

**WAGE CERTIFICATE  
FOR SERVICE CONTRACTS**

Title of RFQ: Janitorial Services for Wilcox Annex Building, and Wilcox Building,  
State Department of Health

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

1. All applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages and safety will be fully complied with; and
2. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work, with the exception of professional, managerial, supervisory, and clerical personnel who are not covered by Section 103-55, HRS.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such non-compliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Legal Name of Company (Offeror)

**VENDOR/CONTRACTOR INFORMATION FORM**

OFFEROR IS: (Check one only)

A **Hawaii Business** incorporated or organized under the laws of the State of Hawaii

OR

A **Compliant Non-Hawaii business** not incorporated or organized under the laws of the State of Hawaii, but registered at the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii.

State of Incorporation or Organization: \_\_\_\_\_

Sole Proprietor                       Partnership                       \*Corporation                       Joint Venture

Other \_\_\_\_\_

Federal I.D. No. \_\_\_\_\_

Hawaii General Excise Tax License I.D. No. \_\_\_\_\_

Payment Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Address (Street Address) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

Phone: \_\_\_\_\_

Name and Title

Email: \_\_\_\_\_

Legal Name of Company (Offeror)

**If Offeror is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed**