## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

## AGENCY REQUEST FOR PROPOSAL

NOTE: This proposal must be received by 10AM September 19th, 2024 at the email address: DOT-EMS_BID.Procurement@dot.nj.gov  FISCAL YEAR: 2025		RETURN THIS PROPOSAL TO: DOT-EMS_BID.Procurement@dot.nj.gov		DELIVER SERVICE/PRODUCT TO:  NJ Department of Transportation Procurement Division Bureau of Equipment, Materials & Supplies 1035 Parkway Avenue Trenton, NJ 08625		
		AGENCY PERSON TO CONTACT: Nikki Ghorbani				
		AGENCY REFERENCE: Inspection and Testing of Aerial Lift Vehicles		COMMODITY CODE NUMBER: 928-04-067966		
ITEM NUMBER	QUANTITY	UNIT	DESCRIPTION (ALL ITEMS MUST BE DELIVERED F.O.B. DESTINATION)	UNIT PRICE	AMOUNT	
YEAR ONE (1) INSPECTION, TESTING AND RETESTING OF NON-INSULATED AERIAL LIFT VEHICLES	1	Hour	See attached specifications (RFQ)			
YEAR ONE (1) INSPECTION, TESTING AND RETESTING OF <u>INSULATED</u> AERIAL LIFT VEHICLES	1	Hour	See attached specifications (RFQ)			
YEAR ONE (1) Percentage Discount for Parts from Manufacturer's Catalog. Provide details for the Manufacture's Catalog citied.		%	See attached specifications (RFQ)			
YEAR TWO (2) INSPECTION, TESTING AND RETESTING OF NON-INSULATED AERIAL LIFT VEHICLES	1	Hour	See attached specifications (RFQ)			
YEAR TWO (2) INSPECTION, TESTING AND RETESTING OF <u>INSULATED</u> AERIAL LIFT VEHICLES	1	Hour	See attached specifications (RFQ)			
YEAR TWO (2) Percentage Discount for Parts from Manufacturer's Catalog. Provide details for the Manufacture's Catalog citied.		%	See attached specifications (RFQ)			
YEAR THREE (3) INSPECTION, TESTING AND RETESTING OF <u>NON-INSULATED</u> AERIAL LIFT VEHICLES	1	Hour	See attached specifications (RFQ)			
YEAR THREE (3) INSPECTION, TESTING AND RETESTING OF <u>INSULATED</u> AERIAL LIFT VEHICLES	1	Hour	See attached specifications (RFQ)			

YEAR THREE (3) Percentage Discount for Parts from Manufacturer's Catalog.		%	See attached specifications (RFQ)		
Provide details for the Manufacture's Catalog citied.					
PRICES ARE FIRM UNTIL THE FOLLOW	TOTAL				
CASH DISCOUNT:	DATE OF DELIVERY:	VENDOR'S FEDERAL I.D. NUMBER:		VENDOR'S TELEPHONE NUMBER:	
VENDOR'S SIGNATURE (Must be Signed):		PRINT OR TYPE NAME BELOW:		DATE:	