

This form is for existing vendors only.

BUSINESS INFORMATION

Business Name	DBA (if applicable)	Telephone	Fax
Address	City	State	Zip Code

Please attach all required documents noted below.

BUSINESS LICENSE INFORMATION (if applicable)

Is your Business License current? YES NO

Business License Number: _____ Expiration Date: _____

BUREAU OF AUTOMOTIVE REPAIR LICENSE (if applicable)

BAR License Registration Number: _____ 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:

INSURANCE COVERAGE

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: _____

By checking this box, I/we agree that we will continue to meet all requirements contained in [RFQ DGS-OFA-VQ-1](https://www.dgs.ca.gov/-/media/Divisions/OFAM/FAMS_FARS/RFQ-DGS-OFA-VQ-1.docx) (https://www.dgs.ca.gov/-/media/Divisions/OFAM/FAMS_FARS/RFQ-DGS-OFA-VQ-1.docx), and agree that when services are rendered to state agencies those services will be rendered pursuant to the requirements of RFQ-OFA-VQ-1 for a period of one year effective from the date stated below.

Name of Authorized Representative (Type or Print)	Title
Signature	Date