

**WASHINGTON SUBURBAN SANITARY COMMISSION
SUBCONTRACTING AND SUPPLIER CERTIFICATION FORM
FOR ALL CONTRACTING AREAS**

The undersigned certify that they shall enter into an Agreement to provide services to the Washington Suburban Sanitary Commission. **In addition, by their signatures below, the undersigned hereby agree that they shall permit the Washington Suburban Sanitary Commission to conduct audits of the undersigned in accordance with Chapter 6.15.450 of WSSC's Procurement**

Regulations.
Solicitation/Contract No.: _____ Project Name: _____

Contract Value: \$ _____ Federally Funded Contract: _____ Yes _____ No

1. Please check the appropriate business classifications for the **Prime Contractor/Consultant (check all that apply)**:

- Certified Minority Business Enterprise Firm WSSC Approved Small Local Business Enterprise Firm
- African American Hispanic American Asian American Native American Female/Women-Owned/WBE
- Majority, Non-Designated

2. Please check the appropriate business classifications for the **Subcontractor/Sub-consultant/Supplier (check all that apply)**:

- Certified Minority Business Enterprise Firm WSSC Approved Small Local Business Enterprise Firm
- African American Hispanic American Asian American Native American Female/Women-Owned/WBE
- Majority, Non-Designated

MBE Certifying Agency Name _____ and Certification No. _____

Name and Address of **Prime Contractor/Consultant**

Name and Address of **MAJORITY/MBE/SLBE Subcontractor/Sub-consultant/Supplier:**

Telephone & Facsimile No.

Telephone & Facsimile No.

Email _____

Email _____

Value of Subcontracted or Supplier Services/Commodities: \$ _____

Percentage of Contract Value: _____ %

CERTIFICATION: We certify that we shall enter into a valid Agreement to perform the work as described for the percentage of Total Price above.

Prime Contractor/Consultant (Authorized Signature in ink)

Subcontractor/Sub-consultant (Authorized Signature in ink)

Title & Date of Person Signing

Title & Date of Person Signing

Witness/Attest

Witness/Attest

Signature/Title of Person

Signature/Title of Person

Date

Date

