

**Bob Ferguson**

**ATTORNEY GENERAL OF WASHINGTON**

Financial Services Division

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**COVID-19 Contractor Vaccination Requirement Declaration**

This declaration is required for all suppliers, vendors and other contractors working on-site at any Washington State Office of the Attorney General location as of November 30, 2021.

**Pursuant to Governor Inslee's** [**Proclamation 21-14.2 COVID-19 Vaccination Requirement**](https://www.governor.wa.gov/sites/default/files/proclamations/21-14.2%20-%20COVID-19%20Vax%20Washington%20Amendment%20%28tmp%29.pdf) **("Proclamation") (https://www.governor.wa.gov/office-governor/official-actions/proclamations), as last amended on September 27, 2021, and anytime thereafter, I hereby agree to the below terms and declare as follows:**

1. I am an authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or an owner/sole proprietor, hereafter referred to as “Contractor” throughout this Declaration.
2. Contractor has one or more contracts with the Washington State Office of the Attorney General ("AGO") subject to this Declaration.
3. With respect to the current and any future contract(s) Contractor has with the AGO, Contractor fully acknowledges, understands, and intends to comply with its continuing obligation under the Governor’s Proclamation to verify that every employee and subcontractor who is employed after the date and time of my signature below is fully vaccinated against COVID-19 before engaging in on-site work at any AGO location per the vaccination requirement in the Governor’s Proclamation.
4. Pursuant to Section 4 of the Proclamation, the AGO has elected to require Contractor to assume responsibility for the vaccination verification and accommodation requirements included within the Proclamation, and Contractor acknowledges its assumption of responsibilities with respect to all of its employees and subcontractors that provide on-site services to the AGO.

**Contractor Declaration Status**

 Check all boxes that apply (owner/sole proprietor section is below):

[ ]  Contractor certifies it has met all of the vaccine verification and accommodation requirements included within the Proclamation. This includes the requirement to obtain a copy or visually observe proof of full vaccination against COVID-19 for every current employee or subcontractor who is subject to the vaccination requirement before that individual engages in work on-site at any AGO facility.

[ ]  Contractor certifies it is not providing goods and/or services on-site, whether itself or through any employees or subcontractors, at any AGO facility and is thus exempt from the Proclamation.

If you are an owner/sole proprietor, check all boxes that apply:

[ ]  As an owner/sole proprietor, I hereby certify that pursuant to the Proclamation I am fully vaccinated against COVID-19. (Note: The AGO may require you to provide proof of full vaccination.)

[ ]  As an owner/sole proprietor, I hereby certify that I am unable to get vaccinated against COVID-19 because of a disability, as defined in the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973, or the Washington Law Against Discrimination, as applicable. I further certify that an appropriate health care or rehabilitation professional has determined and documented that I have a disability that necessitates an accommodation. If the need for an accommodation is temporary, please provide the end date of said need here: \_\_\_\_\_\_\_\_\_\_\_.

[ ]  As an owner/sole proprietor, I hereby certify that I am unable to get vaccinated against COVID-19 because doing so would conflict with my sincerely held religious beliefs, practice, or observance. I further certify that my inability to get vaccinated is not merely based on personal preference.

[ ]  As an owner/sole proprietor, I hereby certify that I am not providing and will not provide goods and/or services on-site at any AGO facility and am thus exempt from the Proclamation.

1. Contractor agrees to immediately notify the AGO if any statement attested to in this Declaration is no longer truthful or accurate.
2. Contractor agrees to submit additional signed declarations upon the request of and by the date designated by the AGO or if statement attested to in a prior declaration is no longer truthful or accurate. The Declaration form can be found [here](https://www.atg.wa.gov/contracts) (https://www.atg.wa.gov/contracts).
3. Contractor has procedures in place to ensure that any contract activities that occur on-site at an AGO facility are performed by personnel who are fully vaccinated or properly exempted and accommodated pursuant to the Proclamation.
4. Contractor has not provided any accommodation:
	* That Contractor knows is based on false, misleading, or dishonest grounds or information;
	* That Contractor knows is based on the personal preference of the individual and not on an inability to get vaccinated because of a disability or a conflict with a sincerely held religious belief, practice, or observance; or
	* Without Contractor conducting an individualized assessment and determination of each individual’s need and justification for an accommodation; i.e., “rubberstamping” accommodation requests.
5. Contractor will require any individual who receives an accommodation to take COVID-19 safety measures that are consistent with the recommendations of the state Department of Health and the Department of Labor & Industries for the setting in which the individual works.
6. Contractor agrees that it and its employees and subcontractors will comply with additional safety requirements as posted at AGO facilities when on-site, such as taking and passing a health screen before entering, social distancing, submitting proof of a negative COVID-19 test, or wearing a face covering.
7. Contractor further agrees to cooperate with any investigation or inquiry the AGO makes into the Contractor's compliance with the Proclamation. This includes providing information and records upon request, except any information or records that the Contractor is prohibited by law from disclosing.

I agree to the above terms and declare under penalty of perjury under the law of Washington that the foregoing is true and correct, and that I will notify the Office of the Attorney General of any future changes in any statement herein.

Signed on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Printed Name:

Signature:

If Company, Printed Company Name: