The Pennsylvania Turnpike Commission will accept applications from service garages for providing emergency road services, repairs, towing and recovery service, and removal of abandoned vehicles on the Pennsylvania Turnpike for the following sections of the Turnpike:

Milepost 99.6 to Milepost 127.2 East and West bound, which includes the Somerset Interchange No. 110 and the Somerset Service Plaza.

The Commission requires that interested parties own at least two (2) light duty recovery vehicles (one of which shall be a light duty wrecker equipped with state-of-the-art wheel lift and one of which shall be a light duty rollback) and have at their disposal (own or lease), one (1) heavy duty recovery vehicle capable of towing or wincing large vehicles from the roadway.

In addition, the Commission requires that the service garage be located in the advertised territory, be a certified salvor, meet specific insurance requirements (available upon request) and meet the Pennsylvania Turnpike Customer Service standards. The Pennsylvania Turnpike Commission reserves the right to reject any and all applications. An on site video taped inspection will be scheduled to verify that information contained within the application is correct. The selection process involves review and recommendation to the Commission.

The service garage must accept major credit cards for payment (at least MasterCard and Visa) and honor a number of roadside assistance club memberships; AAA affiliation or reimbursement arrangements must be met prior to commencement of contract.

Authorized Service Providers will be responsible for the furnishing of repairs, wrecking and towing service, removal of abandoned vehicles or vehicles creating a traffic hazard to motorists on the Pennsylvania Turnpike System.

Please refer to the application attached to this advertisement posting.

All completed applications should be sent to the address listed below and must be received no later than 2:00 p.m. Thursday, April 22, 2004.

George M. Hatalowich  
Manager of Contract Administration  
Pennsylvania Turnpike Commission  
P. O. Box 67676  
Harrisburg, PA 17106-7676
1. Name, address and phone number of your company.
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

2. Where is your business, located? Give distance (actual mileage) and accurate directions to the nearest Pennsylvania Turnpike interchange.
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

3. Name of owner(s)/proprietor(s).
   ________________________________

4. Form of ownership: Individual proprietorship _____
   Partnership _____
   Registered business corporation _____
   Other _____

5. Do you own/lease the garage site? (Circle one)

6. If leased, give owner’s name, address, and expiration date of lease. Provide a copy of the lease.
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

7. If leased, do you have the option to renew? Yes_____ No _____

8. If answer is yes, give number of years until renewal. _____

9. How long have you been operating at this location ________
10. Is your garage fully equipped to handle all types of repairs for passenger and commercial vehicles?

- Passenger Vehicles: Yes____ No_____
- Commercial Vehicles: Yes____ No_____

11. Does your garage now maintain 24-hour service? Yes____ No_____

12. Years experience in towing/recovery

- Class 1 up to 10,000 G. W.: ______yrs towing ______yrs recovery
- Class 2 10,001 to 25,000 G.W.: ______yrs towing ______yrs recovery
- Class 3 over 25,000 G.W.: ______yrs towing ______yrs recovery

13. Are you capable of performing the following:

- Commercial roadside service: Yes_____ No_____
- Commercial tire service: Yes_____ No_____

14. Prior to accident recovery (i.e. upright/removal of vehicles) does your facility have the capability to off-load fuel? Yes____ No____

   If yes what is the amount __________
   What is the time length required __________

15. If unable to perform any of the aforementioned commercial areas, please identify the providers who will.

   Name: ___________________________________________________
   Address: ________________________________
   ________________________________
   Telephone No: including area code _____________________________

16. Is your garage willing to provide 24-hour, 365-day mechanical and towing services? Yes_____ No_____

17. How many repair bays are in your shop? _______

18. Do you maintain an inventory of parts? Yes_____ No_____

19. Does your garage have facilities to dispense fuel? Yes_____ No_____

20. Do you have a customer waiting room(s) on your premises?  
   Yes _____  No _____

21. Do you have a customer restroom(s) on your premises?  
   Yes _____  No _____

22. Describe your business/service facility(ies), noting the square footage size of the entire building(s), office size, size of the waiting room, description of the rest room(s), etc.  
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

23. Does your garage have space for storage of vehicles?  
   Yes _____  No _____

24. Does your garage have a secured (locked) storage area for vehicles?  
   Yes _____  No _____

25. Describe the size and location of the storage lot(s).  
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

26. Total number of employees._______
   Total number of mechanics _______  yrs experience _______
   Total number of wrecker drivers/operators _______  yrs experience_____

27. List the hours your mechanics are on duty.  
   ________________________________

28. Please provide the names and social security numbers of your drivers, and photocopies of their driver’s licenses. (List on separate sheet and attach to this application.)

29. Please identify any training or certification in light, medium, heavy towing and recovery for wrecker operators. (List on separate sheet and attach to this application.)
30. Please provide the names and social security numbers of your mechanics on a separate sheet and attach to this application.

31. Are you a licensed salvor? Yes _____ No _____

If yes, note your license number ____________________________

32. Is your garage readily accessible to lodging? Yes ____ No ____

33. Does your garage have access to rental vehicles? Yes ____ No ____

34. List any motor club/roadside assistance programs you are affiliated with.

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

35. Name, address, and telephone number of insurance company and agent. Also, provide a certificate of insurance.

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

36. Please provide a copy of all city and state licenses you and/or your garage possesses, including but not limited to mercantile, towing, repair, long-term storage of vehicles other than for repair.

37. Please provide your rate schedule for roadway recovery services.

38. Have you, any principal officer(s), or key employee(s) ever been convicted of a crime(s)? Yes _____ No _____

If yes, please state the name(s) of the individual(s) and nature of the crime(s).

_________________________ ___________________________

_________________________ ___________________________
39. Have you or any principal officer(s) or key employee(s) been adjudged bankrupt or reorganized due to insolvency in the last 10 years, or was or is otherwise subject to any such prior or pending bankruptcy or reorganization proceeding? Yes _____ No _____

40. Please provide a letter of reference from each of the following:
   a commercial account, a motor club, and a city, county or state agency.

41. Please list and describe on a separate sheet, all towing/recovery vehicles, service vehicles, and any and all miscellaneous towing/recovery equipment available to you. Include a photograph of each towing and recovery vehicle showing the front, rear and side(s) of each unit, including all equipment owned and/or leased by you.

42. Please provide current photographs of your facility (ies) that show at least the following:
   a) Exterior of facility(ies), showing all sides of the building(s).
   b) Storage lot(s), on or off site, including a secured fenced storage lot, if available.
   c) Interior of facility(ies), showing all bays, office areas, waiting room(s), and rest room(s) etc.
   d) All towing/recovery equipment (See #35 above.)
By my signature, I swear, or affirm, that the foregoing information is a true and accurate description of the business of ________________________________
Name of Company
and accurately states its business practices and fee schedules.

I understand that failure to truthfully and accurately describe the business practices and fee schedule(s) may eliminate ________________________________
Name of Company
from consideration as a contracted service garage with the Pennsylvania Turnpike Commission.

The Commission will schedule an on site visit to evaluate your facility. You may send additional information and documentation at any time during the application process.

Signed__________________________
Title __________________________
Date __________________________

State of _________________________
County of________________________
_______________________________, being duly sworn, deposes and says he is_______________________________ of the above named garage.

Sworn before me this___________day of_____________
in the year ____________

Department of Safety & Risk Management  February 2004