MANUFACTURER'S CERTIFICATION

Police Rated, Administrative, Utility Vehicles, Trucks, and Vans

Bid 21-04-0925

This is to certify that _____ is the manufacturer
(Vendor/Respondent's Name)

or a manufacturer's authorized dealer of _____
(Manufacturer/Brand Name)

in the Commonwealth of Virginia.

By:

Manufacturer Name: _____

Address: _____

City, State, Zip: _____

Office Phone: _____ Mobile Phone: _____

E-mail: _____

Signature: _____

Title: _____

PLEASE NOTE: This certification form must be executed by an authorized employee of the manufacturer **ONLY**. Dealers/Representatives are not authorized to execute this certification form on behalf of the manufacturer. The manufacturer must execute this certification form even if they are offering their own products. Failure to submit this certification form with your response as required shall result in the disqualification of the response.