



STATE OF NEW MEXICO
OFFICE OF THE SECRETARY OF STATE

Bureau of Elections, Ethics Administration
325 Don Gaspar, Suite 300, Santa Fe, New Mexico 87501
Phone: (505) 827-3600 Toll-Free: (800) 477-3632
Fax: (505) 827-8403

Lobbyist Employer Authorization Form

A lobbyist employer may either complete this form electronically by registering and logging in to CFIS at https://login.cfis.sos.state.nm.us/ or by returning this paper form to the Office of the Secretary of State. A lobbyist is not legally allowed to lobby until the office has this form on file.

_____ is hereby authorized to lobby on behalf of:
Full Name of Lobbyist

Name of Employer (Individual, Group, Organization, Business or other Entity)

Permanent Business Address

Telephone #

1. The sources of funds to be used for lobbying include (e.g. membership dues, corporate funds, or if none, write "None").

2. The lobbyist will [] will not [] receive compensation or a salary for the purpose of lobbying (if the lobbyist will only receive reimbursement for actual expenses you may check "will not").

3. The lobbyist is authorized to lobby in reference to the following:

4. The person, other than the lobbyist or the employer, who will have custody of the account's bills, receipts, books, papers and documents required to be kept, under the provisions of the Lobbyist Regulation Act:

Custodian's Name & Street Address

Telephone #

Physical location of records

Street Address

City

State & Zip

I hereby certify under the penalty of law that all the information provided is true, complete and correct to the best of my knowledge.

Signature of Authorized Agent

Title

Date

Printed Name

Business Address

Telephone #

Authorized Agent Email Address

DEBARMENT/SUSPENSION CERTIFICATION FORM

THE FOLLOWING MUST BE CERTIFIED IF THIS PROCUREMENT IS \$60,000 OR GREATER

CONFLICT OF INTEREST

No elected official or employee of South Central Regional Transit District (SCRTD) has a direct or indirect financial interest in the Vendor or in the proposed transaction. Vendor neither employs, nor is negotiating to employ, any SCRTD elected official or employee, with the exception of the person(s) identified below. Vendor did not participate, directly or indirectly, in the preparation of specifications upon which the quote or offer is made.

DEBARMENT/SUSPENSION STATUS

The Vendor certifies that it is not suspended, debarred or ineligible from entering into contracts with any federal entity, state agency or local public body. The Vendor agrees to provide immediate notice to the SCRTD Purchasing Office in the event of being suspended, debarred, or declared ineligible by any entity (federal, state, or local), or upon receipt of a notice of proposed debarment that is received after the submission of the quote or offer but prior to the award of the purchase order or contract.

CERTIFICATION

The undersigned hereby certifies that he/she has read the above CONFLICT OF INTEREST AND DEBARMENT/SUSPENSION STATUS requirements and that he/she understands and will comply with these requirements. The undersigned further certifies that they have the authority to certify compliance for the vendor named and that the information contained in this document is true and accurate to the best of their knowledge.

Signature: _____ Title: _____

Date: _____

Name Typed: _____ Company Name: _____

Disadvantaged Business Enterprise (DBE) Participation Acknowledgement

Project Name: _____

Solicitation / Project Number: _____

Bidder / Company Name: _____

The undersigned bidder acknowledges that DBE participation is not required for this project. However, bidders must indicate whether DBE firms will be used.

Please check one:

No DBE Participation

The bidder certifies that no Disadvantaged Business Enterprises (DBEs) will be utilized in the performance of this contract.

DBE Participation

The bidder intends to utilize one or more certified DBE firms in the performance of this contract. If applicable, attach a list of DBE subcontractors and the type of work to be performed.

The bidder certifies that the information provided above is true and correct and agrees to comply with applicable DBE program requirements under 49 CFR Part 26, if DBE firms are utilized.

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____

Company Address: _____

Phone / Email: _____

NON-COLLUSION AFFIDAVIT

State of _____)
County of _____)

being first duly sworn, deposes and says that:

- 1) He is the _____ of, the Bidder that has submitted the attached bid;
- 2) He is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;
- 3) Such Bid is genuine and is not a collusive or sham Bid;
- 4) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other bidder, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted or to refrain from Bidding in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communications or conference with any other Bidder firm or person to fix the price or prices in the attached Bid or of any other Bidder, or to fix any overhead, profit or cost element of the Bid price of any other Bidder, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against Sandoval County or any person interested in the proposed Contract; and
- 5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Subscribed and sworn to before
me this _____ day of _____, 20_____.

Signed: _____

Notary Public

Title

My commission expires _____