|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | Responding BidderInformation |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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)