

**STATE OF NEW JERSEY
DEPARTMENT of TRANSPORTATION**

BID # _____
(for Dept. Use)

**SNOW REMOVAL QUESTIONNAIRE – VENDOR INFORMATION FORM: RENTAL of GRADERS & LOADERS W/ OPERATOR
(OWNED OR LEASED BY VENDOR)**

November 1, 200 ____ to April 30, 200 ____

(TYPE OR PRINT)

Vendor – Name and Business Address:	Telephone Number: Day: _____ Night: _____
Home Address:	Telephone Number: Day: _____ Night: _____
Superintendent – Name and Address:	Telephone Number: Day: _____ Night: _____ Cellular: _____
Name and Location Where Vendor’s Trucks Will Be Stored:	Telephone Number: _____
Vendor’s Federal I.D. Number:	

FURNISH THE FOLLOWING INFORMATION FOR EQUIPMENT TO BE USED ON THIS CONTRACT

MAKE	YEAR	MODEL	LICENSE PLATE NUMBER	CLASS "C" GRADER	CLASS "D" GRADER	CLASS "E" LOADER	CLASS "F" LOADER	CLASS "G" LOADER	CLASS "H" LOADER	CLASS "I" LOADER	CLASS "J" LOADER	CLASS "K" LOADER	IF NOT VENDOR OWNED CHECK & ATTACH FORM 3
													CHECK HERE _____ ATTACH FORM 3
													CHECK HERE _____ ATTACH FORM 3
													CHECK HERE _____ ATTACH FORM 3
													CHECK HERE _____ ATTACH FORM 3
													CHECK HERE _____ ATTACH FORM 3
													CHECK HERE _____ ATTACH FORM 3
													CHECK HERE _____ ATTACH FORM 3

Vendor Name (please print): _____

Vendor Signature: _____ Date: _____
(Attach Additional Sheets as Necessary)