IMPORTANT NOTICE TO OFFERORS — ATTACHMENT 4

This form (DFARS 252.204-7007, Alternate A — Annual Representations and Certifications) is provided as an unofficial fillable template for vendors that are not registered in the System for Award Management (SAM.gov) and therefore cannot rely on SAM-based annual representations and certifications.

If you ARE registered in SAM.gov and your representations and certifications are current, accurate, and complete, you do not need to complete this form. Instead, complete only Paragraph (b) of the form, confirming that your SAM.gov registration is current, and identify any solicitation-specific exceptions.

If you are NOT registered in SAM.gov, complete all applicable sections of this form, sign the certification block, and submit it with your quotation.

Submission of this form does not substitute for SAM.gov registration for future procurements. Acceptance of this form is subject to Contracting Officer review and verification of the information provided. Misrepresentation of any certification may result in criminal or civil penalties under 18 U.S.C. § 1001 and the False Claims Act.

Attachment 4 - DFARS 252.204-7007

Alternate A, Annual Representations and Certifications (OCT 2025)

Derived from Acquisition.gov/eCFR clause text; unofficial fillable form for manual submission.

Clarification

Paragraphs (a) (Definitions) and (c) (Applicability) require no offeror action and are therefore not included in this form. Vendors must complete Paragraph (b) and all applicable sections below.

Instructions for Vendors

Complete all Offeror Information fields.

1. In Paragraph (b), select ONLY ONE option:
    a. Select paragraph (e) if you are registered in SAM.gov and your Reps & Certs are current.
    b. Select the second option if you are NOT in SAM.gov or cannot rely on SAM.
2. Mark all DFARS clause checkboxes that apply to your offer.
3. If selecting paragraph (e), provide solicitation-specific updates in the text area.
4. Complete the certification block with signature, title, and date.

Offeror Information

Legal Business Name _____

Doing Business As _____

Physical Address (Street, City, State/Province, Country, Postal Code) _____

UEI _____

CAGE/NCAGE _____

Primary NAICS _____

Solicitation Number _____

Point of Contact Name _____

Point of Contact Email _____

Point of Contact Phone _____

Paragraph (b) Selection

Select ONE of the following options:

☐ Paragraph (e) applies — Offeror relies on SAM.gov annual representations and certifications.

☐ Paragraph (e) does NOT apply — Offeror provides manual DFARS and FAR representations.

Applicable DFARS Representations (Paragraph d)

Select all that apply to your offer

☐ 252.204-7016 – Covered Defense Telecommunications Equipment — Representation

☐ 252.216-7008 – Economic Price Adjustment — Foreign Government Controlled Pricing

☐ 252.225-7042 – Authorization to Perform — Representation

☐ 252.225-7049 – Prohibition on Certain Foreign Satellite Services — Representation

☐ 252.225-7050 – Ownership by Terrorist Country Government — Disclosure

☐ 252.229-7012 – Tax Exemption (Italy) — Representation

☐ 252.229-7013 – Tax Exemption (Spain) — Representation

☐ 252.209-7002 – Foreign Government Ownership — Disclosure (Optional)

☐ 252.225-7000 – Buy American — Balance of Payments Certificate (Optional)

☐ 252.225-7020 – Trade Agreements Certificate (Optional)

☐ 252.225-7031 – Secondary Arab Boycott of Israel (Optional)

☐ 252.225-7035 – Buy American — FTA Balance of Payments Certificate (Optional)

☐ 252.232-7015 – Performance-Based Payments — Representation (Optional)

Paragraph (e) Statement

Offerors selecting paragraph (e) certify that their SAM.gov registration, including all FAR and DFARS representations, is current, accurate, and complete. Provide any solicitation-specific changes below:

Certification and Signature

I attest the above representations and certifications are true, correct, and complete. Misrepresentation may result in criminal or civil penalties (18 U.S.C. §1001; FCA).

Authorized Signer Name: _____

Title: _____

Date: _____

Signature: _____

This fillable template is provided for convenience when SAM.gov is not used. Acceptance is subject to Contracting Officer review.