



# MANUFACTURER'S CERTIFICATION

**Fire and EMS  
Bid 22-02-0608**

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

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

in the State of North Carolina.

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.