

**TOWING AND ROAD SERVICE PROVIDER
RFP#10-ASP-2430**

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:

Milepost 333.3 to Milepost 359.1 East & West Bound; including Fort Washington Interchange (339); Willow Grove Interchange (343); Philadelphia Interchange (351); Delaware Valley Interchange (358); Delaware River Bridge Interchange (359); North Neshaminy Service Plaza; in addition Milepost A20 to Milepost A30 North and South Bound including Mid-County Interchange (20).

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, March 24, 2010.**

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.



PENNSYLVANIA TURNPIKE COMMISSION
AUTHORIZED SERVICE PROVIDER APPLICATION

RFP # 10-ASP-2430

Coverage Location: Milepost 333.3 to Milepost 359.1 East & West Bound; including Fort Washington Interchange (339); Willow Grove Interchange (343); Philadelphia Interchange (351); Delaware Valley Interchange (358); Delaware River Bridge Interchange (359); North Neshaminy Service Plaza; in addition Milepost A20 to Milepost A30 North and South Bound including Mid-County Interchange (20).

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. _____