

FAX BID REQUEST

BID NUMBER: 17529

STATE OF CONNECTICUT
ENVIRONMENTAL PROTECTION
141 SOUTH ST., UNIT D
WEST HARTFORD CT 06110-1963
PHONE: 860-723-7601
FAX: 860-953-8581

VENDOR:	<u>Ship To: State of Ct D.E.P.</u> <u>Portland Supply Depot</u> <u>163 Great Hill Rd.</u> <u>Portland, CT 06480</u>
Phone:	Fax:

DATE ISSUED	ISSUED BY Carl Chu	DATE/TIME BID REQUIRED 10/22/07	DATE REQUIRED	F.O.B.	TERMS
10/11/07	Please return bid to Fax: 860-953-8581	SEE INSTRUCTIONS BELOW	11/28/07	ALL PRICES MUST BE F.O.B. DESTINATION	Net 45 days

ITEM NO.	DESCRIPTION	UNIT	QUAN	UNIT PRICE	TOTAL
1.	Landoll, 70,000 lb. Capacity Sliding Axle Tilt Bed Equipment Trailer, As Per Attached Specifications.	EA.	1		
	Vendor Must Fill Out W-9 & Agency Form and Fax With Fax Bid Request.				
	Note: Shipping F.O. B. Destination as Above.				

NOTE: DO NOT INCLUDE FEDERAL EXCISE TAXES OR CONNECTICUT SALES TAX, AS THE STATE IS EXEMPT.
BIDDER INSTRUCTIONS: PLEASE FAX YOUR QUOTE ON THIS FORM TO (860) 953-8581 AND MAIL FORM WITH ORIGINAL SIGNATURE TO THE ADDRESS IN THE UPPER RIGHT HAND CORNER. ALL PRICES MUST BE F.O.B. DESTINATION AND YOU MUST SIGN THIS FORM. THE STATE RESERVES THE RIGHT TO REJECT IN WHOLE OR IN PART ANY AND ALL BIDS. PLEASE NOTE BID DEADLINE. LATE BIDS WILL NOT BE ACCEPTED. THE UNDERSIGNED BIDDER AFFIRMS AND DECLARES: THAT THIS QUOTATION IS EXECUTED AND SIGNED BY SAID BIDDER WITH FULL KNOWLEDGE AND ACCEPTANCE OF THE PROVISIONS OF FORM SP-19 OF CURRENT ISSUE AND IN EFFECT ON THE DATE OF THIS BID ISSUE. FORM SP-19, ENTITLED STANDARD BID AND CONTRACT TERMS AND CONDITIONS TOGETHER WITH THE COMMODITY SPECIFICATIONS, PROPOSAL SCHEDULE, AND SPECIAL BID AND CONTRACT TERMS ARE MADE A PART OF THIS REQUEST FOR QUOTATION.

QUOTATION NO.	DATE :	VENDOR FEIN/SSN :	ARE YOU INCORPORATED? YES NO	DELIVERY AS REQ=D ABOVE (UNLESS NOTED HERE)
SIGNED :	TITLE :	TELEPHONE NO. AND EXTENSION :	CASH DISCOUNT: PAYMENT TERMS:	
PRINTED :			% DAYS NET 45	

Specifications for Sliding Axle Equipment Trailer

General:

The overall scope of these specifications is to describe a 70,000 lb capacity sliding axle tilt bed equipment trailer. All trailers bid shall meet or exceed all Federal and State D.O.T., OSHA, and ANSI Regulations that is in force at the time of delivery. All trailers will be delivered as complete working units with all accessories mounted and functional and be covered by manufactures standard warranty.

1. CAPACITIES

- A. Weight capacity- 70,000 lbs.
- B. Concentration Capacity of 50,000 lbs in 10 feet.
- C. Suspension rating of 22,500 lbs per axle

2. DIMENSIONS

- A. 102" wide
- B. 37 ft. main deck length
- C. 38" loaded deck height
- D. L.O.A. 48 ft

3. FRAME

- A. The entire frame will be coated with hot dipped galvanizing finish (No Substitutions)
- B. Cross members to be 8" on center
- C. Minimum 100,000 PSI- 80,000 PSI yield rated steel for main frame construction.

4. DECKING

- A. 1 3/8" thick hardwood decking
- B. 5/8-inch thick plate on the approach plate.

5. TIRES

- A. 10R-X17.5 Goodyear Tires
- B. All radial tires

6. THE DOWNS

- A. Slotted double key hole chain slots , 32" on center
- B. To include rub chain rails on the outside of the sides the entire length of the main deck to be built of sufficient strength for attaching chains for binding down equipment.

7. AXELS/SUSPENSION

- A. Tandem axles with 22,500 lb rating
- B. 22,500 lb suspension rating

- C. Air ride suspension
- D. Hydraulic slide operation

8. LIGHTING

- A. All Lighting to be L.E.D. style.
- B. Standard 7 pole round pin style pigtail connector for lights.

9. PARKING STANDS

- A. Manually operated parking stands

10. PAINT

- A. Color to be black
- B. Top and sides to be painted over the galvanized coating

11. BRAKES

- A. Air operated ABS
- B. Service and parking brakes on both axles
- C. Automatic slack adjusters

12. HITCH

- A. 5th wheel style king pin hitch.
- B. 21" pin setting

13. WINCH

- A. To include a 12,000 lbs rated electric winch with a wired remote and cable of sufficient diameter for the pulling rating. The length of the cable will be a minimum of 80 ft.
- B. Winch to be mounted on the front of the upper deck in a fashion to withstand the pulling power rating.

14. LOADING/DUMPING ANGLES

- A. Hydraulic operated tilting deck to attain a 6.5 degree loading angle
- B. Deck angle to attain a 15 degree dump angle.

15. HYDRAULIC QUICK COUPLERS

- A. To include two hydraulic quick couplers mounted on the front of the trailer.

16. WARRANTY

- A. To be covered by a manufacture's standard warranty

17. MANUALS

- A. To include one set of all manufactures operator, parts, and repair manuals that are available. CD's are acceptable.

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name

Business name, if different from above

Check appropriate box: ☐ Individual/
Sole proprietor

☐ Corporation

☐ Partnership

☐ Other ▶

☐ Exempt from backup
withholding

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign
Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

STATE OF CONNECTICUT - AGENCY VENDOR FORM

SP-26NB New 3/03

IMPORTANT: ALL parts of this form must be completed, signed and returned by the vendor.

READ & COMPLETE CAREFULLY

COMPLETE LEGAL BUSINESS NAME		Type of ID #: <input type="checkbox"/> SSN <input type="checkbox"/> FEIN	
WRITE/TYPE SSN/FEIN NUMBER ABOVE			
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE)			
BUSINESS ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC CORPORATION <input type="checkbox"/> LLC PARTNERSHIP <input type="checkbox"/> LLC SINGLE MEMBER ENTITY <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP			
NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME BLOCK ABOVE.			
BUSINESS TYPE: A. SALE OF COMMODITIES B. MEDICAL SERVICES C. ATTORNEY FEES D. RENTAL OF PROPERTY (REAL ESTATE & EQUIPMENT) E. OTHER (DESCRIBE IN DETAIL)			
UNDER THIS TIN, WHAT IS THE PRIMARY TYPE OF BUSINESS YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) ^			
UNDER THIS TIN, WHAT OTHER TYPES OF BUSINESS MIGHT YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) ^			
NOTE: IF YOUR BUSINESS IS A PARTNERSHIP, YOU MUST ATTACH THE NAMES AND TITLES OF ALL PARTNERS TO YOUR BID SUBMISSION.			
NOTE: IF YOUR BUSINESS IS A CORPORATION, IN WHICH STATE ARE YOU INCORPORATED?			
VENDOR ADDRESS		STREET CITY STATE ZIP CODE	
Add Additional Business Address & Contact information on back of this form.			
VENDOR E-MAIL ADDRESS		VENDOR WEB SITE	
REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS. <input type="checkbox"/> SAME AS VENDOR ADDRESS ABOVE.			
REMIT ADDRESS		STREET CITY STATE ZIP CODE	
CONTACT INFORMATION: NAME (TYPE OR PRINT)			
1ST BUSINESS PHONE:		Ext. # HOME PHONE:	
2ND BUSINESS PHONE:		Ext. # 1 ST PAGER:	
CELLULAR:		2 ND PAGER:	
1ST FAX LINE :		TOLL FREE PHONE:	
2ND FAX LINE :		TELEX:	
WRITTEN SIGNATURE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF THE ABOVE NAMED VENDOR			DATE EXECUTED
← SIGN HERE			
TYPE OR PRINT NAME OF AUTHORIZED PERSON		TITLE OF AUTHORIZED PERSON	
IS YOUR BUSINESS CURRENTLY A DAS CERTIFIED SMALL BUSINESS ENTERPRISE? <input type="checkbox"/> YES (ATTACH CERTIFICATE COPY TO BID) <input type="checkbox"/> NO			
IF YOU ARE A STATE EMPLOYEE, INDICATE YOUR POSITION, AGENCY & AGENCY ADDRESS			
FOR PURCHASE ORDER DISTRIBUTION: 1) CHECK ONLY ONE BOX BELOW 2) INPUT E-MAIL ADDRESS OR FAX # (IF CHECKED)			
<input type="checkbox"/> E-MAIL		<input type="checkbox"/> FAX <input type="checkbox"/> USPS MAIL <input type="checkbox"/> EDI	
If EDI was selected, give us a person to contact in your company to set up EDI:			
NAME:			
E-MAIL ADDRESS:			
TELEPHONE NUMBER:			
FOR REQUEST FOR QUOTATION (RFQ) DISTRIBUTION: 1) CHECK ONLY ONE BOX BELOW 2) INPUT E-MAIL ADDRESS OR FAX # (IF CHECKED)			
<input type="checkbox"/> E-MAIL		<input type="checkbox"/> FAX <input type="checkbox"/> USPS MAIL	
ADD FURTHER BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED			