

**DEPARTMENT OF FINANCIAL SERVICES  
Mandatory Criteria Certification**

**Attachment C**

**This form must be completed by the Respondent's authorized representative. The Respondent acknowledges that the Department will rely on the representations made on this form in making its decision of award. If the Department discovers that any of the information on this form is false prior to the award of the Contract, the Department will determine the Respondent non-responsive and not evaluate its Response. If the Department discovers that any information on this form is false after the award to the Respondent is made, the Department reserves the right to terminate the Contract and the Respondent will be liable for costs associated with re-procuring the services.**

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1. Does Respondent certify that it agrees to the terms above?  
\_\_\_\_\_
  
2. Does Respondent certify that the person submitting the Response is authorized to respond to this RFP on Respondent's behalf?  
\_\_\_\_\_
  
3. Does Respondent certify that it is not a Discriminatory Vendor or Convicted Vendor as defined in Sections 7 and 8 of the PUR 1001?  
\_\_\_\_\_
  
4. Does Respondent certify compliance with Section 9 of the PUR 1001?  
\_\_\_\_\_
  
5. Does Respondent agree to protect, defend, and indemnify the Department for any and all claims arising from or relating to the Respondent's determination that the redacted portions of its reply are confidential, proprietary, trade secret, or otherwise not subject to disclosure?  
\_\_\_\_\_
  
6. Certify one and write N/A on the others:
  - a. Does Respondent certify that it is registered with the Florida Department of State?  
\_\_\_\_\_
  - OR**
  - b. Does Respondent certify that if awarded a contract under this solicitation, it will register with the Florida Department of State prior to execution of the Contract?  
\_\_\_\_\_
  - OR**
  - c. Does Respondent certify that it is not required to register with the Florida Department of State (see applicable sections of Title XXXVI, Business Organizations, Chapters 605 through 623, F.S.)?  
\_\_\_\_\_
  
7. Certify one and write N/A on the other:

a. Does Respondent certify that a drug-free workplace has been implemented in accordance with section 287.087, F.S.?

\_\_\_\_\_ **OR**

b. Does Respondent agree to waive its right to be given preferential treatment as a drug-free workplace in the event of a tie?

\_\_\_\_\_

As the person authorized to sign the statement, I certify that this business entity complies fully with the above requirements.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

Name of Business Entity: \_\_\_\_\_

Signed by: \_\_\_\_\_

Print Name \_\_\_\_\_