# TOWN OF NORWELL Certificate of Authorization

(NOTE: A certified vote of the corporation may be substituted for this form.)

Tl	ne Vendor,	is: (CHECK ONE)			
	(Name of Comp	pany/Consultant/Corporation)			
A.	a corporation formed	and existing under the laws of the state of, and pursuant to the corporate by-laws,			
	(Insert Name and Tit	ele of Authorized Representative)			
	of any contract or ob	cute contracts in the name of said corporation. Such execution ligation in this corporation's name on its behalf by such duly I shall be valid and binding upon the corporation.			
В.	a limited liability company or a partnership formed and existing under the laws of the state of, and pursuant to the limited liability company agreement or partnership agreement,				
	(Insert Name and Title of Authorized Representative)				
	Such execution of an	cute contracts in the name of said company or partnership.  by contract or obligation in this company or partnership's name  duly authorized individual shall be valid and binding upon  mership.			
C.	is a sole proprietorsh	ip owned and operated exclusively by the undersigned.			
	(Insert Name and Tit	cle of Authorized Representative)			
		ntract or obligation in this sole proprietorship's name by such vidual shall be valid and binding.			
		Signature:			
		(Must be signed by Corporate Officer, Partner, or Sole Proprietor)			
		Print Name of Above			
		Title			
		Date			

### TOWN OF NORWELL

### CERTIFICATION OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been submitted in good faith and without collusion or fraud with any other person. As used in this certification, the work "person" shall mean any natural person, business, partnership, corporation, union committee, club or other organization, entity or group of individuals.

For (Vendor/Company) *					
Signature					
Printed Name:					
Title:					
Date:					

<sup>\*</sup>Must be signed by the person signing the bid, proposal, or contract.

# TOWN OF NORWELL

# CERTIFICATION OF TAX COMPLIANCE

I,	, for
I,(Name of representative, position/title	e) (Company / Consultant)
a Company, Consultant or Corporation	existing or formed under the laws of
	having a principal place of business a
(state)	
(Company/Consultant/Corporation Business Add	hereby certify that the
Company/Consultant/Corporation is in	
Commonwealth of Massachusetts relatir	ng to taxes, as required by
Massachusetts General Laws, Chapter 6	2C, Section 49A.
Signed under pains and penalt	ties of perjury this day of
, 20	
(signature of representative/position/title)	
(print name of person signing above)	
Data	

## **Conflict of Interest Statement**

The undersigned certifies under penalties of perjury that no official or employee of the governmental body for which the attached solicitation is proposed has a pecuniary interest in this proposal or in the contract which it offers to execute or in expected profits to arise therefrom; and, further that no official or employee of said governmental body will receive any commission, discount, bonus, gift, contribution, or reward from or share in the profits of any person making or performing such a contract. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

(Signature)		(Date)	
(Print Name)			
(Name of Bus	iness)		
	st, directly or indire	proposed for this work or wheely, that may lead to a confine proposed herein?	<del>-</del>
Yes	No		

### NON-DEBARMENT CERTIFICATION

# MGL Chapter 29, Section 29F

The undersigned certifies under penalties of perjury that the said undersigned is not presently debarred from participating in public contracts in the Commonwealth of Massachusetts under the provisions of Chapter 29 Section 29F of the Massachusetts General Laws, or any other applicable debarment provision of any other Chapter of the General Laws, or any Rule or Regulation promulgated thereunder.

Date	Name of Bidder	
	Signature	
Name of Company		
Address		
City, State, Zip		