**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**