

**TOWING AND ROAD SERVICE PROVIDER  
RFP#09-ASP-2161**

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 A30.1 to Milepost A56.7 North & South Bound; including Interchanges 44 (Quakertown); 56 (Lehigh Valley) in addition Allentown Service Plaza.**

**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 19, 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.**



**PENNSYLVANIA TURNPIKE COMMISSION**  
**AUTHORIZED SERVICE PROVIDER APPLICATION**

**RFP # 09-ASP-2161**

**Coverage Location: Milepost A30.1 to Milepost A56.7 North & South Bound; including Interchanges 44 (Quakertown); 56 (Lehigh Valley) in addition Allentown Service Plaza.**

1. Name, address, business phone number, fax phone number 24 hr number and e-mail address of your company.

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

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

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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.

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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.

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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).

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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.

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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
- 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. \_\_\_\_\_