ATTACHMENT 1 RFP RESPONSE FORM

Company Name:	RFP No.:	PWP No.:
Nevada Business License No.:	Busines	ss License Exp.:
Address:	City:	
State: Zip Code:	_ Phone No.:	Fax No.:
Contact Person:	Email:	
Federal Tax ID No.:		
	ddan alaimin a Diddana!	Dueference 2
BIDDERS' PREFERENCE Is the Bi	dder claiming Bidders' i	Preference?
	knowledges that he/she is t (Bid Attachment 2).	s required to follow the requirements set
_		o receive preference in bidding.
_		
ACKNOWLEDGEMENT OF ADDE		
		pany named above, acknowledges that
he/she has examined this RFP include	ling any related document	ts, and hereby offers to furnish all labor,
materials, tools, supplies, equipment	and services necessary to	comply with the specifications, terms a
conditions set forth herein and at the	prices stated.	
	•	
The undersigned acknowledges rece	ipt of the following adder	nda:
Addenda No Dated Addenda No Dated	Addenda No l	Dated
Addenda No Dated	Addenda No 1	Dated
DEPARTMENT/SUSPENSION STA		
		ineligible from entering into contracts wi
		ipt of a notice of proposed debarment fro
any state agency or local public bo		
		in the event of being suspended, debarre
		agency, or upon receipt of a notice of
	ed after the submission of	this Bid but prior to the award of the
Purchase Order/Contract.		
EXCEPTIONS		
	estions or requirements of	f this RFP shall be noted in writing, and
		s and clearly stating them in writing on a
		ring alternates to replace the excepted
		n. However, the Owner shall be the sole
judge of the acceptance or rejection	or any exceptions.	
Are there any exceptions to this bid	Yes No	
The diere diff exceptions to this old.	110	
Oliver of the Control	Data (Alexander America	
Signature	Print Name and Title	Date

LEGAL NAME OF FIRM AS IT WOULD APPEAR IN CONTRACT			
ADDRESS OF FIRM			
CITY, STATE ZIP CODE			
TELEPHONE NUMBER	FAX NUMBER		
NEVADA STATE CONTRACTORS' BOARD LIC	CENSE INFORMATION:		
I certify that the license(s) listed below will be the liwork on this project.	cense(s) used to perform the majority of the		
LICENSE NUMBER:			
LICENSE CLASS:			
LICENSE LIMIT:			
ONE TIME LICENSE LIMIT INCREASE \$			
IF YES, DATE REQUESTED			
DUN & Bradstreet Number:			
STATE OF NEVADA BUSINESS LICENSE NO			
NAME OF AUTHORIZED REPRESENTATIVE	E-MAIL ADDRESS		
CICMATUDE OF AUTHORIZED	DATE		
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE		