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| **FORM 4****MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY****APPLICATION FOR****MEDICAL WASTE TRANSPORT CONTRACTOR****CERTIFICATIONS AND ASSURANCES** |
| I/We make the following certifications and assurances as a required element of the Application to which it is attached, of the understanding that the truthfulness of the facts affirmed here and the continued compliance with these requirements are conditions precedent to the award of any related contract(s). |
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| 1. **REPRESENTATION REGARDING CONTINGENT FEES**

The Applicant represents that it has notretained any person or agency to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee.  |
| 1. **REPRESENTATION REGARDING GRATUITIES**

The Applicant represents that it has notviolated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations.  |
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| Print Name: |  |
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| Signature: |  | Date: |  |
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