Port of Tacoma September 2008

[RFP TITLE] RFP NO:

Proposer's Certifications

the foll RFP a Propos	ndersigned ("Proposer") declares that he/she has read llowing Proposal. The Proposer understands that, in a land Proposer's documents submitted in response to sal and are incorporated herein by reference. Propose through have been reviewed and considered as	addition to this Certifications Form, the the Port's RFP constitute parts of the racknowledges that addenda numbers
	indersigned agrees that this Proposal will remain va sal until <u>[date]</u>	lid and that the Port may accept this
The un	ndersigned declares, under penalty of perjury under th lowing statements are true and correct:	e laws of the state of Washington, that
1.	The undersigned person's firm, association or coindirectly, entered into any agreement, participated in action in restraint of free competition in connection is submitted.	n any collusion, or otherwise taken any
2.	No gratuity, fee or item of value has been offered to connection with this RFP.	any Port employee, official or agent in
3.	. The undersigned knows of no direct or indirect financial interest that conflicts with the services to be performed under this RFP.	
4.	 By signing this Certification, the undersigned business organization is deemed to have signed and agreed to the provisions of this declaration, and authorized the signature below. 	
5.	In preparing this Proposal, the Proposer has not been assisted by any current or former employee of the Port whose duties relate now or have related in the past to this Proposal, or who was assisting in other than his or her official public capacity. Neither does such a person nor any member of his or her immediate family have any financial interest in the outcome of this Proposal. Any exceptions to these assurances are described in full on a separate page and attached to this Certifications Form.	
Propos	ser hereby designates the person to contact for addition	nal information about the Proposal:
Name		
Teleph	none No:	
E-Mail	Address:	
Firm N	Name:	
	ss:	
City, S	State, Zip:	
Phone	e/fax Numbers:	
Dated :	this, 200	
Author	rized Signature:	