OKLAHOMA
Office of Management & Enterprise Services

Central Purchasing

RESPONDING BIDDER INFORMATION

You must submit a Certification for Competitive Bid and Contract along with the response to the solicitation.

1. SOLICITATION

Solicitation #
EV00000453

2. BIDDER GENERAL INFORMATION

FEIN/SSN	Supplier ID
Company name	

3. BIDDER CONTACT INFORMATION

Address

Contact name		Title	
Email	Phone	Website	Fax

4. BIDDER IS ENGAGED IN BOYCOTT OF GOODS OR SERVICES FROM ISRAEL

☐ *Yes* ☐ *No*

5. REGISTRATION WITH THE OKLAHOMA SECRETARY OF STATE

☐ *Yes* *Filing number:* _____

☐ *No* *Prior to the contract award, the successful bidder is 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 (sos.ok.gov or 405-521-3911).*

6. WORKERS' COMPENSATION INSURANCE COVERAGE

Bidder is required to provide a certificate of insurance showing proof of compliance with the Oklahoma Administrative Workers' Compensation Act.

☐ *Yes* *Include a certificate of insurance with the bid.*

☐ *No* *Exempt from the Administrative 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. For frequently asked questions concerning workers' compensation insurance, visit wcc.ok.gov.)*

7. DISABLED VETERAN BUSINESS ENTERPRISE ACT

☐ *Yes* *I am a service-disabled veteran business as defined in 74 O.S. § 85.44E.*
Include the following with the bid response:

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* *I do not meet the criteria as a service-disabled veteran business.*

8. SIGNATURE

Authorized signature	Date
Name	Title