

**STATE OF HAWAII  
CERTIFICATE OF ELIGIBILITY  
TO CLAIM PREFERENCE  
AS A HAWAII SOFTWARE DEVELOPMENT BUSINESS  
AS DEFINED BY SECTION 103D-1006, HRS**

I, \_\_\_\_\_,  
(Authorized Officer's Name)

\_\_\_\_\_ of \_\_\_\_\_,  
(Office or Position Held) (Name of Offeror)

certify that the principal place of business or ancillary headquarters of  
\_\_\_\_\_  
(Name of offeror)

is located in the State of Hawaii at the following address:

\_\_\_\_\_  
\_\_\_\_\_;

and that the above named office was opened on the following date: \_\_\_\_\_;

and, that eighty percent (80%) of the \_\_\_\_\_  
(Name of Offeror)

employees who will be performing the work on the software development project described in  
RFP/IFB No. \_\_\_\_\_ are domiciled in Hawaii. To the best of my knowledge, the  
names and residence addresses of the employees who will perform the work are as follows:

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_  
Name) (Address)

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
Name)

\_\_\_\_\_  
(Address)

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(Name)

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(Name)

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(Address)

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Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
Name)

\_\_\_\_\_  
(Address)

(Attach a continuation sheet if necessary.)

I further certify that any changes in the personnel identified above shall be reported to the Contract Administrator or purchasing agency's contact person identified in the RFP/IFB.

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date