## CONTRACTOR'S LICENSE CERTIFICATION FORM

RFx Title:	Elevator Maintenance and Repair Service – DMA - LANG	
Bidder:	Company Name:	
	Company Address:	
	City, State, Zip Code:	
Required Li	icense(s):	
	Type of License	License Number(s)
Specialty:	Elevators, Dumbwaiters	
	ed Representative:	
Typed or Pi	rinted Name:	
Title:		
Date:		

NOTE: THIS FORM SHOULD BE COMPLETED AND RETURNED WITH YOUR BID RESPONSE. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY CAUSE YOUR BID TO BE REJECTED.