

**STATE OF NEW JERSEY  
DEPARTMENT OF TRANSPORTATION  
Calibrated Spreading Services for Anti-Icing Chemicals & Abrasives NJDOT**

Line # \_\_\_\_\_

**CERTIFICATION FOR LEASING/SUBLETTING TRUCK/EQUIPMENT**

Bid Line Item # \_\_\_\_\_ Snow Section/Crew # \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_ do hereby certify that I am the  
PRINT NAME

**For SPREADING**

Owner-operator of a Class A \_\_\_\_\_ Class B \_\_\_\_\_ truck with

License Plate No. \_\_\_\_\_

**For Other EQUIPMENT listed in Section 3.13.5 of the RFP**

Owner-operator of a Class \_\_\_\_\_ with

License Plate No. \_\_\_\_\_

Leased to: \_\_\_\_\_ This equipment is authorized to be utilized for the contract period of \_\_\_\_\_ to \_\_\_\_\_ for the purpose of snow & ice removal services.

**I, THE UNDERSIGNED, CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILFULLY FALSE, I AM SUBJECT TO PUNISHMENT.**

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)

**Important Note:** This form must be submitted for each truck or equipment not owned by the vendor for each line item/section bid.