

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

1.	RE: Solicitation# EV00000555		
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 YES NO	goods or services from Israel.	
5.	Registration with the Oklahoma Secretary of State: (if over \$250,000)		
	YES - Filing Number:		
	NO - Prior to the contract award, the successful bidder will be required to register with the Secretary 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 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

¹ 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

	I am a service-disabled veteran business as defined in 74 O.S. §85.44E. Include with the bid
respon	se 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)
verifica	tion of the control of the management and daily business operations by one or more service-
disable	d veterans.

NO – Do not meet the criteria as a service-disabled veteran business.

Authorized Signature

Date

Printed Name

Title