CERTIFICATION OF COMPLIANCE FOR FINAL PAYMENT (Reference §3-122-112, HAR)

Reference:				
•	(Contract Number)	(IFB/RFP Number)		
			affirms it is in	
	(Company	(Name)		
to include the	with all laws, as applicable, e following:	governing doing business	in the State of Hawaii	
1.	Chapter 383, HRS, Hawa Insurance;	aii Employment Security La	w – Unemployment	
2.	Chapter 386, HRS, Work	er's Compensation Law:		
3.	Chapter 392, HRS, Temp	Chapter 392, HRS, Temporary Disability Insurance;		
4.	Chapter 393, HRS, Prepaid Health Care Act; and			
maintains a " Consumer A	Certificate of Good Standir	ng" from the Department of n Division.	Commerce and	
acknowledge	es that making a false state t from future awards of con	(Company Name) ment shall cause its suspe	nsion and may cause	
Signature:				
Print Name:				
			-	
Title:		· · · · · · · · · · · · · · · · · · ·		
Date:				