# Manufacturer Certification Form

**First Responder Supplies and Equipment**
**Bid 26-02-0523**

***This form is to be completed for all manufacturers in which your company is bidding.***

**Vendor (Bidder):** _____

**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.

***The section below is to be completed by the manufacturer representative.***

*This is to certify that the above vendor/bidder is the manufacturer and/or a manufacturer's authorized dealer for the following manufacturer in the Commonwealth of Virginia.*

Manufacturer Name: _____

Address: _____

City, State, Zip: _____

**Contact Information of Representative:**

Office Phone: _____ Mobile Phone: _____

E-mail: _____

_____ _____

*Signature of Manufacturer Representative:* *Title:*

_____ _____

*Printed Name of Manufacturer Representative:* *Date:*

***Note: Signatures must be physical or timestamped.***