EXHIBIT D

CONTRACT SIGNATURE PAGE

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ITQ # 3520T01, "Road-Killed Deer Removal and Disposal"

(Complete in INK or TYPE only – DO NOT use pencil)

CONTRACTOR MUST COMPLETE ALL APPLICABLE AREAS

CONTRACTOR NAME AND ADDRESS If SOLE PROPRIETOR is doing business as (d/b/a) or trading as (t/a) another name, indicate such Example John Brown d/b/a or t/a Brown's Deer Removal and Disposal)	CONTRACTOR CONTACT PERSON:	
	TAX ID# (FIN):	
	SAP VENDOR #:	
	PHONE NUMBER: ( )	FAX NUMBER: ( )
	E-MAIL ADDRESS:	

Are you a MBE/WBE certified by PennDOT? ☐ Yes ☐ No
If yes, Certification Number:

In compliance with the Invitation to Qualify (ITQ) and subject to Exhibit B "Special Contract Terms and Conditions", Exhibit A, "Standard Contract Terms and Conditions" and any documents attached to the ITQ or incorporated by reference, the undersigned offers and agrees, if this application is accepted, to furnish any and all services upon which it receives orders. The undersigned acknowledges that the representations made in this application are material and important and shall be relied upon by the Commonwealth in awarding the Contract(s) for which the application is submitted. Any misstatement in this application is, and shall be treated as, fraudulent concealment from the Commonwealth of the facts relating to the submission of this application.

CONTRACTOR'S SIGNATURE, DATE AND TITLE (required in INK)

CORPORATION: President, Vice President, Chief Operating Officer (COO), Chief Executive Officer (CEO) or the Chairperson of the Board of Directors

X_____ _____ _____
     SIGNATURE   DATE   TITLE

SOLE PROPRIETORSHIP:
OWNER ONLY:

X_____ _____ _____
     SIGNATURE   DATE   TITLE

PARTNERSHIP:
ONE GENERAL PARTNER ONLY

X_____ _____ _____
     SIGNATURE   DATE   TITLE

LIMITED LIABILITY CO.:
MEMBER OR MANAGER

X_____ _____ _____
     SIGNATURE   DATE   TITLE

1 AGENCY HEAD OR DESIGNEE X_____ _____ 　　　　SIGNATURE　　　　　　　　　DATE	4 GENERAL COUNSEL (Approved as to Legality and Form) X_____ _____ 　　　　SIGNATURE　　　　　　　　　DATE
2 PENNDOT OFFICE OF CHIEF COUNSEL (Approved as to Legality and Form) X_____ _____ 　　　　SIGNATURE　　　　　　　　　DATE	5 ATTORNEY GENERAL (Approved as to Legality and Form) X_____ _____ 　　　　SIGNATURE　　　　　　　　　DATE
3 OFFICE OF THE COMPTROLLER (Approved as to Fiscal Responsibility, Budgetary Appropriateness and Availability of Funds) X_____ _____ 　　　　SIGNATURE　　　　　　　　　DATE	**CONTRACT EXECUTION DATE**