

**Res****ponding Bidder Information**

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. RE: Solicitation # 0900000540** | | | | | |  | | | | |
| **2. Bidder General Information:** | | |  | | | |  | | | | |
| FEI / SSN : | Supplier ID: | | | | | | | | |
| Company Name: |  | | | | | | | | |
| **3. Bidder Contact Information:** | | | |  | | | |  | |
| Address: | | | | | | | | | | |
| City: | State: | | | | Zip Code: | | | |
| Contact Name: | | | | | | | | | | |
| Contact Title: | | | | | | | | | | |
| Phone #: | Fax #: | | | | | | | | |
| Email: | Website: | | | | | | | | |
| **4. Bidder currently engaged in a boycott of goods or services from Israel.** | | | | | | | | | |
| YES | |  | | | | | | | | |
| NO | | | | | | | | | | |
| **5. 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). | | | | | | | | | | |
| **6. 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.[1](#_bookmark1) | | | | | | | | | | |

1 For frequently asked questions concerning workers’ compensation insurance, see <https://www.ok.gov/wcc/Insurance/index.html>

|  |
| --- |
| **7. 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 |