

Request for Proposal
Arkansas Secretary of State's Office

Vendor Certification Form (Shall be signed and included with response)

Company Name: _____

Company Representative/Title: _____

Address: _____

City: _____ State/Zip: _____

Contact Phone #: _____

Email: _____

Tax ID # (TIN or SSN): _____ (Include copy of current W-9 Form)

Small Business: Yes No

Minority Business: Yes No

Women-Owned Business: Yes No

Veteran-Owned Business: Yes No

Do you or anyone at your company have a relative that works at the Arkansas Secretary of State's office?

Yes

No

If yes, please provide the name(s) of such relative(s) and their relationships below:

I certify that this response is accurate and true and made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same services and is in all respect fair and without outside control, collusion, fraud, or otherwise illegal action. I understand that collusion in public procurement is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of this Request for Proposals and certify that I am authorized to bind the vendor to any resulting contract.

Authorized Signature

Date

Print or Type Name