CONTRACTOR'S LICENSE CERTIFICATION FORM

RFx Title:	Elevator Maintenance and Repair Service – DOC - Headquarters	
Bidder:	Company Address:	
	City, State, Zip Code:	
Required L	icense(s):	
	Type of License	License Number(s)
Specialty: Elevators, Dumbwaiters		
Signature o or Authoriz	and Dammanautothus.	
Typed or P	rinted Name:	
Title:		
Date:		

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