

SECTION 00201

**CONTRACTOR'S IDENTIFICATION
(ALL BLANKS MUST BE FILLED. USE N/A AS NECESSARY)**

This form shall be attached to the sealed envelope containing the Bid. Failure to provide all of this information on the sealed envelope will be considered a non-responsive Bid.

BIDDER:

**Complete the following for all applicable Electrical,
Plumbing and Heating, Ventilation, and Air Conditioning
Subcontractors:**

Name: _____

Subcontractor: _____

Address: _____

Tennessee License No.: _____

License Expiration Date: _____

License Classification: _____

**If TaxID Number (TIN) issued, list below. Otherwise,
list Owner's Social Security Number (SSN).**

TaxID Number: _____

Subcontractor: _____

Tennessee License No.: _____

Tennessee License No.: _____

License Registration Date: _____

License Expiration Date: _____

License Expiration Date: _____

License Classification: _____

Monetary Limit: _____

_____ (\$ _____)

Subcontractor: _____

Classification : _____

Tennessee License No.: _____

License Expiration Date: _____

License Classification: _____

CITY OF CHATTANOOGA
Department of Public Works
1250 Market Street, Suite 2100
Chattanooga, Tennessee 37402

SEALED BID PROPOSAL FOR :

Contract Title
Contract Number:

DATE OF BID OPENING:

TIME: 2:00 p.m.

LOCATION: Development Resource Center
1250 Market Street
Assembly Room (Conference Room 1A)
Chattanooga, TN 37402