

**Request for Proposals # 09-P-JM-033**

**AMENDMENT NO. 1**

**“Switch Gear Testing and Repair Services”**

**Issue Date: June 26, 2009**

**TO ALL PROSPECTIVE OFFERORS:**

This Amendment provides for clarifications, changes and responses to questions related to RFP No. 09-P-JM-033.

**Section K.6 Tax Certification** is amended to replace the current section with:

Each Offeror must complete and submit the attached Government of the District of Columbia Tax Certification Affidavit with their proposal. (Attachment J.1.7 is attached to this amendment).

**ALL OTHER TERMS AND CONDITIONS OF THIS SOLICITATION  
REMAIN UNCHANGED**

**Your signature below acknowledges receipt of this Amendment. Please sign and return a copy of Amendment No. 1 with your proposal response or complete the Acknowledgement of Amendments on page 1 of the RFP. Any questions regarding this Amendment may be addressed to Brenda Fuller at [bfuller@dcconvention.com](mailto:bfuller@dcconvention.com).**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office of the Chief Financial Officer  
Office of Tax and Revenue



TAX CERTIFICATION AFFIDAVIT

**THIS AFFIDAVIT IS TO BE COMPLETED ONLY BY THOSE WHO ARE REGISTERED TO CONDUCT BUSINESS IN THE DISTRICT OF COLUMBIA.**

Date: \_\_\_\_\_

Name of Organization/Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Principal Officer:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Square \_\_\_\_\_ Lot \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Unemployment Insurance Account Number: \_\_\_\_\_

**"I hereby authorize the District of Columbia, Office of Tax and Revenue, Office of the Chief Financial Officer; consent to release my tax information to an authorized representative of the District of Columbia agency from which I am seeking to enter into a contractual relationship with. I understand that the information released under this consent will be limited to whether or not I am in compliance with the District of Columbia tax laws and regulations as of the date found on the government request. I understand that this information is to be used solely for the purpose of determining my eligibility to enter into a contractual relationship with a District of Columbia agency. I further authorize that this consent be valid for one year from the date of this authorization."**

**I hereby certify that:**

- 1. I am in compliance with the applicable tax filing and payment requirements of the District of Columbia.**

The Office of Tax and Revenue is hereby authorized to verify the above information with the appropriate government authorities. The penalty for making false statements is a fine not to exceed \$5,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code § 47-4106.

\_\_\_\_\_  
Signature of Authorizing Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name