

Vendor Attestation Form

I, _____ ("Authorized Agent"), having authority to sign for
_____ ("Vendor"), d/b/a _____, and in order to be eligible to
provide regulated ballot printing services in Ohio, do hereby attest that the Vendor does now
and shall comply with all requirements of Ohio law and regulation including, without limitation:
Title 35 of the Ohio Revised Code, Ohio Administrative Code sections 111:3-10-01 through
111:3-10-11, and all directives or orders instructions of the Ohio Secretary of State. Vendor
additionally agrees to provide the following information to the Ohio Secretary of State:

Section 1- Vendor Information

Vendor Name:

Vendor Address:

Vendor Email:

Vendor Phone:

Section 2- County Contract Information

County Name:

County Contract Number (if applicable):

Section 3- Vendor Emergency Contact Information

Vendor shall list an emergency contact person and phone number in case of urgent
communication. The emergency contact should have managerial responsibility for ballot
printing contracts. Additionally, please include a contact number that is accessible after business
hours.

Emergency Contact Name:

Emergency Contact Position:

Emergency Contact Number:

Section 4- Plan of Compliance

Vendor shall attach a comprehensive plan detailing how they intend to comply with all relevant
laws and rules. The plan should outline the measures, policies and procedures that will be
implemented to meet these requirements.

Vendor shall additionally attach a list of equipment and supplies used in the fulfillment of this contract, ensuring that they meet industry standards and comply with all applicable rules and regulations. Any information provided under this form that is proprietary will be kept confidential and redacted from any future public records request. Please contact the Secretary of State's office with any questions or concerns.

By signing below, the Vendor acknowledges that they have read and understood the terms of this attestation form and will abide by all applicable laws and rules throughout the duration of their contract with counties.

Vendor Name:

Authorized Agent Signature:

Date:

Please submit a signed and completed form to the Office of the Secretary of State via intake@ohiosos.gov .