**Attachment 9 – Manufacturer’s Certificate**

**NOTE TO BIDDERS:**

**The Manufacturer’s Certificate is to be forwarded by the Bidder to its proposed manufacturer for completion, and returned to the Bidder for inclusion with its Bid. (See Section 2 – Bidder Qualifications, and Section 4.9 – Authorized Resellers or** **Distributers.)**

|  |  |
| --- | --- |
| BIDDER’S COMPANY NAME: | Click here to enter text. |
| STREET ADDRESS: | Click here to enter text. |
| CITY, STATE ZIP: | Click here to enter text. |

Solicitation # 23164prb – In-BreathAlcohol Testing Equipment and Related Accessories (Statewide)

The manufacturer executing this certificate by signature below does hereby attest to the accuracy and validity of the responses to the following questions:

1. Is the Bidder listed above an authorized reseller or distributor of the Manufacturer executing this certificate?  Yes  No

2. Does the manufacturer executing this certificate agree to provide the Bidder with all quantities of the manufacturer’s Products required in fulfillment of Bidder’s obligations under any resultant contract with the State of New York?  Yes  No

MANUFACTURER'S COMPANY NAME: Click here to enter text.

ADDRESS: Click here to enter text.

TELEPHONE NUMBER: Click here to enter text.

E-MAIL ADDRESS: Click here to enter text.

PRINTED OR TYPED COPY OF SIGNATURE: Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF AUTHORIZED DATE: Click here to enter a date.

MANUFACTURER'S REPRESENTATIVE

TITLE: Click here to enter text.