

**EXHIBIT C**

**Vendor Application**

Instructions: The application must be filled out in its entirety and signed by the vendor. Please type or print clearly all information. Any false statement is sufficient reason for exclusion of the vendor from the RFQ process.

**Upon completing this application, have the document notarized by a notary public. Approval of all applications is subject to review by DCF.**

**General Information**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Telephone number: \_\_\_\_\_

Address of fleet: \_\_\_\_\_

Business Entity (**Please check one**): Individual  Partnership  LLC  Corporation

If applicant is a corporation, give name and address of registered agent and Employer Identification Number (EIN#). If applicant is a partnership, give names and addresses of all partners: \_\_\_\_\_  
\_\_\_\_\_

Date available to start contracted services: \_\_\_\_\_

First time in transportation services: Yes  No  If no, list years of experience: \_\_\_\_\_

Do you currently have Liability Insurance: Yes  No

Radius of operation (**Check all that apply**): 0-50  50-100  Over 100 miles

Able to travel to bordering states: Yes  No

Hours of operation (**Check all that apply**): Monday to Friday 9am-5pm  Monday to Friday after 5pm  Saturday  Sunday

List any blackout dates when transportation cannot be provided: \_\_\_\_\_

Able to accommodate lead time of 2 days: Yes  No

List the methods by which you accept referrals (i.e., by telephone, fax, email, etc.) and provide the relevant contact information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Fleet Information**

How many vehicles do you own or manage: \_\_\_\_\_

Are all vehicles insured:     Yes    No

Provide the name and Policy number of current insurance coverage: \_\_\_\_\_

Describe any handicapped accessibility transportation options available to clients: \_\_\_\_\_

Do you subcontract work with others:     Yes    No

Do you have a written vehicle maintenance and inspection program:     Yes    No

Are daily or pre-trip inspections made to vehicles:     Yes    No

## **Driver Information**

All drivers have a current and valid license to operate passenger vehicle:     Yes    No

Do you have a driver's training program:     Yes    No

Do you have a drug testing policy:     Yes    No

Does any driver have previous convictions for substance abuse, sexual abuse or crimes of violence:     Yes    No

### **By my signature below I attest that:**

I am at least twenty-one (21) years of age.

I possess a current and valid New Jersey driver's license. *A copy of your NJ Driver's License must be submitted with this application.*

I am able to read, speak and understand the English language.

I have taken the time to study state and local motor vehicle laws, rules, and regulations. I have also made sure that I am fully informed of the geography of the Counties for which I am applying to provide services.

I have not been convicted, within the three years prior to the date of the application, of reckless driving, driving while intoxicated, leaving the scene of an accident or driving more than 30 miles an hour above the speed limit.

At the time of this application, I have no more than six (6) New Jersey State Division of Motor Vehicle points on my driving record, or the equivalent if licensed in any other state.

I am the owner of the above named company; that the questions are answered by me and that the statements of facts contained in the foregoing application are true to the best of my knowledge, information and belief.

Company Owner's name (printed) \_\_\_\_\_

Company Owner's signature \_\_\_\_\_

STATE of NEW JERSEY  
County of \_\_\_\_\_:

I, \_\_\_\_\_, the undersigned, am authorized to submit the within application for consideration by the New Jersey Department of Children and Families. I authorize the appropriate officials of DCF to investigate the information set forth on this application including what may be considered personal or confidential information. I affirm that the information contained on this application is true and accurate to the best of my personal knowledge, information, and belief. I am aware that if the information is willfully false, the application will be excluded from consideration. I am also aware that DCF reserves the exclusive right to not consider this application should the information provided be incorrect or incomplete.

Sworn and subscribed before me by \_\_\_\_\_, a person known to me or proved to me on the basis of satisfactory evidence, who affirmed the facts contained herein as accurate and executed this application in my presence on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public of the State of New Jersey  
My Commission expires on:  
SEAL:

DRAFT