|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |   |   | Responding Bidder Information |

 *“Certification for Competitive Bid and Contract” MUST be submitted along with the response to the Solicitation.*

|  |  |  |
| --- | --- | --- |
| 1. RE: Solicitation #
 | 0900000426 |  |
| 1. Bidder General Information:
 |
| FEI / SSN :  |       | Supplier ID: |       |
| Company Name: |       |
| 1. Bidder Contact Information:
 |
| Address: |       |
| City: |       | State: |    | Zip Code: |       |
| Contact Name: |       |
| Contact Title: |       |
| Phone #: |       | Fax #: |       |
| Email: |       | Website: |       |
| 1. Oklahoma Sales Tax Permit[[1]](#footnote-1):
 |
| [ ]  YES – Permit #: |       |  |
| [ ]  NO – Exempt pursuant to Oklahoma Laws or Rules – Attach an explanation of exemption |
| 1. Registration with the Oklahoma Secretary of State:
 |
| [ ]  YES - Filing Number: |       |  |
| [ ]  NO - Prior to the contract award, the successful bidder will be required to register with the Secretary of State or must attach a signed statement that provides specific details supporting the exemption the supplier is claiming ([www.sos.ok.gov](http://www.sos.ok.gov) or 405-521-3911). |
| 1. Workers’ Compensation Insurance Coverage:
 |
| Bidder is required to provide with the bid a certificate of insurance showing proof of compliance with the Oklahoma Workers’ Compensation Act. |
| [ ]  YES – Include with the bid a certificate of insurance.  |
| [ ]  NO – Exempt from the Workers’ Compensation Act pursuant to 85A O.S. § 2(18)(b)(1-11) – Attach a written, signed, and dated statement on letterhead stating the reason for the exempt status.[[2]](#footnote-2)

|  |
| --- |
| 1. Disabled Veteran Business Enterprise Act
 |
| [ ]  YES – I am a service-disabled veteran business as defined in 74 O.S. §85.44E.  Include with the bid response 1) certification of service-disabled veteran status as verified by the appropriate federal agency, and 2) verification of not less than 51% ownership by one or more service-disabled veterans, and 3) verification of the control of the management and daily business operations by one or more service-disabled veterans. |
| [ ]  NO – Do not meet the criteria as a service-disabled veteran business. |

 |
|  |  |       |
| Authorized Signature |  | Date |
|       |  |       |
| Printed Name |  | Title |

1. For frequently asked questions concerning Oklahoma Sales Tax Permit, see <https://www.ok.gov/tax/Businesses/index.html> [↑](#footnote-ref-1)
2. For frequently asked questions concerning workers’ compensation insurance, see <https://www.ok.gov/wcc/Insurance/index.html> [↑](#footnote-ref-2)