

Responding Bidder Information

"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 ID:	
	Company Name:		
3.	Bidder Contact Information:		
	Address:		
	City:	State: Zip Code:	
	Contact Name:		
	Contact Title:		
	Phone #:		
	Email:		
	☐ YES ☐ NO		
5.		egistration 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 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.		
		npensation Act pursuant to 85A O.S. § 2(18)(b)(1-11) – Attach a 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