KANSAS CITY AREA TRANSPORTATION AUTHORITY  
1350 E. 17th STREET  
KANSAS CITY, MISSOURI 64108

REQUEST FOR QUOTATIONS (RFQ) #F19-5035-55A

MOBILE LIFTS & SUPPORT STAND

ADDENDUM 1

Issue Date: December 11, 2019

This Addendum is hereby made a part of the Request for Quote for Bids to the same extent as if it was originally included therein and is intended to modify and/or interpret the proposal documents by additions, deletions, clarifications or corrections. The Contractor shall acknowledge in the proposal the receipt of this Addendum.

BID QUESTIONS/COMMENTS:

Question: Request approval for equal Mobile Column Lift:
MAHA-USA Pinckard AL
MOBILE COLUMN LIFT: WRL 18 WRL
SUPPORT STANDS: AB-18

Answer: No. These details are what I determined disqualified the MAHA lifts from being an approved equal:
18,000 lbs. per column (500 lbs. less than what we spec’d)
69” maximum lifting height (we spec’d 73”)
No mention of lifting time (Hoidale cycles completely in 94 seconds)
No mention of adjustable lowering speed (Hoidale is adjustable)

END OF ADDENDUM 1

####
KANSAS CITY AREA TRANSPORTATION AUTHORITY  
1350 E. 17TH STREET  
KANSAS CITY, MISSOURI 64108  

PROJECT #F19-5035-55A  
MOBILE LIFTS & SUPPORT STAND  

RECEIPT OF ADDENDA  

Bidders shall return this form when submitting their bids. The form shall be signed and dated by an authorized representative of the firm. Failure to submit this form may deem the Bidder non-responsive.  

______________________________  ___________________________  ___________________________  ___________________________  
Company Name  Date  Address/City/State/Zip  Authorized Signature  Printed Name  

______________________________  ___________________________  ___________________________  ___________________________  
Telephone  Fax  Email  

We hereby acknowledge that the Addenda listed below have been received and all information has been incorporated into the Request for Quotations.  

Addendum #1 Dated ____________________  Date Received ____________________  

______________________________  ___________________________  ___________________________  ___________________________  
Company Name  Date  Address/City/State/Zip  Authorized Signature  Printed Name  

______________________________  ___________________________  ___________________________  ___________________________  
Telephone  Fax  Email  

Receipt of Addenda Form – RFQ F19-5035-55A  12/11/2019