

PROCUREMENT ENHANCEMENT PROGRAM NIGP CODE REQUEST FORM FIRMS

FIRM CONTACT INFORMATION			
Firm Name		Firm Owner	
Contact Person		Email	
Phone Number		Firm Address	

REQUEST FOR NIGP CODES

A correct NIGP code is one that describes, as specifically as possible, the principal goods or services which the firm preforms work. Multiple NIGP codes may be assigned where appropriate. Please refer to the Ohio UCP Descriptors table for a listing of available descriptors: <http://daytonhrc.org/wp-content/uploads/2013/09/Vendor-Application-Commodity-List.pdf>

NIGP CODE	NIGP CODE NAME	Have you performed this work?	Please attach contract showing you have completed the requested NIGP Code.

SUPPORTING DOCUMENTATION CHECKLIST

Copies of the documents listed below are required and must be included with the request form. If you do not have one or more documents requested below, provide a written statement explaining why.

- List of equipment used to provide goods or perform services, including any specialized software;
- Copies of contracts (including signature pages), purchase orders, or invoices verifying the performance of the requested service(s). Must contain the scope of work and parties involved. (Recommend three for each code/descriptor requested).

MAJORITY OWNERS SGINATURE

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS FORM IS SUFFICIENT CAUSE FOR REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW

I _____ (full name printed), affirm under penalty of law that I am _____ (title) of the firm _____ and that I have read and understood all of the questions in this form and that all of the foregoing information and statements submitted in this form and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information.

I recognize that the information submitted in this application is for the purposes of certification by a government agency. I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of this request for NAICS codes and/or descriptors. I declare under penalty of perjury that the information provided in this form and supporting documents is true and correct.

Signature	
Name and Title	
Date	