

**ATTACHMENT – A**  
**RESPONSE CHECKLIST**

Business Name: \_\_\_\_\_

**ATTACHMENTS**

Check here and attach OFAM 50 Vendor Application Form

Check here and attach completed, signed STD 204 Payee Data Record

Check here and attach completed, signed STD 21 Drug-Free Workplace Certification

Check here and attach a copy of current Business License

Check here and attach a copy of current Bureau of Automotive Repair License

Check here and attach Certificates of Insurance as required on page 9 of this RFQ. This certificate should include:

- A. Garagekeepers Legal Liability Insurance
- B. Garage Liability Insurance

Check here and attach Certificate of Standard Workers Compensation and Employers Liability Insurance as required on pages 9 and 10 of this RFQ, unless this coverage is noted on the certificates shown above.

Return the response checklist and attachments to:

Statewide Mobile Equipment Coordinator  
Department of General Services  
Office of Fleet and Asset Management  
1700 National Drive  
Sacramento, CA 95834