## OFFEROR INFORMATION AND ASSURANCE FORM

A.	Offeror's (Agency or Individual) Nam	ne:		
B.	Offeror's Address:			
	Telephone Number:	Fax:	E-Mail:	
C.	Status: For Profit: Non-P	Profit:	Other:	
D.	Alaska Business License Number: _			
E.	Internal Revenue or Social Security Number:			
F.	Professional Registration Number (if applicable):			
G.	Recipient Contact Person:			
H.	Authorized Representative:			
I.	TERMS AND CONDITIONS: By signature on this page, the Offeror certifies that it is complying with all terms and conditions set out in this RFP.			
J.	The Offeror(s), by execution of the Offeror Information and Assurance Form, agrees to be bound by the terms of the RFP and proposal for a period of not less than ninety (90) days after the proposal due date.			
K.	By signature of this page the offeror RFP section 1.04 Prior Experience.	r(s) certifies tha	at it meets the Prior Experience	e per
	ror's Authorized Signature and Title* st be sworn before a notary public)		Date (Month, Day and	d Year)
Sworr	n to and subscribed before me this	day of_		20
			NOTARY	PUBLIC
		Mv commissi	ion expires:	

<sup>\*</sup> Proposals must be signed by an individual authorized to bind the offeror to its provisions, see section 1.08.