



## **VENDOR LICENSE DECLINATION FORM**

### **Vendor Information**

**Business Name:**

**Contact Person:**

**Phone Number:**

**Email Address:**

**Type of Services Provided:**

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## **DECLINATION OF LICENSE OR CERTIFICATION**

**By signing below, I hereby declare the following:**

1. I do not currently possess any state-issued certification or federal license required for the performance of the services I provide under this agreement or engagement.

2. I understand that certain services may require licensure or certification in accordance with local, state, or federal regulations, and that I am solely responsible for determining whether such licensure is required for my activities.
3. I acknowledge that [Your Company Name] is not responsible for verifying or validating my licensing status and is relying solely on this signed declination.
4. I agree to assume all liability for operating without such licensure or certification and release [Your Company Name] from any responsibility, liability, or legal obligation related to my unlicensed status.
5. I understand that this declination may impact my eligibility to perform certain work or enter into future agreements depending on compliance requirements.

Vendor Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_