

STATE OF NEW JERSEY
DEPARTMENT of TRANSPORTATION

ANTI-ICING/DEICING CHEMICALS AND/OR ABRASIVES SPREADING SERVICES QUESTIONNAIRE

Line # Bid: _____ **NOTE: Vendor must submit a separate Form 1 for each line bid.**

(TYPE OR PRINT) November _____, 20_____ to July 31, 2015

Vendor – Name and Business Address	Telephone No. Day: Night: 24/7:
Home Address:	Day: Night: 24/7:
Superintendent – Name and Address:	Day: Night: 24/7:
Name and Location Where Vendor's Trucks Will Be Stored If Other Than Business Address:	Telephone No.:
Vendor's Federal I.D. Number _____	

LINE # BID: _____ **NUMBER of TRUCKS REQUIRED/PROVIDING:** _____ **CLASS:** _____

VENDOR MUST FURNISH THE FOLLOWING INFORMATION ON VENDOR OWNED AND LEASED TRUCKS/EQUIPMENT FOR EACH LINE BID.

- CERTIFICATION FOR LEASING/SUBLETTING TRUCKS (FORM 2) MUST BE ATTACHED FOR EVERY TRUCK LISTED AS NOT VENDOR OWNED.

MAKE	YEAR	MODEL	LICENSE PLATE NUMBER	MANUFACTURER'S GROSS VEHICLE WEIGHT RATING	If Not Vendor Owned, Check below and attach Form 2
					Check Here ____
					Check Here ____
					Check Here ____
					Check Here ____
					Check Here ____
					Check Here ____
					Check Here ____
					Check Here ____
					Check Here ____
					Check Here ____
					Check Here ____
					Check Here ____
				XXXXXXXXXXXX	SUPERINTENDENT'S VEHICLE

IMPORTANT NOTE: VENDOR MUST LIST ABOVE THE TOTAL NUMBER OF OWNED/LEASED TRUCKS TO EQUAL THE NUMBER OF TRUCKS REQUIRED FOR LINE ITEM BID.

Vendor's Name (please print) _____

Vendor's Signature: _____

Date: _____

(Attach Additional Sheets as Necessary)