ITALIAN TRADE COMMISSION - CHICAGO

CERTIFICATE OF GOOD STANDING
FOR VENDORS' DATA BASE

➢ I/We/The Company declare/declares under penalty of perjury under the Law of the United States and the Italian Law (Legislative Decree 50/2016 and its subsequent amendments) that:

➢ I/We/The Company have/has never been condemned in any court of law and I am not aware of any criminal federal or state investigation conducted against me;

➢ I/We/The Company possess/possesses the license and/or permit and/or authorization in good standing and my license/permit/authorization has not been suspended (if applicable);

➢ I/We/The Company possess/possesses the skill and experience to provide the service/good to ITA;

➢ I/We/The Company possess/possesses have/has obtained proper insurance coverage and named ITA as an additional insured (if applicable);

➢ The **N.A.I.C.S. (North American Industry Classification System) Number** of the company is:_____
For more information: https://www.census.gov/eos/www/naics/index.html

➢ I/We/The Company have/has not had a complaint filed against me by any enforcement agency and have not engaged in any conduct that would give rise to sanctions and/or conviction under international, federal, state or local laws;

➢ I/We/The Company am/are/is in compliance with all governmental laws, statutes, and requirements applicable to the services/goods provided hereunder;

➢ I/We/The Company furthermore declare/declares that all the information provided and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

➢ I/We/The Company agree/agrees to comply with the requirements stated in Legislative Decree 50/2016 of the Republic of Italy.

➢ By signing this statement, I/We/The Company hereby agree/agrees to authorize a background check and I agree to sign each and every document necessary to enable ITA to conduct a verification and background check. I expressly release ITA from any claim or cause of action arising out of the ITA's verification of such information.

Date _____

Print name and position_____

Company Name_____

Telephone Number_____

 Email _____

Authorized Signature _____