



## Certification Document CD0054 ISO Certification – Pierce Bradenton

Pierce Manufacturing, Inc. facilities in Bradenton, Florida have received ISO 9001:2000 Certification.



# Fire Apparatus Manufacturers' Association



## *Certificate of Membership*

In accordance with its bylaws,  
FAMA affirms that

**Pierce Manufacturing, Inc.**

meets the membership qualifications  
and is a member in good standing through

2016

A handwritten signature in black ink, appearing to read 'D. Durstine', written over a horizontal line.

David Durstine  
FAMA Board President

Certification 2154

**CERTIFICATE OF EMPLOYEE INFORMATION REPORT  
RENEWAL**

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-OCT-2015** to **15-OCT-2018**

PIERCE MANUFACTURING INC.  
2600 AMERICAN DRIVE  
APPLETON

WI 54914-2017



*Robert A. Romano*

Robert A. Romano,  
Acting State Treasurer

**PIERCE MANUFACTURING INC.**

---

AN OSHKOSH CORPORATION COMPANY • ISO 9001 CERTIFIED



2600 AMERICAN DRIVE  
POST OFFICE BOX 2017  
APPLETON, WISCONSIN 54912-2017  
920-832-3000 • FAX 920-832-3208  
[www.piercemfg.com](http://www.piercemfg.com)

July 19, 2016

Pierce Manufacturing Inc. is a wholly owned subsidiary of Oshkosh Corporation (OSK). 100% of the shares of Pierce Manufacturing Inc. are owned by Oshkosh Corporation. Oshkosh Corporation is a publicly traded company whose stock is widely held.

PIERCE MANUFACTURING INC.

A handwritten signature in black ink, appearing to read "Michael E. Pack".

Michael E. Pack  
Vice President Finance

# ABS Quality Evaluations

## Certificate Of Conformance

This is to certify that the Quality Management System of:

**Pierce Manufacturing, Inc. (A Division of Oshkosh Corporation)**

**41 Assembly Plant  
2600 American Drive  
Appleton, WI 54913  
U.S.A.**

(WITH ADDITIONAL FACILITIES LISTED ON ATTACHED ANNEX)

has been assessed by ABS Quality Evaluations, Inc. and found to be in conformance with the requirements set forth by:

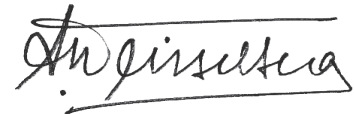
**ISO 9001:2008**

The Quality Management System is applicable to:

**DESIGN, MANUFACTURE, REPAIR, REFURBISHMENT AND SERVICING OF FIRE AND EMERGENCY VEHICLES AND  
THE REPAIR, REFURBISHMENT AND SERVICING OF SPECIALTY TRAILERS.**

This certificate may be found on the ABS QE Website ([www.abs-qe.com](http://www.abs-qe.com)). For certificates issued in the People's Republic of China information may also be verified on the CNCA website ([www.cnca.gov.cn](http://www.cnca.gov.cn)).

Certificate No: 32454  
Original Certification Date: 27 March 1998  
Effective Date: 19 February 2016  
Expiration Date: 14 September 2018  
Revision Date: 19 February 2016



Alex Weisselberg, President



Validity of this certificate is based on the periodic audits of the management system defined by the above scope and is contingent upon prompt, written notification to ABS Quality Evaluations, Inc. of significant changes to the management system or components thereof.

ABS Quality Evaluations, Inc. 16855 Northchase Drive, Houston, TX 77060, U.S.A.

Validity of this certificate may be confirmed at [www.abs-qe.com/cert\\_validation](http://www.abs-qe.com/cert_validation).

# ABS Quality Evaluations

ISO 9001:2008

## Certificate Of Conformance

### ANNEX

Certificate No: 32454

#### Pierce Manufacturing, Inc. (A Division of Oshkosh Corporation)

At Below Facilities:

Facility: Global Logistics Center  
498 N. Perkins  
Appleton, WI 54914  
U.S.A.

Facility: Industrial Park Plant (IPP)  
MacCarthy Road  
Appleton, WI 54913  
U.S.A.

Activity: Materials distribution.

Activity: Design, assembly, paint, test.

Facility: Midwest Regional Service Center  
816 Commercial Avenue  
Weyauwega, WI 54983  
U.S.A.

Activity: Refurbishment/Design/Service and Warranty Repair/Test.



Validity of this certificate may be confirmed at [www.abs-qe.com/cert\\_validation](http://www.abs-qe.com/cert_validation).



www.piercemfg.com

An Oshkosh Corporation Company

## EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION POLICY STATEMENT

It is the policy of Pierce Manufacturing Inc. to provide equal employment opportunity to all individuals regardless of their race, creed, color, religion, sex, sexual orientation, age, national origin, disability, veteran status or any other characteristic protected by state or federal law. We are strongly committed to this policy and believe in the concept and spirit of the law.

Pierce is committed to assuring that:

All recruiting, hiring, training, promotion, compensation, and other employment related programs are provided fairly to all persons on an equal opportunity basis without regard to race, creed, color, religion, sex, sexual orientation, age, national origin, disability, veteran status, or any other characteristic protected by law;

Employment decisions are based on the principles of equal opportunity and affirmative action;

All personnel actions such as compensation, benefits, transfers, training, and participation in social and recreational programs are administered without regard to race, creed, color, sex, sexual orientation, age, national origin, disability, veteran status, or any other characteristic protected by law.

Pierce believes in and practices equal opportunity and affirmative action. Director, Human Resources, Stephen Kohler, serves as the Equal Opportunity Coordinator for Pierce and has the responsibility for monitoring this company's equal opportunity and affirmative action practices. All employees are responsible for supporting the concepts of equal opportunity and affirmative action and assisting Pierce in meeting its objectives in these areas.

Pierce maintains affirmative action plans for minorities, females, persons with disabilities, and veterans. Any questions regarding these plans should be directed to the Equal Opportunity Coordinator. If you wish to view the plan for persons with disabilities and veterans, please contact Mr. Kohler during normal working hours.

Jim Johnson  
President, Pierce Manufacturing Inc.  
July, 2015

oshkosh corporation

WHERE PEOPLE WITH

**BIG IDEAS**

BUILD THEM™

## EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION POLICY STATEMENT



The purpose of this memorandum is to re-emphasize our commitment to equal employment opportunity in conjunction with Executive Orders 11246 and 11375, the Rehabilitation Act of 1973, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, and the implementing regulations with respect thereto. This statement is to ensure that all employees and others are aware of the company's position and commitments.

The policy of the company prohibits any employment practice which in any way discriminates or tends to discriminate against any person, employee, or applicant for employment with respect to compensation, terms, conditions or privileges of employment because of an individual's race, color, religion, national origin, sex, age, disability, veteran status, marital status, citizenship status, creed, sexual orientation, gender identity or other protected categories, as provided by law. The company also prohibits any type of harassment on the basis of any protected characteristic. Any conduct constituting such harassment will not be tolerated.

The company's equal employment opportunity obligations extend to all requirements of employment practices, including but not limited to the following: a) recruitment; b) hiring; c) promotion; d) compensation; e) benefits; f) education and training; g) education assistance; h) social and recreational programs; and i) personnel actions.

As a government contractor Pierce Manufacturing Inc., an Oshkosh Corporation company, will also take affirmative action to employ, and advance in employment, qualified minorities, females, protected veterans and individuals with disabilities. Any employee or applicant for employment who is qualified under the applicable regulations will be considered under our affirmative action program. We invite applicants and employees to self-identify their protected status on a form provided by the company, on a confidential basis, for purposes of our affirmative action program. Whether or not an individual elects to self-identify, no adverse action will result. In addition, Oshkosh Corporation will routinely audit and report on the effectiveness of the affirmative action program and take remedial action where appropriate. The affirmative action program for persons with disabilities and veterans is available for review by job applicants and employees through the human resources department from 7:30 a.m. to 4:00 p.m. on weekdays.

Employees and applicants shall not be subjected to harassment, intimidation, threats, coercion or discrimination because they have engaged or may engage in any of the following activities that are related to the above regulations or any other Federal, state, or local law regarding equal opportunity: filing a complaint, assisting or participating in an investigation relating to the law, opposing an unlawful practice and/or exercising a protected right.

Our CEO, Charlie Szews, and I are personally committed to this policy. Our actions and decisions will support the spirit and intent of this policy and program. We ask every employee to do the same.

I have assigned an EEO Official to be responsible for enforcement of the policy. If you have any questions or wish to discuss this policy, please contact the EEO Official listed below:

  
\_\_\_\_\_  
Jim Johnson – Executive Vice President & President, Pierce Manufacturing





CO= 045193-6  
 U= 770236-5  
 SIC=  
 NAICS= 336120

EQUAL EMPLOYMENT OPPORTUNITY  
 2015 EMPLOYER INFORMATION REPORT EEO-1  
 ESTABLISHMENT REPORT - TYPE 4

**SECTION B - COMPANY IDENTIFICATION**

1. OSHKOSH CORPORATION  
 P.O. BOX 2566  
 OSHKOSH  
 WI 54903

2.a. PMI ASSEMBLY PLANT/PUMP HOUSE  
 2600 AMERICAN DRIVE  
 APPLETON WINNEBAGO  
 WI 54914

**SECTION C - TEST FOR FILING REQUIREMENT**

1-Y 2-N 3-Y DUNS NO.: 006126999

**SECTION E - ESTABLISHMENT INFORMATION**

1-

b. EI= 390139830

c. Y

**SECTION D - EMPLOYMENT DATA**

\*\*\*\*\*Non-Hispanic or Latino\*\*\*\*\*

JOB CATEGORIES	Hispanic/Latino		***** MALE *****							***** FEMALE *****					TOTAL A-N	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)		
Executive Officials/Managers	(1.1)	0	0	28	0	0	0	0	0	4	0	0	0	0	0	32
1st/Mid-Level Managers	(1.2)	1	0	51	0	0	0	0	0	5	0	0	0	0	0	57
Professionals	( 2)	0	0	69	2	0	0	1	0	32	0	0	1	0	0	105
Technicians	( 3)	1	0	89	1	0	0	1	1	7	0	0	0	0	1	101
Sales Workers	( 4)	0	0	8	0	0	0	1	0	3	0	0	0	0	0	12
Administrative Support	( 5)	0	0	8	0	0	0	0	0	26	0	0	0	0	0	34
Craft Workers	( 6)	1	0	270	1	0	6	3	1	14	0	0	0	1	0	297
Operatives	( 7)	7	2	424	2	0	10	1	0	53	0	0	1	1	0	501
Laborers and Helpers	( 8)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	( 9)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	( 10)	10	2	947	6	0	16	7	2	144	0	0	2	2	1	1139
<b>PREVIOUS REPORT TOTAL</b>	( 11)	8	1	910	2	0	13	5	1	152	1	0	1	1	1	1096

**\* OTHER QUESTIONS \***

1 - 7/26/2015 THRU 8/8/2015

2 -

**SECTION G - CERTIFICATION**

**CHECK** 1 - [ ] ALL REPORTS ARE ACCURATE AND WERE PREPARED IN ACCORDANCE WITH THE INSTRUCTIONS

**ONE** 2 - [X] THIS REPORT IS ACCURATE AND WAS PREPARED IN ACCORDANCE WITH INSTRUCTIONS

CERTIFYING OFFICIAL: RYMER, TRACEY S

TITLE: VP HR

SIGNATURE: \_\_\_\_\_

DATE: 10/09/15

PERSON TO CONTACT REGARDING THIS REPORT: HERRELL, SARA M

STREET ADDRESS: 2600 AMERICAN DRIVE

TITLE: COMPLIANCE ANALYST

CITY/ST: APPLETON

WI ZIP: 54914

TELEPHONE/AREA CODE: 920-235-9150 EXT:

CO= 045193-6  
 U= 770236-5  
 SIC=  
 NAICS= 336120

EQUAL EMPLOYMENT OPPORTUNITY  
 2015 EMPLOYER INFORMATION REPORT EEO-1  
 ESTABLISHMENT REPORT - TYPE 4

**SECTION B - COMPANY IDENTIFICATION**

1. OSHKOSH CORPORATION  
 P.O. BOX 2566  
 OSHKOSH  
 WI 54903

2.a. IPP PLANT  
 3100 N MCCARTHY ROAD  
 APPLETON  
 WI 54913

b. EI=

c. N

**SECTION C - TEST FOR FILING REQUIREMENT**

1-Y 2-N 3-Y DUNS NO.: 006126999

**SECTION E - ESTABLISHMENT INFORMATION**

1-

**SECTION D - EMPLOYMENT DATA**

JOB CATEGORIES	*****Non-Hispanic or Latino*****														TOTAL A-N
	Hispanic/Latino *****				MALE *****				FEMALE *****						
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	
Executive Officials/Managers	(1.1)	0	0	8	0	0	0	0	0	0	0	0	0	0	8
1st/Mid-Level Managers	(1.2)	0	0	20	0	0	0	0	2	0	0	0	0	0	22
Professionals	( 2)	0	0	32	0	0	1	0	3	0	0	0	0	0	36
Technicians	( 3)	1	0	39	0	0	0	0	7	0	0	0	0	0	47
Sales Workers	( 4)	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Administrative Support	( 5)	0	0	2	0	0	0	0	4	0	0	0	0	0	6
Craft Workers	( 6)	4	1	239	1	0	5	1	9	0	0	0	0	0	260
Operatives	( 7)	4	0	263	4	0	12	4	11	0	0	0	0	1	299
Laborers and Helpers	( 8)	0	0	8	0	0	0	0	4	0	0	0	0	0	12
Service Workers	( 9)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>( 10)</b>	<b>9</b>	<b>1</b>	<b>613</b>	<b>5</b>	<b>0</b>	<b>18</b>	<b>5</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>692</b>
<b>PREVIOUS REPORT TOTAL</b>	<b>( 11)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**\* OTHER QUESTIONS \***

1 - 7/26/2015 THRU 8/8/2015

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CERTIFYING OFFICIAL: RYMER, TRACEY S

TITLE: VP HR

SIGNATURE: \_\_\_\_\_

DATE: 09/30/15

PERSON TO CONTACT REGARDING THIS REPORT: HERRELL, SARA M

STREET ADDRESS: 3100 N MCCARTHY ROAD

TITLE: COMPLIANCE ANALYST

CITY/ST: APPLETON

WI ZIP: 54913

TELEPHONE/AREA CODE: 920-235-9150 EXT:

CO= 045193-6  
 U= 770236-5  
 SIC=  
 NAICS= 336120

EQUAL EMPLOYMENT OPPORTUNITY  
 2015 EMPLOYER INFORMATION REPORT EEO-1  
 ESTABLISHMENT REPORT - TYPE 4

**SECTION B - COMPANY IDENTIFICATION**

1. OSHKOSH CORPORATION  
 P.O. BOX 2566  
 OSHKOSH  
 WI 54903

2.a. PMI - MIDWEST REFURB CENTER  
 816 COMMERCIAL AVE  
 WEYAUWEGA WAUPACA  
 WI 54983

b. EI= 390139830

c. Y

**SECTION C - TEST FOR FILING REQUIREMENT**

1-Y 2-N 3-Y DUNS NO.: 006126999

**SECTION E - ESTABLISHMENT INFORMATION**

1-

**SECTION D - EMPLOYMENT DATA**

\*\*\*\*\*Non-Hispanic or Latino\*\*\*\*\*

JOB CATEGORIES	Hispanic/Latino		***** MALE *****							***** FEMALE *****					TOTAL A-N	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)		
Executive Officials/Managers	(1.1)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
1st/Mid-Level Managers	(1.2)	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Professionals	( 2)	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Technicians	( 3)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	( 4)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support	( 5)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	( 6)	0	0	28	0	0	0	1	0	0	0	0	0	0	0	29
Operatives	( 7)	0	0	26	0	0	0	0	0	1	0	0	0	0	0	27
Laborers and Helpers	( 8)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	( 9)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	( 10)	0	0	61	0	0	0	1	0	3	0	0	0	0	0	65
<b>PREVIOUS REPORT TOTAL</b>	( 11)	8	0	570	4	0	10	6	0	32	0	0	0	0	0	630

**\* OTHER QUESTIONS \***

1 - 7/26/2015 THRU 8/8/2015

2 -

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TITLE: VP HR

SIGNATURE: \_\_\_\_\_

DATE: 09/28/15

PERSON TO CONTACT REGARDING THIS REPORT: HERRELL, SARA M

STREET ADDRESS: 816 COMMERCIAL AVE

TITLE: COMPLIANCE ANALYST

CITY/ST: WEYAUWEGA WI ZIP: 54983

TELEPHONE/AREA CODE: 920-235-9150 EXT:

CO= 045193-6  
 U= DB3015-1  
 SIC=  
 NAICS= 336120

EQUAL EMPLOYMENT OPPORTUNITY  
 2015 EMPLOYER INFORMATION REPORT EEO-1  
 ESTABLISHMENT REPORT - TYPE 4

**SECTION B - COMPANY IDENTIFICATION**

1. OSHKOSH CORPORATION  
 P.O. BOX 2566  
 OSHKOSH  
 WI 54903

2.a. FIRE & EMERGENCY OFFICE  
 W6214 AEROTECH DRIVE  
 APPLETON  
 WI 54914

b. EI=

c. N

**SECTION C - TEST FOR FILING REQUIREMENT**

1-Y 2-N 3-Y DUNS NO.: 006070445

**SECTION E - ESTABLISHMENT INFORMATION**

1-

**SECTION D - EMPLOYMENT DATA**

\*\*\*\*\*Non-Hispanic or Latino\*\*\*\*\*

JOB CATEGORIES	Hispanic/Latino		***** MALE *****							***** FEMALE *****					TOTAL A-N
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	
Executive Officials/Managers	(1.1)	0	0	3	0	0	1	0	0	1	0	0	0	0	5
1st/Mid-Level Managers	(1.2)	0	0	2	0	0	0	0	0	2	0	0	0	0	4
Professionals	( 2)	1	0	31	1	0	0	0	0	7	0	0	1	0	41
Technicians	( 3)	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	( 4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support	( 5)	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Craft Workers	( 6)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	( 7)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	( 8)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	( 9)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>( 10)</b>	<b>1</b>	<b>0</b>	<b>37</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>52</b>
<b>PREVIOUS REPORT TOTAL</b>	<b>( 11)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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CERTIFYING OFFICIAL: RYMER, TRACEY S

TITLE: VP HR

SIGNATURE: \_\_\_\_\_

DATE: 10/09/15

PERSON TO CONTACT REGARDING THIS REPORT: BAUGNET, AMBER L

STREET ADDRESS: W6214 AEROTECH DRIVE

TITLE: HR GENERALIST

CITY/ST: APPLETON

WI ZIP: 54914

TELEPHONE/AREA CODE: 920-235-9150 EXT:



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Pierce Manufacturing, Inc. facilities in Appleton Wisconsin have received ISO 9001:2008 Certification as shown below.

**ABS Quality Evaluations**  
**Certificate Of Conformance**  
This is to certify that the Quality Management System of:  
**Pierce Manufacturing, Inc. (A Division of Oshkosh Corporation)**  
**41 Assembly Plant**  
**2600 American Drive**  
**Appleton, WI 54913**  
**U.S.A.**

(WITH ADDITIONAL FACILITIES LISTED ON ATTACHED ANNEX)  
 has been assessed by ABS Quality Evaluations, Inc. and found to be in conformance with the requirements set forth by:  
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 The Quality Management System is applicable to:

**DESIGN, MANUFACTURE, REPAIR, REFURBISHMENT AND SERVICING OF FIRE AND EMERGENCY VEHICLES AND THE REPAIR, REFURBISHMENT AND SERVICING OF SPECIALTY TRAILERS.**

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Certificate No: 32454  
 Original Certification Date: 27 March 1998  
 Effective Date: 19 February 2016  
 Expiration Date: 14 September 2018  
 Revision Date: 19 February 2016

*Alex Weisselberg*  
 Alex Weisselberg, President





Validity of this certificate is based on the periodic audits of the management system defined by the above scope and is contingent upon prompt, written notification to ABS Quality Evaluations, Inc. of significant changes to the management system or components thereof.  
 ABS Quality Evaluations, Inc. 16855 Northchase Drive, Houston, TX 77060, U.S.A.  
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Page 1 of 2

**ABS Quality Evaluations**  
**ISO 9001:2008**  
**Certificate Of Conformance**  
**ANNEX**  
 Certificate No: 32454

**Pierce Manufacturing, Inc. (A Division of Oshkosh Corporation)**  
 At Below Facilities:

Facility: Global Logistics Center 490 N. Perkins Appleton, WI 54914 U.S.A.	Facility: Industrial Park Plant (IPP) MacCarthy Road Appleton, WI 54913 U.S.A.
Activity: Materials distribution.	Activity: Design, assembly, paint, test.
Facility: Midwest Regional Service Center 816 Commercial Avenue Weyauwega, WI 54983 U.S.A.	
Activity: Rebuild/Design/Service and Warranty Repair/Test.	





Validity of this certificate may be confirmed at [www.abs-qe.com/cert\\_validation](http://www.abs-qe.com/cert_validation).

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Page 2 of 2

11/14/01

Taxpayer Identification# 390-139-830/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law (Public Law 2001, c.134) requires all contractors and subcontractors with State, county and municipal agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State, county or municipal agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609) 292-1730.

I wish you continued success in your business endeavors.

Sincerely,



Patricia A. Chiacchio  
Director, Division of Revenue

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS		DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08646-0252
TAXPAYER NAME: <b>PIERCE MANUFACTURING INC.</b>	TRADE NAME:	
TAXPAYER IDENTIFICATION# <b>390-139-830/000</b>	CONTRACTOR CERTIFICATION# <b>0106802</b>	
ADDRESS <b>2600 AMERICAN DRIVE APPLETON WI 54915-9042</b>	ISSUANCE DATE: <b>11/14/01</b>	
EFFECTIVE DATE: <b>05/26/95</b>	 Director, Division of Revenue	
FORM-BRC(08-01)	This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.	

# Directors And Officers

Report Date: 8/21/2012

## Kewaunee Fabrications, L.L.C.

### Current Officers:

Name	Title
Charles L. Szews	Chief Executive Officer
Wilson R. Jones	Chief Operating Officer
James W. Johnson	President
Bryan J. Blankfield	Executive Vice President and Secretary
Michael K. Rohrkaste	Executive Vice President, Chief Administration and Human Resources Officer
David M. Sagehorn	Executive Vice President and Chief Financial Officer
R. Scott Grennier	Senior Vice President and Treasurer
Thomas J. Polnaszek	Senior Vice President, Finance and Controller
Timothy M. Raupp	Senior Vice President, Executive Director, International Operations
Don G. Bent	Vice President, Operations, Fire & Emergency
James C. Michal III	Vice President, Customer Service, Fire & Emergency
David L. Moskol	Vice President, Tax
Michael E. Pack	Vice President, Finance, Fire & Emergency
Kevin S. Ramsburg	Vice President
Robin L. Schroeder	Vice President, Ethics & Compliance
John S. Verich	Vice President, Finance
Corey R. Braun	Assistant Treasurer
Virginia K. Abel	Assistant Secretary
Lori R. Mackey	Assistant Secretary

### Current Directors:

Name	Type
David M. Sagehorn	Director
Charles L. Szews	Director

## Pierce Manufacturing Inc.

### Current Officers:

Name	Title
Charles L. Szews	Chief Executive Officer
Wilson R. Jones	Chief Operating Officer
James W. Johnson	President
Bryan J. Blankfield	Executive Vice President and Secretary
Michael K. Rohrkaste	Executive Vice President, Chief Administration and Human Resources Officer
David M. Sagehorn	Executive Vice President and Chief Financial Officer
R. Scott Grennier	Senior Vice President and Treasurer
Thomas J. Polnaszek	Senior Vice President, Finance and Controller
Timothy M. Raupp	Senior Vice President, Executive Director, International Operations
Jonathan Sherr	Senior Vice President, Broadcast and Command
Don G. Bent	Vice President, Operations, Fire & Emergency
James C. Michal III	Vice President, Customer Service, Fire & Emergency
David L. Moskol	Vice President, Tax
Michael E. Pack	Vice President, Finance, Fire & Emergency
Kevin S. Ramsburg	Vice President
Jeffry G. Resch	Vice President and General Manager, Airport Products Group
Robin L. Schroeder	Vice President, Ethics & Compliance
John S. Verich	Vice President, Finance
Timothy W. Asuma	Senior Director, Finance
Corey R. Braun	Assistant Treasurer
Virginia K. Abel	Assistant Secretary
Kerry Dereszynski	Assistant Secretary
Lori R. Mackey	Assistant Secretary

### Current Directors:

Name	Type
David M. Sagehorn	Director
Charles L. Szews	Director



## Pierce Western Region Refurbishment Center, Inc.

### Current Officers:

Name	Title
Charles L. Szews	Chief Executive Officer
Wilson R. Jones	Chief Operating Officer
James W. Johnson	President
Bryan J. Blankfield	Executive Vice President and Secretary
Michael K. Rohrkaste	Executive Vice President, Chief Administration and Human Resources Officer
David M. Sagehorn	Executive Vice President and Chief Financial Officer
R. Scott Grennier	Senior Vice President and Treasurer
Thomas J. Polnaszek	Senior Vice President, Finance and Controller
Don G. Bent	Vice President, Operations, Fire & Emergency
James C. Michal III	Vice President, Customer Service, Fire & Emergency
David L. Moskol	Vice President, Tax
Michael E. Pack	Vice President, Finance, Fire & Emergency
Kevin S. Ramsburg	Vice President
John S. Verich	Vice President, Finance
Timothy W. Asuma	Director of Finance
Corey R. Braun	Assistant Treasurer
Virginia K. Abel	Assistant Secretary
Kerry Dereszynski	Assistant Secretary
Lori R. Mackey	Assistant Secretary

### Current Directors:

Name	Type
David M. Sagehorn	Director
Charles L. Szews	Director

## Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**PIERCE MANUFACTURING INC.**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  S Corporation  Partnership  Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Apply to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.)  
**2600 AMERICAN DRIVE**

6 City, state, and ZIP code  
**APPLETON WI 54914**

7 List account number(s) here (optional)

Requester's name and address (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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
-					-				
or									
Employer identification number									
3	9	-	0	1	3	9	8	3	0

**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 on page 3.

Sign Here      Signature of U.S. person ▶ *Laura L. ...*      Date ▶ *6/8/2015*

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-G (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

**PIERCE MANUFACTURING INC.**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 7, 1917.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 2, 2010.



A handwritten signature in black ink, appearing to read 'Ray Allen'.

RAY ALLEN, Deputy Administrator  
Division Of Corporate & Consumer Services  
Department of Financial Institutions

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Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **85055-6E537865**