Publisher / Copyright Holder Certification

To:                                                                                                           Vendor Name  Vendor Fax Number

From:                                                                                                        Department Name Department Contact Name

Department Phone Number  Department Fax Number

Re:                                                                                                          Publication or Copyrighted Material Name(s)  See attached list for additional items if box checked

Louisiana procurement law permits the non-competitive purchase of publications and copyrighted materials direct from the Publisher or Copyright Holder.

(Executive Order JBE 17-18)

Please indicate and certify your company's status with respect to the sale of the above referenced (or attached list of) material(s) by signature below, and return this form to the department fax listed above.

*Your prompt attention and assistance is appreciated.*

- [ ] I hereby certify that my company is the Publisher or Copyright Holder of the above referenced or attached list of publications or copyrighted material(s).
- [ ] I hereby certify that my company is both the Publisher and Copyright Holder of the above referenced or attached list of publications or copyrighted material(s).
- [ ] I hereby certify that my company is the Subscription Service or Wholesale Dealer authorized to distribute for the Publisher or Copyright Holder of the above referenced or attached list of publications or copyrighted material(s).
- [ ] I hereby certify that my company is the Distribution Rights Holder for the above referenced or attached list of film/video(s).

Company Name: ___________________________________________  Signature: ________________________

Printed Name: ___________________________________________  Date: ________________________

Printed Title: ___________________________________________  Phone: ________________________

Email Address: ___________________________________________  Fax No. ________________________