

**DEPARTMENT OF FINANCIAL SERVICES
Principal Place of Business and Foreign State Preferences in Contracting Form**

Attachment G

All Respondents must complete section I. If the Respondent's principal place of business is outside the state of Florida, the Respondent must also complete section II. 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.

Section I. Respondent's Principal Place of Business

(Please select one)

- The Respondent's principal place of business is in the state of Florida.
 The Respondent's principal place of business is outside of the state of Florida.
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Section II. Legal Opinion about Foreign State Preferences in Contracting

A Respondent whose principal place of business is outside the state of Florida must complete the remainder of the form, to be completed by an attorney who is licensed to practice law in that foreign state.

(Please select one)

The Respondent's principal place of business is in the state of _____ and it is my legal opinion that the laws of that state **do not grant a preference** in the letting of any or all public contracts to business entities whose principal places of business are in that state.

The Respondent's principal place of business is in the state of _____ and it is my legal opinion that the laws of that state **grant the following preference(s)** in the letting of any or all public contracts to business entities whose principal places of business are in that state: [Please describe applicable preference(s) and identify applicable state law(s)]

(Please select if applicable)

The Respondent's principal place of business is in the **political subdivision** of _____ and it is my legal opinion that the laws of that political subdivision **grant a preference** in the letting of any or all public contracts to business entities whose principal places of business are in that political subdivision.

RESPONDENT'S ATTORNEY	
Signature:	Phone #: () -
Name:	Address:
State of Licensure:	
Bar Number:	Date of Admission: