## **Certificate of No Change Form**

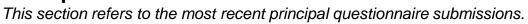


- Please fill in all the fields and DO NOT leave any field blank.
- Please submit two completed forms. Copies will not be accepted.
- Please send both copies to the agency that requested it, unless you are advised to send it directly to the Mayor's Office of Contract Services (MOCS).
- A materially false statement willfully or fraudulently made in connection with this certification, and/or the failure to conduct appropriate due diligence in verifying the information that is the subject of this certification, may result in rendering the submitting entity non-responsible for the purpose of contract award.
- A materially false statement willfully or fraudulently made in connection with this certification may subject the person making the false statement to criminal charges

l,	, being duly sworn, state that I have read
Enter Your Name	
as identified on page one of this form changed. I further certify that, to the I	d in the vendor questionnaire and any submission of change and certify that as of this date, these items have not best of my knowledge, information and belief, those answers hat, to the best of my knowledge, information, and belief, applete, and accurate.
principal questionnaire(s) and any sub	of the submitting vendor that the information contained in the omission of change identified on page two of this form have and continue, to the best of my knowledge, to be full, complete
I understand that the City of New York additional inducement to enter into a continuous content in the content	will rely on the information supplied in this certification as contract with the submitting entity.
·	e(s) submitted for the vendor doing business with the City.
Name of Submitting Entity.	
Vendor's Address:	
Vendor's EIN or TIN:	Requesting Agency:
Are you submitting this Certification a	s a parent? (Please circle one) Yes No
Signature date on the last full vendor	questionnaire signed by the submitting vendor:

Signature date on changed submission, if applicable, for the submitting vendor:

## **Principal Questionnaire**





Pi	rincipal Name	Date of signature on last full Principal Questionnaire	Date(s) of signature on Changed Submission (if applicable)
1			
2			
3			
4			
5			
6			
Check if addit	ional changes were submitte	d and attach a document with the	e date of additional submissions.
		Please complete this twice. C	opies will not be accepted.
Title			
Name of Suk	omitting Entity		
Signature			Date
Notarized By:			
Notary Public	<del></del>	County License Issued	License Number
Sworn to bef			