

PROPOSER CERTIFICATION OF COMPLIANCE WITH COVID-19 SAFETY REQUIREMENTS

By signing below, the individual signing this certification has been granted the authority to do so and by their signature affirms the Proposer, and its subcontractors of every tier, agree to comply with all current and future COVID-19 proclamations, regulations, requirements and/or related guidance issued by the Office of the Governor of Washington State.

Proposer Name: _____

Authorized Signature: _____ Date: _____

Printed Name and Title: _____