

# RFP PMB-2014-34

## Competitive Sealed Proposals Application Identification Form

Hawaii Public Housing Authority  
Contract and Procurement Office  
1002 North School Street, Bldg. D  
Honolulu, HI 96817

Dear Sir/Madam:

The undersigned has carefully read and understands the terms and conditions specified in the Competitive Sealed Proposals and hereby submits the following proposal to perform the work specified.

That the undersigned further understands and agrees that by submitting this Competitive Sealed Proposals, 1) it is declaring its Proposal is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) it is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Date: \_\_\_\_\_

Respectfully Submitted,

Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
*Legal Name of Offeror*

Fax No.: \_\_\_\_\_

Payment address, if other than street  
address at right:

\_\_\_\_\_  
*Authorized Signature (Original)*

\_\_\_\_\_  
Hawaii General Excise Tax Lic. I.D. No.:

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
Social Security or Federal I.D. No.:

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
Hawaii Real Estate Broker's License No.:

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
Expiration Date

Applicant is:  Individual  Partnership  Corporation  Joint Venture

State of Incorporation:  Hawaii \* Other \_\_\_\_\_

\*If "other", is corporate seal available in Hawaii?  Yes  No

Offeror shall list below business firms and/or government agencies to which he has provided similar or identical services to those required by the RFP.

	<u>Firm or Agency</u>	<u>Contact Person</u>	<u>Telephone No.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Applicant's Office Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Person to Contract: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Insurance coverage to be provided by:

Commercial General Liability: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Workers Comp: \_\_\_\_\_

Automobile Insurance: \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_

Name and Title \_\_\_\_\_