New York Department of State, Division of Consumer Protection,
Utility Intervention Unit
REQUEST FOR QUOTATION (RFQ) #26-UIU-25

ATTACHMENT 2

ATTESTATION FORM

Consultant Information

Name: _____

Title: _____

Company: _____

Address: _____

Phone Number: _____

Email Address: _____

NYS Vendor ID# _____

FEIN # _____

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.

_____

Certification/Signature ***Date***

□ NYS MWBE Certified **□ NYS SDVOB**