



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

1. RE: Solicitation Number: _____

2. Bidder General Information:

FEI/SSN: _____ Supplier ID: _____

Company Name: _____

3. Bidder Contact Information:

Contact Name: _____

Contact Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Email: _____

Website: _____

4. Oklahoma Sales Tax Permit¹:

YES – Permit #: _____

NO – Exempt pursuant to Oklahoma Laws or Rules – Attach an 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 (www.sos.ok.gov or 405-521-3911)

6. Worker's 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 Worker's 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

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 the following information:

1) Certification of service-disabled veteran status as verified by the appropriate federal agency.

2) Verification of not less than 51% ownership by one or more service-disabled veterans.

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.

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>



Authorized Signature

Date

Printed Name

Title

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