TOWING AND ROAD SERVICE PROVIDER
RFP# 06-ASP-3402

The Pennsylvania Turnpike Commission will accept applications for vendors to provide emergency road service/repairs, towing, recovery, and removal of abandoned and vehicles impending traffic on the Turnpike System ranging from motorcycles to over-dimensional vehicles for the following section:

PA Turnpike 576 Findley Connector, from PA Route 60 to US Route 22, exits 1 through 6, including all Commission owned ramps, toll plazas and structures.

The Commission requires that interested parties currently own or lease a minimum of five (5) pieces of equipment as follows: one (1) light-duty conventional wrecker with over a one-ton capacity and equipped with a state-of-the-art wheel lift; two (2) light-duty rollbacks each with over a one-ton capacity and equipped with a state-of-the-art wheel lift; and two (2) heavy-duty recovery vehicles each with a minimum 25-ton (hydraulic or mechanical) capacity that must be capable of towing or winching large vehicles and each be equipped with a state-of-the-art under reach.

In addition, the Commission requires the facility meet Pennsylvania Turnpike Commission Service Standards to include a clean, modern, secure facility with adequate customer waiting area and clean modern restrooms. The facility must be located in the advertised territory, be a certified salvor, and meet specific insurance requirements (available upon request). Equipment and Personnel are required to provide 24/7 response to all incidents on Commission property/roadway. An on-site videotaping and inspection will be scheduled to verify the information contained in the application is accurate. The selection process involves review and recommendation to the Commission.

Provider must accept major credit cards for payment (at least MasterCard and Visa) and honor a number of roadside assistance club memberships; AAA affiliation must be acquired prior to the contract commencing. Proper documentation must be provided.
Please refer to the most recent application attached to this advertisement posting. Application and all supporting documents submitted will become property of the Pennsylvania Turnpike Commission. The Commission reserves the right to reject any and all applications.

All completed applications should be sent to one of the address listed below and must be received no later that 12:00 Noon Friday, August 11, 2006 to:

Hand-carried or courier address:

George Hatalowich
Manager of Contract Administration
Pennsylvania Turnpike Commission
700 South Eisenhower Boulevard
Middletown, PA 17057

Please note that use of U.S. Mail delivery does not guarantee delivery to the address listed above by the listed time for submission. Applicants mailing applications should allow sufficient delivery time to ensure timely receipt of their applications and remitted to the following mailing address:

George 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.

_____________________________________________________

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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.

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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 _______
years 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. (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.

_____________________________________________________

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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