

CERTIFICATION SECTION

Your firm's Officer of the individual who would sign a bid and/or contract documents must sign this document.

I do hereby certify that all statements herein contained are true and correct to the best of my knowledge.

SIGNATURE OF COMPANY OFFICER

SIGNATURE OF COMPANY WITNESS

PRINTED/TYPED NAME OF OFFICER

PRINTED/TYPED NAME OF WITNESS

TITLE OF COMPANY OFFICER

TITLE OF WITNESS

DATE

DATE

REMEMBER!

Please double check your application to make sure all questions that are applicable are answered and all necessary attachments are included. Failure to do so may result in a delay or rejection of your approval.

Return all forms and attachments to: **CITY PUBLIC WORKS**
210 MARTIN LUTHER KING JR BLVD RM 115
MADISON WI 53703
Phone: (608) 266-4751
FAX: (608) 264-9275

OR

EMAIL: ContractorPrequalification@cityofmadison.com