

CONSULTANT DATA AND SIGNATURE SHEET

Required with Non-Prequalified Services Proposal.

		DATE
NAME OF COMPANY/INDIVIDUAL		FED. I.D. NUMBER
ASSUMED NAME		
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)

PRIMARY AUTHORIZED SIGNER

The Primary Authorized Signer will serve as the primary contact person to which contract related inquiries and awarded contracts will be sent. The following individual is duly authorized to sign contracts and related documents on behalf of the legal entity identified at the top of this form.

NAME	TITLE
PHONE NUMBER (Include Area Code)	E-MAIL ADDRESS (Required)

ADDITIONAL AUTHORIZED SIGNERS

Additional Authorized Signers serve as backup contacts for the Primary Authorized Signer, if/when unavailable.

The following persons are duly authorized to sign contracts and related documents on behalf of the legal entity identified at the top of this form.

NAME	E-MAIL ADDRESS (Required)

NOTE: Beginning January 1, 2018, MDOT will execute all consultant contracts digitally. Please visit www.Michigan.gov/MDOT-eSign for more information.

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

Any misrepresentation will be grounds for initiating action under federal or state laws concerning false statements.

I understand that by signing below, I have/will use the E-verify system to verify that new employees are legal 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	
AUTHORIZED SIGNATURE		DATE