

EXHIBIT "D"

PROPOSAL FORMS FOR RAPID INCIDENT SCENE CLEARANCE (RISC)

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Print or type, include additional sheets if required.

Name of Vendor: _____

Business address: _____

Business Telephone No.: _____

Fax Telephone No.: _____

24 hour Telephone No.: _____

E-Mail Address: _____

Please check the appropriate space:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Corporation |

State of Florida Registration Number: _____

Years this Vendor has been in the Towing and Recovery Business: _____ years.

Names of ultimate equitable Owner/Owners and Officers:

- | | |
|-------|-----------------------------------|
| _____ | Years experience in towing: _____ |
| _____ | Years experience in towing: _____ |
| _____ | Years experience in towing: _____ |
| _____ | Years experience in towing: _____ |

The date the Vendor began operating under this name: _____

Locations (City/County): _____

Complete this form for each garage or tow yard:

Address: _____

City: _____

State: _____ Zip: _____ Phone: (____) _____ Fax: (____) _____

Does the applicant own or lease the business buildings and/or adjoining land at each of these sites?

Please explain: _____

If leased, provide the owners name and address and term of the lease:

Owner's Name: _____ Term of lease(s): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____ Fax: (____) _____

Indicate dates leases expire. _____ Is there an option to renew? _____

How long has the garage or tow yard been operating at this location? _____

Size of garage: _____

List hours of Operation for the:

Garage _____ to _____ Tow Yard office _____ to _____

Name of business if the garage is used as a vehicle repair business.

_____ Number of mechanics _____

Size of secure storage yard _____ Is it fenced? _____

List the types of additional security arrangements or elements utilized

Indicate the closest access point to the highway coverage areas you've checked in Exhibit "C" and route to be taken from your garage: _____

Distance from garage to this Highway access point _____ Miles

Travel time for a Recovery Truck to the access point: Day _____ Night _____

Wreckers and Equipment

List on the following page, each of the Recovery Trucks that will be used to qualify for this contract with the following detailed information:

TRUCK CHASSIS:

1. Make and model and year
2. V I N
3. GVW, Wheel base, Number of axles
4. Engine make, horsepower and torque output
5. Details of driveline
6. Push Bumper (Yes or No)

RECOVERY WRECKER:

1. Wrecker and body manufacturer and model
2. Winch capacity
3. Boom capacity and reach
4. Under-lift capacity and reach

MOBILE CRANE – if substituted for the Rotator type wrecker

1. Crane and body manufacturer and model
2. Winch capacity
3. Boom capacity and reach
4. All crane operators shall have OSHA crane operator certification

(Refer to Attachment "C", Equipment and Vehicle Requirements.)

Description of Recovery Wrecker Equipment

UNIT #1:

UNIT #2:

Optional

OTHER UNITS:

Additional Trucks and Heavy Equipment

List with a detailed description all additional Vendor-owned or leased equipment that is required for this contract.

(See the listed equipment requirements)

For each piece of equipment indicate:

Make, model, capacity, year, Serial number or VIN:

Use additional sheets as needed

Subcontractor Equipment and Service Providers

List your subcontracted service providers with which agreements exist to respond to the District on a 24-hour basis as required by this contract.

Indicate company name, address, phone, type of equipment and location the equipment will be deployed from:

Use additional sheets as needed

STAFF

Qualifications and Experience

List of all Operators including Owners

Note: This information will be used to qualify the Vendor and if needed for background and security checks

Full Name:

CDL Type and License number:

State of Issue:

Date of birth:

Date of hire:

Provide complete detailed description of towing experience, formal training attended and certification level attained along with dates:

(Please indicate if the employee is in training)

Use additional sheets as needed

Attach Project description, dates, photos and locations of successfully completed projects.