

RFQVA ASSURANCES AND SUBMITTAL ATTESTATION

I attest that the information provided in the Assurances and Submittal document and any supporting documentation is true, correct, and accurate to the best of my knowledge.

APPLICANT/QUALIFIED VENDOR INFORMATION

Legal Name (*Last, First, M.I.*): _____

Vendor DBA Name: _____

Phone Number: _____

Address (*No., Street*): _____

City: _____ State: _____ ZIP Code: _____

I have the authority and responsibility as the owner or signatory to submit this Application and to act as a representative of the entity in all phases of the Application process or the Qualified Vendor in all phases of amending as awarded Qualified Vendor Application (QVA).

The information provided in the Application or any subsequent Amendment, including information entered into the Contract Administration System (CAS) and any attachments and submittal, is true, correct, and accurate to the best of my knowledge. I understand that any false Statements May disqualify this Application from further consideration or be cause for termination of the QVA.

I agree to notify the Department within ten (10) Business Days of any changes to the information provided in this Application or in any subsequent Amendment of an awarded QVA.

Name of Authorized Signatory: _____

Title: _____

Date: _____

Signature: _____