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

Reference:

(Contract Number)

(IFB/RFP Number)

affirms it is in

(Company Name) compliance with all laws, as applicable, governing doing business in the State of Hawaii to include the following:

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

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: \_\_\_\_\_