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

Coverage Location: Milepost 0.00 to Milepost 24.8 East & West Bound; including Interchanges 2 (Gateway); 10 (New Castle); & 13 (Beaver Valley).

Requirements
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
- 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 are equipped with a state-of-the-art under reach.

The facility must meet Pennsylvania Turnpike Commission Service Standards which require 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.

Provider must accept major credit cards for payment (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.

Application Evaluation and Submission
An on-site videotaping and inspection will be scheduled to verify that the information contained in the application is accurate. The selection process involves evaluation of the application and inspection and recommendation to the Commission.

Please refer to the application attached to this advertisement posting. All Applications and supporting documents submitted will become the property of the Pennsylvania Turnpike Commission. The Commission reserves the right to reject any and all applications.

All completed applications must be sent to the Commission using the appropriate address listed below and must be received no later than 12:00 Noon Wednesday, August 12, 2009.
**Courier or Hand-carried (physical) address:**

Wanda Metzger, Contracts Administrator  
Pennsylvania Turnpike Commission  
Department of Contracts Administration  
700 South Eisenhower Boulevard  
Middletown, PA 17057

**Mailing address:**

Wanda Metzger, Contracts Administrator  
Pennsylvania Turnpike Commission  
Department of Contracts Administration  
P.O. Box 67676  
Harrisburg, PA 17106-7676

Please note that use of U.S. Mail delivery does not guarantee delivery by the listed time for submission. Applicants mailing applications should allow sufficient delivery time to ensure timely receipt of their applications.
1. Name, address, business phone number, fax phone number 24 hr number and e-mail address of your company.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Where is your business, located? Give actual mileage and accurate directions to the nearest Interchange access gate.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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 in the towing/recovery business. _______________________

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 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 criminal history report of any individual who will respond to incidents on Commission property (all principles, officers, owners, directors or employees)  
   This is the link to the Pennsylvania Access to Criminal History for online criminal history checks.  
   https://epatch.state.pa.us/RecordCheckHome.jsp
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 currently 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
   • a city, county or state agency.

41. Please list and describe on a separate sheet, all towing/recovery vehicles, service vehicles, include the make model vin number boom capacity and under lift capacity additionally 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 #41 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 __________

Federal Tax ID No.____________________