

Responding Bidder Information

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

1.	RE: Solicitation #	1600000053-Workforce Data Tool	_		
2.	Bidder General Inf	formation:			
	FEI / SSN :		Existing Poor NA if no Supplier I		
	Company Name:				
3.					
	Address:				
	City:		State:	Zip Code:	
	Contact Name:				
	Contact Title:				
	Email:		Website:		
4.	Oklahoma Sales T	ax Permit¹:			
	☐ YES – Permit #:				
	NO – Exempt pursuant to Oklahoma Laws or Rules – <u>If no, must attach an explanation of exemptio</u> <u>with response.</u>				
5.	Registration with t	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 if no, must attach a signed statement that provides specific details supporting the exemption the supplier is claiming with the response (www.sos.ok.gov or 405-521-3911).				
6.	Workers' Compen	sation Insurance Coverage:			
	Bidder is required to provide with the bid a certificate of insurance showing proof of compliance with Oklahoma Workers' Compensation Act.			oof of compliance with the	
	☐ YES – Include w	ith 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				

¹ For frequently asked questions concerning Oklahoma Sales Tax Permit, see https://www.ok.gov/tax/Businesses/index.html
² For frequently asked questions concerning workers' compensation insurance, see https://www.ok.gov/wcc/Insurance/index.html

☐ 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			
Authorized Signature	Date			

7. Disabled Veteran Business Enterprise Act

Printed Name

Note: If no, to #4, #5, and #6 include, with your bid response, exemption letters/statement, directly below this form, in your response. If yes, to #7 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. Include, directly below this form, in your response, identified by the number and name of same.

Title