



MANUFACTURER CERTIFICATION

**Police Rated, Administrative, Utility Vehicles, Trucks and Vans
Bid No. FSA18-VEL26.0**

This is to certify that _____ is the manufacturer or a
(Bidder/Vendor Name)
manufacturer's authorized dealer of _____
(Manufacturer/Brand Name)
in the State of _____.

By:

Manufacturer Name: _____

Address: _____

City, State, Zip: _____

Office Phone: _____ Mobile Phone: _____

E-mail: _____

Signature: _____

Title: _____

PLEASE NOTE: This certification form must be executed by an authorized employee of the manufacturer **ONLY**. Bidder/Vendor is not authorized to execute this certification form on behalf of the manufacturer. The manufacturer must execute this certification form even if they are offering their own products. Failure to submit this certification form with your response may result in the disqualification of the response.