

Manufacturer Certification Form

First Responder Supplies and Equipment
Bid 25-02-0521

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 State of North Carolina.

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.