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

Reference:			·
	(Contract Number)	(IFB/RFP Number)	
•			affirms it is in
(C	Company Name)		
compliance v	with all laws, as applicable, g	overning doing business in th	e State of Hawaii to
include the fe	•••		

- 1. Chapter 383, HRS, Hawaii employment Security Law Unemployment Insurance;
- 2. Chapter 386, HRS, Worker's Compensation Law;
- 3. Chapter 392, HRS, Temporary Disability Insurance;
- 4. Chapter 393, HRS, Prepaid Health Care Act; and

maintains a "Certificate of Good Standing" from the Department of Commerce and Consumer Affairs, Business Registration Division.

Moreover, _____

(Company Name)

acknowledges that making a false statement shall cause its suspension and may cause its debarment from future awards of contracts.

Signature: _____

Print Name: _____

Title: _____
Date: _____

SPO Form-22 (11/03)