

CONSULTANT DATA AND SIGNATURE SHEET

Required with Non-Prequalified Services Proposal

		DATE
INDIVIDUAL / FIRM	ASSUMED NAME	FED. I.D. NO.

CERTIFICATION AFFIDAVIT

The undersigned affirms that all information provided on this form is true and correct and includes information necessary to identify and explain the operations of _____. I understand that by signing below, I have/will use the E-verify system to verify that new employees are legally present and authorized to work in the United States. I agree to supply/receive information electronically and agree to utilize MDOT's current digital signature software as the legal equivalent of my hand-written signature on all required transactions.

PRINT OR TYPE NAME, SAME AS SIGNATURE BELOW	TITLE	
PHONE NO.	EMAIL	
AUTHORIZED SIGNATURE	DATE	

NOTARY SEAL	SUBSCRIBED AND SWORN TO BEFORE ME THIS Date of _____ 20_____	
	SIGNED _____ Notary Public in and for the _____	

NAME OF CORPORATION		
ADDRESS		
CITY	STATE	ZIP CODE
STATE IN WHICH INCORPORATED		

Has this company, its parents, subsidiary, principals, or any owner, officer, partner, or employee on the company ever been suspended or debarred from doing business by any State or the Federal government?

No Yes If yes, please provide a detailed explanation below:

Please provide names of company principals below:

FULL NAME (Please print or type)

CERTIFICATE OF SECRETARY **

The undersigned, being the duly elected secretary of _____
 a _____ corporation, hereby certifies that the following resolution was duly
 adopted by the Board of Directors of said corporation at a meeting held on _____, and
 that this resolution is in full force and effect.

"RESOLVED, that the following listed persons are hereby authorized to sign, for _____ any
 contract with the State of Michigan or other governmental entity."

SIGNATURE OF SECRETARY	DATE

** NOTE: Only CORPORATIONS are required to complete the Certificate of Secretary listed above.