

**6222026-1**  
**Automatic Door Repair Services**  
**Bidder's Statement of Authority to Submit Bid**

Bidder hereby offers and agrees to furnish the material(s) and service(s) in compliance with all terms, conditions, specifications, and amendments in the Invitation to Bid and any written exceptions in the offer. We understand that the items in this Invitation to Bid, including, but not limited to, all required certificates are fully incorporated herein as a material and necessary part of the contract.

Bidder certifies that, at the time it submitted its Bid, it was not engaged in, and agrees for the duration of the Contract, not to engage in, a boycott of Israel. Boycott of Israel means, refusing to deal or conduct business with, abstaining from dealing or conducting business with, terminating business or business activities with or performing any other action that is intended to limit commercial relations with Israel; or a person or entity doing business in Israel or in territories controlled by Israel, if such an action is taken in a manner that discriminates on the basis of nationality, national origin or religion. It does not include an action which is based on a bona fide business or economic reason; is taken pursuant to a boycott against a public entity of Israel if the boycott is applied in a nondiscriminatory manner; or is taken in compliance with or adherence to calls for a boycott of Israel if that action is authorized in 50 U.S.C. § 4607 or any other federal or state law.

The undersigned hereby states, under penalty of perjury, that all information provided is true, accurate, and complete, and states that he/she has the authority to submit this bid on the NGEM System, which will result in a binding contract if accepted by Clark County, Nevada.

**I certify, under penalty of perjury, that I have the legal authorization to bind the firm hereunder:**

|   |                    |
|---|--------------------|
| SIGNATURE OF AUTHORIZED REPRESENTATIVE      | LEGAL NAME OF FIRM |
| NAME AND TITLE OF AUTHORIZED REPRESENTATIVE | ADDRESS OF FIRM    |
| PHONE NUMBER OF AUTHORIZED REPRESENTATIVE   | CITY, STATE ZIP    |
| EMAIL ADDRESS                               | DATE               |

**FIRM'S CONTACT FOR INSURANCE NOTICES ONLY:**

|   |  |
|---|--|
| PHONE NUMBER OF AUTHORIZED REPRESENTATIVE |  |
| EMAIL ADDRESS                             |  |

**BUSINESS LICENSE INFORMATION:**

|                 |             |             |                  |
|-----------------|-------------|-------------|------------------|
| CURRENT STATE   | LICENSE NO. | ISSUE DATE: | EXPIRATION DATE: |
| CURRENT COUNTY: | LICENSE NO. | ISSUE DATE: | EXPIRATION DATE: |
| CURRENT CITY:   | LICENSE NO. | ISSUE DATE: | EXPIRATION DATE: |