OFFICE OF FLEET ADMINISTRATION
VENDOR EXTENSION FORM

ATTACHMENT H

1. **BUSINESS NAME:**_____

DBA (if applicable):_____

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone:_____ Fax:_____

2. **BUSINESS LICENSE** (if applicable)

Business License Number:_____

Is Business License current?.....[ ] yes [ ] no

Business License Expiration Date:_____

3. **BUREAU OF AUTOMOTIVE REPAIR LICENSE** (if applicable)

BAR License Registration Number:_____

BAR License Expiration Date:_____

Has any person with the above registration number been convicted of a violation of the Automotive Repair Act or Health and Safety Code?.....[ ] yes [ ] no

If yes, please explain:_____

Has any person with the above registration number had an auto repair registration or license denied, suspended, revoked or placed on probation?.....[ ] yes [ ] no

If yes, please explain:_____

4. **INSURANCE COVERAGES**

Is **Garage Liability Insurance** current?.....[ ] yes [ ] no
Expiration Date:_____

Is **Garagekeepers Legal Liability Insurance** current?.....[ ] yes [ ] no
Expiration Date:_____

Is **Standard Workers Compensation and Employers Liability Insurance** current?...[ ] yes [ ] no
Expiration Date:_____

_____ Printed Name

_____ Signature of Authorized Representative

_____ Title

_____ Date

By signing this form, I/we agree that we will continue to meet all requirements contained in RFQ DGS-OFA-VQ-1, and agree that when services are rendered to state agencies those services will be rendered pursuant to the requirements of RFQ DGS-OFA-VQ-1 for a period of one year effective from the above date.