**Attachment XX – Forced Labor of Ethnic Uyghurs Ban**

**Please note that** **if any of the following apply to the Contractor, then the Contractor shall select the “Exempt Contractor” option below:**

* Contractor is a sole proprietorship;
* Contractor has fewer than ten (10) employees; OR
* Contractor is a non-profit organization.

**Pursuant to A.R.S. § 35-394, written certification is required to show that the company entering into a contract with a public entity does not use the forced labor, or use any contractors, subcontractors or suppliers that use the forced labor or any goods or services produced by the forced labor or any goods or services produced by the forced labor, of ethnic Uyghurs in the People's Republic of China.**

Under A.R.S. § 35-394:

1. "Company" means an organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company or other entity or business association, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate, that engages in for-profit activity and that has ten or more full-time employees.

2. "Public entity" means this State, a political subdivision of this State or an agency, board, commission or department of this State or a political subdivision of this State.

**In compliance with A.R.S. § 35-394, all Contractors must select one of the following:**

|  |  |
| --- | --- |
| **☐** | Company **does not** use, and agrees not to use during the term of the contract, any of the following:* Forced labor of ethnic Uyghurs in the People’s Republic of China;
* Any goods or services produced by the forced labor of ethnic Uyghurs in the People’s Republic of China; or
* Any Contractors, Subcontractors, or suppliers that use the forced labor or any goods or services produced by the forced labor of ethnic Uyghurs in the People’s Republic of China.
 |
| **☐** | The Company **does** participate in the use of Forced Uyghurs Labor as described in A.R.S. § 35-394. |
| **☐** | **Exempt Contractor:** **Select all statements that** apply to the Contractor: |
|  | **☐** | Contractor is a sole proprietorship; |
|  | **☐** | Contractor has fewer than ten (10) employees; and/or  |
|  | **☐** | Contractor is a non-profit organization. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Company name |  | Signature of person authorized to sign |
|  |  |  |
| Address |  | Printed name and Title |
|  |  |  |
| City, State, ZIP |  | Contact email address | Contact phone number |