow up to 3-5 business days for delivery.

Thank you for your interest in WSDOT projects.

SENSITIVE SECURITY INFORMATION NONDISCLOSURE AGREEMENT

I, _____, understand that I am being granted access to Sensitive Security Information (SSI). In the form of Sensitive Security Information consisting of (1) security system plans and specifications, which is the equivalent of data as defined in Revised Code of Washington (RCW) 42.17.310 or under any other Executive Order, regulation or statute that prohibits the unauthorized disclosure of sensitive security information. I understand that I am being granted access to this information only in my capacity as a security system installation contractor, and I further understand that such information must be protected against unauthorized disclosure. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of Sensitive Security Information by me could cause damage or irreparable harm to the maritime community of the United States or could be used to advantage by entities inclined to commit criminal acts of violence and/or terrorism. Accordingly, I agree not to discuss or disclose this information with anyone who has not been authorized access to the information by the Washington State Ferries and/or the Washington State Department of Transportation. I further agree to protect any documents or notes containing such information to which I have access, regardless of whether I created or received such documents or notes and regardless of their medium, from access by anyone who has not been authorized access to the information. I agree that I shall return all SSI materials which have come into my possession: (a) upon demand by an authorized representative of the Washington State Ferries, the Washington State Department of Transportation or the United States Government; or (b) upon the conclusion of my employment or other relationship that requires access to sensitive security information.

I understand that the unauthorized release of sensitive security information may result in civil penalty or other legal action. If I have any questions, I will contact the Washington State Ferries at the phone number listed below.

_____	Fleet/Facility Security Officer
Company Name	Washington State Ferries– Grantor
_____	_____
Signature	Signature
_____	John Litzenberger
Printed Name	Printed Name
_____	_____
Date	Date
_____	206-389-8537
Phone Number	Phone Number
_____	LitzenJ@wsdot.wa.gov
EMAIL	EMAIL