

Responding Bidder Information

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

1.	RE: Solicitation#	EV00000449	-
2.	Bidder General Information:		
	FEI / SSN :_		Supplier ID:
	Company Name:		
3.	Bidder Contact Info	rmation:	
	Address:_		
		State: Zip Code:	
	Contact Name:_		
	Contact Title:_		
			Fax #:
	Email:_		Website:
	☐ 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 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 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 Printed Name Title

7. Disabled Veteran Business Enterprise Act