

ATTACHMENT C
Contractor Certification
Wage Theft Prevention – Responsible Bidder Criteria

Prior to awarding a contract, agencies are required to determine that a bidder is a 'responsible bidder.' See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include a contractor certification that the contractor has not willfully violated Washington's wage laws. See Chap. 258, 2017 Laws (enacting SSB 5301).

OFM Procurement Number: RFP 23-100 – Background Checks Services

I hereby certify, on behalf of the organization/organizations identified below, as follows (check one):

- ☐ **NO WAGE VIOLATIONS.** This organization and, in cases of joint proposals, the members of our coalition, has NOT been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction to have willfully violated, as defined in [RCW 49.48.082](#), any provision of RCW chapters [49.46](#), [49.48](#), or [49.52](#) within three (3) years prior to the date of the above-referenced procurement solicitation date.

OR

- ☐ **VIOLATIONS OF WAGE LAWS.** This organization and, in cases of joint proposals, the members of our coalition, has been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction to have willfully violated, as defined in [RCW 49.48.082](#), a provision of RCW chapters [49.46](#), [49.48](#), or [49.52](#) within three (3) years prior to the date of the above-referenced procurement solicitation date.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

ORGANIZATION NAME: _____
Name of Bidder – Print full legal entity name of organization

By: _____
Signature of authorized person Print Name of person making certifications for firm

Title: _____ Place: _____
Title of person signing certificate Print city and state where signed

Date: _____

(Submit as single Word/pdf File – labeled as: RFP 23-100 Attachment C - [Your Entity Name])