

New York Department of State, Division of Consumer Protection,  
Utility Intervention Unit  
REQUEST FOR QUOTATION (RFQ) #25-UIU-24

ATTACHMENT 2  
ATTESTATION FORM

**Consultant Information**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**NYS Vendor ID#** \_\_\_\_\_

**FEIN #** \_\_\_\_\_

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*By signing this form, I attest to the accuracy of this submission. Additionally, I certify that I am authorized to submit the attached proposal on behalf of the organization listed above.*

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*Certification/Signature*

*Date*

**NYS MWBE Certified**

**NYS SDVOB**