

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.