

## Appendix D: Contractor Responsibility

Supplier Information:

Supplier Name:

Supplier Address:

Name of Contact providing the Certification:

Contact's Phone Number:

I certify that neither the prime Supplier listed above, nor its Subcontractors are under Suspension or Debarment by the Commonwealth, the federal government, or any governmental entity, instrumentality, or authority.

I certify that the prime Supplier listed above has no Tax Liabilities or other Commonwealth Obligations; has filed a timely administrative or judicial appeal if such liabilities or Obligations exist; or is subject to a duly approved deferred payment plan if such liabilities exist.

If you as a Supplier cannot so certify, you must instead provide a written explanation of why such certification cannot be made.

Signature:

Date: