**Attachment 12 - Certificate of Compliance**

**(To be filed with the Authorized User and a copy maintained by Contractor)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed all of the terms and conditions of the New York State Office of General Services’ Security Guard and Fire Safety/EAP Directors Contract with a Contract Number of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as well as the Request for Quotes (RFQ) issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Authorized User Name) for the Facility with an address of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prior to assigning and/or directing a Security Guard and/or Fire Safety/EAP Director to provide services at the specified Level thereunder.

I certify, under the penalty of perjury, that the Security Guard and/or Fire Safety/EAP Director with the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NYS Department of State Registration No.\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date\_\_\_\_\_\_\_\_ and/or NYC Fire Department Certificate of Fitness Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ meets all of the qualifications required for the position of a Level I, Level II, Fire Safety/EAP Director **(CIRCLE ONE)** as requested by the Authorized User in its RFQ dated \_\_\_\_\_\_\_\_\_\_\_\_\_ for assignment at the Facility with the name of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and also meets the requirements as set forth in the above-referenced OGS Security Guard and Fire Safety/EAP Director Contract.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

([ ]  **If a corporation):** \_he is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, \_he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

([ ]  **If a partnership):** \_he is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the partnership described in said instrument; that, by the terms of said partnership, \_he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

([ ]  **If a limited liability company):** \_he is a duly authorized member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, LLC, the limited liability company described in said instrument; that \_he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Signed this

 \_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_, 20\_\_

Notary Public Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New York State Notary Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_