ATTACHMENT 1 RFP RESPONSE FORM

Company Name:	RFP No.:_		PWP No.:
Nevada Business License No.:	Bu	siness License I	Ехр.:
Address:		City:	
State: Zip Code: Phone	No.:		Fax No.:
Contact Person:	Emai	l:	
Federal Tax ID No.:			
DIDDEDS! DREEEDENCE to the Bidder of	oimina Bidd	ro' Professor	202
BIDDERS' PREFERENCE Is the Bidder cl	aiming bidue	ers Preierend	se r
•	-	_	to follow the requirements set
forth in the Affidavit (Bid A No, I do not have a Certification			preference in bidding.
	are of Englan	of to receive	presente in craums.
ACKNOWLEDGEMENT OF ADDENDA:		_	
The undersigned, as an authorized represent		· ·	,
he/she has examined this RFP including any			
materials, tools, supplies, equipment and ser		ry to comply	with the specifications, terms ar
conditions set forth herein and at the prices	stated.		
The second section of a share second share second section 6.44	C- 11	111	
The undersigned acknowledges receipt of the	le following a	Doted	
Addenda No. Dated Addenda No. Dated Addenda No.	denda No	Dated	
Addenda No Dated Ad	delida No	Dateu	
DEPARTMENT/SUSPENSION STATUS			
1. The Proposer certifies that it is not suspen	nded debarred	or ineligible	from entering into contracts with
the Executive Branch of the Federal Gove			
any state agency or local public body.	illillelli, or ill	receipt of a no	once of proposed debarment no
2. The Proposer agrees to provide immediat	a natica ta Ox	man in the axe	ent of hoing guananded dehama
1 0 1			C 1
or declared ineligible by any state or feder			
proposed debarment that is received after Purchase Order/Contract.	tne submissio	n of this Bia t	out prior to the award of the
Purchase Order/Contract.			
EXCEPTIONS			
Any exceptions to any of the specifications	or requiremer	ts of this RFF	shall be noted in writing, and
attached to the Proposal when submitted. By			
separate sheet of paper headed "EXCEPTIC			
requirements, the Proposer may still compet			
judge of the acceptance or rejection of any of			,
Are there any exceptions to this bid? Yes	No		
		.	
Signature Pri	nt Name and T	itle	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.	icense(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			
SIGNATURE OF AUTHORIZED REPRESENTATIVE	TODAY'S DATE			