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

	(Contract Number)	(IFB/RFP Number)	
	·		affirms it is in
	(Compan	y Name)	
	with all laws, as applicable, ne following:	governing doing business	in the State of Hawaii
1.	Chapter 383, HRS, Haw Insurance;	aii Employment Security La	w – Unemployment
2.		ker's Compensation Law;	
3.		porary Disability Insurance;	
4.	Chapter 393, HRS, Prep	aid Health Care Act; and	
	"Certificate of Good Standi Affairs, Business Registratio		Commerce and
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Moreover.			
		(Company Name)	
acknowledg	es that making a false state	(Company Name) ement shall cause its suspe	nsion and may cause
acknowledg		(Company Name) ement shall cause its suspe	nsion and may cause
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acknowledg its debarme Signature: _ Print Name:	es that making a false state nt from future awards of co	(Company Name) ement shall cause its suspe ntracts.	nsion and may cause
acknowledg its debarme Signature: _ Print Name:	es that making a false state nt from future awards of co	(Company Name) ement shall cause its suspe ntracts.	nsion and may cause
acknowledg its debarme Signature: _ Print Name: Title:	es that making a false state nt from future awards of co	(Company Name) ement shall cause its suspe ntracts.	nsion and may cause

SPO Form - 22 (11/03)

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