OFFEROR INFORMATION AND ASSURANCE FORM

A.	Offeror's (Agency or Individual) Name:				
B.	Offeror's Address:				
	Telephone Number:		Fax:	E-Mail:	
C.	Status: For Profit:	Non-Pro	fit:	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(s) certifies that it meets the Prior Experience per RFP section 1.04 Prior Experience.				
	or's Authorized Signature a t be sworn before a notary			Date (Mo	nth, Day and Year)
Sworr	to and subscribed before	me this	day of_		, 20
	SIGNED:				NOTARY PUBLIC
	My commission	n expires:			

^{*} Proposals must be signed by an individual authorized to bind the offeror to its provisions, see section 1.08.