

Form REQUIRED with bid package submission.

Exhibit 2 – Bidder Certification

Business Legal Name/DBA (if applicable): _____

Primary Business Address: _____

Phone Number: _____

Fax Number: _____

FCC Registration Number: _____

<https://apps.fcc.gov/coresWeb/publicHome.do>

FCC Form 499 ID: _____

<https://www.usac.org/service-providers/contributing-to-the-usf/register-for-a-499-id/>

FCC Form 498 ID: _____

<https://www.usac.org/rural-health-care/service-providers/fcc-form-498/>

Is the Supplier bidding on this solicitation eligible to receive OUSF Funding? Mark only one box with an 'X'.

Yes: _____

No: _____

Is Supplier bidding on this solicitation eligible to receive Rural Health Care Funding and completed Blocks 10, 11, and 18 on Form 498? Mark only one box with an 'X'.

Yes: _____

No: _____

Is the Service Provider in good standing with the Oklahoma Corporation Commission and its annual reporting requirements? Mark only one box with an 'X'.

Yes: _____

No: _____

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Is FCC Registration Number under RED light status? Mark only one box with an 'X'. **Attach a printout of your FCC Registration Number red or green light status from the FCC's Red-Light Display System (RLDS) <https://apps.fcc.gov/cores/userLogin.do>**

Yes: _____

No: _____

Designated Point(s) of Contact: Bidder must provide the designated POC's providing information and responsible for any award execution.

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Supplier acknowledges these statements as true and correct and understands that bids may be disqualified at ODOC discretion if bidder ineligible for OUSF/RHC funding

Printed Name

Title

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Signature

Date