

**TOWING AND ROAD SERVICE PROVIDER
RFP#04-ASP-2964**

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 0.00 to Milepost 24.8 East and West Bound, including the Gateway Interchange No.2, the New Castle Interchange No. 10 and the Beaver Valley Interchange No. 13 as well as the Zelienople 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 conventional wrecker over a one ton capacity equipped with the state-of-the-art wheel lift and one of which shall be a light duty rollback over a one ton capacity equipped with state-of-the art wheel lift) and have at their disposal (own or lease), one (1) heavy duty recovery vehicle capable of towing or winching large vehicles from the roadway equipped with an under reach.

In addition, the Commission requires that the service garage be located near 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, videotaped inspection will be scheduled to verify that information contained in 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 before the contract commences.

Authorized Service Providers will be responsible for the furnishing of repairs, towing and recovery service, and 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. Friday, July 23, 2004

George M. Hatalowich
Manager of Contract Administration
Pennsylvania Turnpike Commission
P. O. Box 67676
Harrisburg, PA 17106-7676



PENNSYLVANIA TURNPIKE COMMISSION

AUTHORIZED SERVICE GARAGE APPLICATION

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 _____