

**Attachment E – Contractor’s License Certification Form
RFx 3000021372**

CONTRACTOR’S LICENSE CERTIFICATION FORM

RFx Title: Elevator Maintenance and Repair Service – DPS - HEADQUARTERS

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.