ADDENDUM NO. 1

Kansas City Area Transportation Authority
1350 E. 17th Street
Kansas City, Missouri 64108

DEUG AND ALCOHOL TEST COLLECTIONS
AND MEDICAL HEALTH SERVICES
Request for Proposals #F19-7029-21C

Issue Date: May 24, 2019

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

REQUEST FOR CLARIFICATIONS

1. We have a Chiropractor who performs DOT physicals. He has his Medical Examiner Certificate. Is he eligible to do the physicals on this bid?

   A. Per the Federal Motor Carrier Safety Administration guidelines, proposed medical examiners who will perform, and complete DOT Medical Certifications must be registered on the National Registry of Certified Examiners. Respondents must provide the full name and national registry number of the proposed medical examiner as part of its response.
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Proposers shall return this RECEIPT OF ADDENDA form when submitting their bid. 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.

We hereby acknowledge that the Addenda noted below have been received and all information has been incorporated into the Invitation for Bid as required.

Addendum #1 Dated _____________ Date Received ________________

Addendum #2 Dated _____________ Date Received ________________

Addendum #3 Dated _____________ Date Received ________________

Addendum #4 Dated _____________ Date Received ________________

Company Name ____________________________________ Date ______________________

Address/City/State/Zip __________________________________________________________________

Authorized Signature __________________________ Printed Name __________________________

Telephone __________________ Fax __________________ Email __________________________