

	"Certification for Competitive Bid and Contract"	MUST be submitted along with	the response to the Solicitation.	
1.	RE: Solicitation #			
2.	Bidder General Information:			
	FEI / SSN :	Supplier I	Supplier ID:	
	Company Name:			
3.				
	Address:			
	City:			
	Contact Name:			
	Contact Title:			
	Phone #:	Fax #:		
	Email:	Website:		
4.	Oklahoma Sales Tax Permit ¹ :			
	☐ YES – Permit #:			
	NO – Exempt pursuant to Oklahoma Laws or Rules – Attach an explanation of exemption			
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 (<u>www.sos.ok.gov</u> 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 insur	ance.		
	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 <u>https://www.ok.gov/tax/Businesses/index.html</u> ² For frequently asked questions concerning workers' compensation insurance, see <u>https://www.ok.gov/wcc/Insurance/index.html</u>

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