

FORM ICS
CERTIFICATE REGARDING INELIGIBLE CONTRACTORS AND SUBCONTRACTORS

Project Name: _____

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER INELIGIBILITY AND VOLUNTARY EXCLUSION FROM TRANSACTIONS FINANCED IN PART BY THE U.S. GOVERNMENT

(Name of Certifying Officer)

(Title of Certifying Officer)

Hereby certify that: _____
(Name of Proposer /Principal Participant/Subcontractor)

Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation by any State or Federal department or agency or from participation in Oregon Department of Transportation projects;

Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph 2 of this certification; and

Have not within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

If Proposer or any Principal Participant or Subcontractor is unable to certify to any of the statements in this certification, such prospective Proposer, Principal Participant, or Subcontractor shall attach an explanation to this certification.

I hereby certify and affirm the truthfulness and accuracy of the above statement, and I understand that the provisions of 31 United States Code (U.S.C.) §3801 et seq., (Administrative Remedies for False Claims and Statements) are applicable hereto.

Name of Proposer/Principal Participant/Subcontractor

Street Address

Oregon Department of Transportation

City

State

Zip

Signature of Certifying Officer

Telephone Number of Proposer/Principal
Participant/Subcontractor

NOTE: A completed, executed Form ICS must be submitted for Proposer, each Principal Participant, and each known Subcontractor.