**Attachment 10 - MANUFACTURER’S CERTIFICATE**

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| CONTRACT PERIOD: | November 1, 2019 to October 31, 2024  With option to extend for up to one (1) additional year |
| Only Manufacturers or their Dealers/Distributors are qualified to participate in this Solicitation. | |
| INSTRUCTIONS: This "Manufacturer’s Certificate" is to be forwarded by the Bidder to its proposed Manufacturer for completion and returned to the Bidder for inclusion with its Bid (See Section 4.12 – *MANUFACTURER’S CERTIFICATION*). This form is required if the Bidder is a Dealer/Distributor and not the Manufacturer. | |

|  |  |
| --- | --- |
| DEALER/DISTRIBUTOR INFORMATION | |
| BIDDER’S COMPANY NAME |  |
| BIDDER’S FIN |  |
| STREET ADDRESS |  |
| CITY, STATE ZIP |  |

|  |  |  |  |
| --- | --- | --- | --- |
| MANUFACTURER’S ATTESTATION | | | |
| The Manufacturer executing this certificate by signature below does hereby attest to the accuracy and validity of the responses to the following questions: | | | |
| 1. Is the Bidder listed above a Dealer or Distributor authorized to sell your products? | | Dealer | Distributor |
| 2. Do you, as a Manufacturer, agree to supply the Bidder with all quantities of items ordered pursuant to any resulting Contract with New York State for the duration of the Contract term? | | Yes | No |
| MANUFACTURER’S COMPANY NAME |  | | |
| MANUFACTURER’S FEIN |  | | |
| STREET ADDRESS |  | | |
| CITY, STATE ZIP |  | | |
| SIGNATURE OF AUTHORIZED MANUFACTURER’S REPRESENTATIVE |  | | |
| PRINTED NAME OF SIGNATORY |  | | |
| TITLE |  | | |
| DATE SIGNED |  | | |
| TELEPHONE NUMBER |  | | |
| EMAIL ADDRESS |  | | |