

**Certifications and Assurances**

- A. **BID:** If I am the selected Consultant, I agree to perform the Work in this RFP and the quoted price is valid for 90 days from submission of the contract.
- B. **NON-DISCRIMINATION:** I agree to ensure equal opportunity for employment and to engage in Affirmative Efforts if required, in the solicitation of women and minorities and WMBE firms or individuals for participation on this Contract in accordance with SMC Ch. 20.42 and RCW 35.22.650 and in RCW 39.10.440 and .450.
- C. **NON COLLUSION:** I have not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in the preparation and submission of this Proposal to the Owner for consideration in the award of a contract.
- D. I agree to comply with the requirements regarding subcontracting, and the purchase of supplies or materials from firms or individuals that are not disqualified or otherwise debarred from doing business with the City under the provisions of SMC Ch. 20.42 or SMC Ch. 20.70.
- E. **Responsible Bidder Requirements:** My bid acknowledges that I have a UBI number; industrial insurance coverage, if required under Title 51 RCW; an employment security number under Title 50; and a state excise tax registration number under Title 82. I affirm I am not disqualified from bidding on any public works contract under RCW 39.06 or RCW 39.12.065(3). I will provide proof of these requirements if requested.

Business Name of Consultant \_\_\_\_\_

Business Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Official Primary Contact Person \_\_\_\_\_

E-mail Address of Primary Contact \_\_\_\_\_

City of Seattle Business License Number \_\_\_\_\_

Consultant's State of Washington Registration Number \_\_\_\_\_

Employment Security Department Number \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

WA State Uniform Business Identifier (UBI) Number \_\_\_\_\_

NOTE: If bidder is a Corporation, indicate below and write "State of Incorporation"; if a Partnership, indicate below and give full names, addresses and telephone numbers of all partners.

Name of Corporation \_\_\_\_\_

State of incorporation \_\_\_\_\_

Name of Partnership \_\_\_\_\_

Names of Partners \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICIAL AUTHORIZED TO SIGN FOR BIDDER:**

"I certify (or declare) under penalty of perjury under the laws of the State of Washington that the above information is true and correct":

Location or Place Executed: (City, State)	Print Name and Title
Date:	Signature: