

**Group 37700 IFB 23372  
Culvert and Underdrain Pipe & Tubing (Statewide)**

**Bidder Name** \_\_\_\_\_

**Attachment 11 - Supplier/Manufacturer's Certificate**

The Supplier/Manufacturer's Certificate is to be forwarded by the Bidder to each of its proposed Supplier/Manufacturer's for completion. The completed form should be returned to the Bidder for inclusion with its Bid.

**BIDDER'S COMPANY NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE ZIP:** \_\_\_\_\_

*Through the completion and submission of this attachment the Supplier or Manufacturer guarantees that the Bidder is an authorized dealer and has agreed to supply the Bidder with all quantities of Product(s) required by the Bidder in fulfillment of its obligations under any resultant Contract with the State*

**The Supplier/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 the same entity as the manufacturer of the Products being bid? \_\_\_ YES \_\_\_ NO
2. If the entities are separate, which entity is responsible for the performance of a product (either in or out of Warranty)? \_\_\_ MANUFACTURER \_\_\_ BIDDER
3. Is the Bidder listed above an authorized Supplier or Reseller, dealer/distributor for the manufacturer's Product bid? \_\_\_ YES \_\_\_ NO
4. Does the manufacturer agree to supply the Bidder in a timely manner with all quantities of Product ordered pursuant to any resulting contract with the State(s) for the duration of the contract term and any potential extension thereof? \_\_\_ YES \_\_\_ NO

**MANUFACTURER'S COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY / STATE / ZIP:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**NAME of AUTHORIZING REPRESENTATIVE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**On behalf of the manufacturer named above, I certify that the above responses are accurate .**

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED MANUFACTURER'S REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

STATE OF \_\_\_\_\_ }

COUNTY OF \_\_\_\_\_ }

: Sworn Statement

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 2019, before me personally came: \_\_\_\_\_, to me known, who, being by me duly sworn, did depose and say that he/she maintains an office at \_\_\_\_\_, in the City/Town of \_\_\_\_\_, the County of \_\_\_\_\_, and the State (or Commonwealth) of \_\_\_\_\_, and further that he/she:

[Check One]

(If an individual/sole proprietor): executed the foregoing instrument in his/her name and on his/her own behalf.

(If a corporation): is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, \_\_\_he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, \_\_\_he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(If a partnership): is the \_\_\_\_\_ of \_\_\_\_\_, the partnership described in said instrument; that, by the terms of said partnership, \_\_\_he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, \_\_\_he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

(If a limited liability company): is a duly authorized member of \_\_\_\_\_ LLC, the limited liability company described in said instrument; that \_\_\_he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, \_\_\_he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

\_\_\_\_\_  
Notary Public

State Of: \_\_\_\_\_ Page 1 of 1

Registration No. \_\_\_\_\_