



### CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS

SHORT DESCRIPTION Medical Transportation for Preakness Healthcare Center

REQUISITION No./CONTRACT No. RFQ-26-019

Pursuant to N.J.S.A. 52:32-60.1, et seq. (L. 2022, c. 3) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a State agency, including a local government agency, for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: <https://sanctionssearch.ofac.treas.gov/>. If the County of Passaic finds that a Vendor has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

#### CERTIFICATION

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify:

(Check the Appropriate Box)

A. That the Vendor is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

B. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

C. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list. However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

(Attach Additional Sheets if Necessary.)

Signature of Vendor's Authorized Representative

Victor Incorvaia - General Manager

Print Name and Title of Vendor's Authorized Representative

Pulse Medical Transportation Inc.

Vendor's Name

30 Galesi Dr. Ste.102

Vendor's Address (Street Address)

Wayne, NJ 07470

Vendor's Address (City/State/Zip Code)

06-03-26

Date

22-3816142

Vendor's FEIN, EIN or FTIN

973-237-1313

Vendor's Phone Number

973-237-1413

Vendor's Fax Number

Victor@pulsemt.com

Vendor's Email Address

#### Definitions:

Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).



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(Attach Additional Sheets if Necessary.)

JOAQUIN TORRES

Signature of Vendor's Authorized Representative

Joaquin Torres

Print Name and Title of Vendor's Authorized Representative

TLC MOBILE HEALTH LLC

Vendor's Name

214 STATE ST

Vendor's Address (Street Address)

HACKENSACK NJ 07601

Vendor's Address (City/State/Zip Code)

06/3/2026

Date

84-2065012

Vendor's FEIN, EIN or FTIN

201-488-0170

Vendor's Phone Number

201-488-0172

Vendor's Fax Number

JTORRES@TLCMOBILEHEALTH.COM

Vendor's Email Address

#### Definitions:

Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).



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(Attach Additional Sheets if Necessary.)

Dia Murati

Signature of Vendor's Authorized Representative

Dia Murati

Print Name and Title of Vendor's Authorized Representative

Complete Medical Transport Corp.

Vendor's Name

409 Minnisink Road

Vendor's Address (Street Address)

Totowa, NJ 07512

Vendor's Address (City/State/Zip Code)

6/3/2026

Date

93 3154966

Vendor's FEIN, EIN or FTIN

973 435 4942

Vendor's Phone Number

973 435 4943

Vendor's Fax Number

Diam@completemt.life

Vendor's Email Address

#### Definitions:

Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).