



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES
Select REGION

Request
For Proposal

NOTE: This form does not authorize commencement of work.

Project No.: _____ RFP No.: _____

Project Name: _____

Contractor: _____
Company Name

Address: _____
Address

City/State _____

Recommended By: _____ Date: _____

Title: _____

Description of Work (attach additional sheet(s) if necessary):

Change in Contract Price and Time (Contractor's breakdown required, attach additional sheet(s) if necessary):

Per AS 36.30.400, I hereby certify that to the best of my Knowledge and Belief, the data submitted is accurate, complete and current and is the actual costs to the contractor or additional time for performing the additional work or supplying the additional materials.

Signature: _____

Contractor's Representative

Authorization to Proceed required by _____ to avoid additional costs.

Date: _____