

Attachment F – Contractor’s License Certification Form
RFx 3000025312

CONTRACTOR’S LICENSE CERTIFICATION FORM

RFx Title: **Elevator Maintenance and Repair Service – SOS - OGM**

Bidder: Company Name: _____

Company Address: _____

City, State, Zip Code: _____

Required License(s):

Type of License	License Number(s)
Specialty: Elevators, Dumbwaiters	

**Signature of Bidder
or Authorized Representative:** _____

Typed or Printed 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.**