

## Declaration Form

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Each statement below shall be submitted with each bid and shall be duly **signed** with an original signature, or the bid **will be** rejected.

### **Certificate of Non-Collusion** **MGL Chapter 40, Section 4BI/2 or Chapter 30, as applicable**

Any person submitting a proposal for the sale, lease, or provision of equipment, supplies, or material or services to any government unit as defined in Section 4A shall on such proposal, certify as follows:

The undersigned certifies, under penalties of perjury, that this bid is in all respects bona fide, fair, and made without collusion or fraud with any other person. As used in this section, the word 'person' shall mean any natural person, joint venture, partnership, corporation, or other business or legal entity.

Date \_\_\_\_\_

\_\_\_\_\_  
Typed or Printed Name of Person, Company, or Corporation

\_\_\_\_\_  
Authorized Official's Signature

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### **Public Contracts - Debarment** **MGL Chapter 29 Section 29F**

The undersigned certifies under penalties of perjury that the said undersigned is not presently debarred from participating in public contracts in the Commonwealth of Massachusetts under the provisions of Chapter 29 Section 29F of the Massachusetts General Laws, or any other applicable debarment provision of any other Chapter of the General Laws, or any Rule or Regulation promulgated thereunder.

Date \_\_\_\_\_

Name of Bidder \_\_\_\_\_

Signature \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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### **Attestation Statement - Payment of State Taxes** **MGL Chapter 62C Section 49A.**

Pursuant to MGL Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law. State taxes paid to the Commonwealth of Massachusetts, or the State of \_\_\_\_\_ using Federal ID \_\_\_\_\_, or SSN \_\_\_\_\_.

Date \_\_\_\_\_

\_\_\_\_\_  
Typed or Printed Name of Person, Company, or Corporation

\_\_\_\_\_  
Authorized Official's Signature

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