

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

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

|  |  |
| --- | --- |
|  **1. RE: Solicitation # 0900000563**  |  |
|  **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 |