

**REVISED QUOTATION FORM**

Respondent's Name: \_\_\_\_\_

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The following checklist is provided for convenience. The Respondent is responsible for carefully reviewing the submittal requirements in the RFQ and submits all information requested. JAA will not pay any transportation, insurance and/or import charges. **The award of this agreement will be based on the 5 year collective total for the Annual Inspection and certification services**

**A. Bid**

1. Relocation of one 25,000 Lbs Global AG-25 Lift \$\_\_\_\_\_ Total

2. Inspection and certification of one (1) 25,000 Lbs Global GR-25 Lift,  
Contract initial Year \$\_\_\_\_\_ Total

3. Annual Inspection and certification of three (3) 25,000 Lbs Global GR-25 Four Post Lifts

Renewal Option Year No. 1: \$\_\_\_\_\_ Each \$\_\_\_\_\_ Total

Renewal Option Year No. 2: \$\_\_\_\_\_ Each \$\_\_\_\_\_ Total

Renewal Option Year No. 3: \$\_\_\_\_\_ Each \$\_\_\_\_\_ Total

Renewal Option Year No. 4: \$\_\_\_\_\_ Each \$\_\_\_\_\_ Total

**Four Year Total:** \$\_\_\_\_\_

4. Annual Inspection and certification of Two (2) 12,000 Lbs Rotary Two Post Lifts

Renewal Option Year No. 1: \$\_\_\_\_\_ Each \$\_\_\_\_\_ Total

Renewal Option Year No. 2: \$\_\_\_\_\_ Each \$\_\_\_\_\_ Total

Renewal Option Year No. 3: \$\_\_\_\_\_ Each \$\_\_\_\_\_ Total

Renewal Option Year No. 4: \$\_\_\_\_\_ Each \$\_\_\_\_\_ Total

**Four Year Total:** \$\_\_\_\_\_

5. Provide hourly labor rate for lift repairs. A comprehensive quote including parts and materials will be requested as need.

Initial Year: \$\_\_\_\_\_ per hour

Renewal Option Year No. 1: \$\_\_\_\_\_ per hour

Renewal Option Year No. 2: \$\_\_\_\_\_ per hour

Renewal Option Year No. 3: \$\_\_\_\_\_ per hour

Renewal Option Year No. 4: \$\_\_\_\_\_ per hour

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**B. Respondent shall submit a copy of a valid Automotive Lift Inspector certification through an ANSI accredited institution**

C. Respondent shall submit Conflict of Interest Certificate, Exhibit X.

D. Addendum Acknowledgement, if applicable

Acknowledgment of the following Addenda is hereby made:

Addenda No. \_\_\_\_\_ Date: \_\_\_\_\_ Respondent's Initial: \_\_\_\_\_

E. Acknowledgement Respondent will accept a Purchase Order and invoice JAA:

Respondent's Initial: \_\_\_\_\_

F. Acknowledgement of ACH Payment acceptance is hereby made:

Respondent's Initial: \_\_\_\_\_

G. Acknowledgement of Indemnification and Insurance requirements is hereby made:

Respondent's Initial: \_\_\_\_\_

H. Acknowledgement of Warranty Acceptance is hereby made, if applicable:

Respondent's Initial: \_\_\_\_\_

I. Acknowledgement and Acceptance of the JAA Contract is hereby made

Respondent's Initial: \_\_\_\_\_

**In the event JAA's Contract is not acceptable, Respondent must submit a written request to have any and all contract provisions or requirements herein addressed pursuant to section 1.06 above.**

J. Drug-Free Workplace Program Certification:

a. \_\_\_\_\_ Yes, we have a Drug-Free Workplace Program

b. \_\_\_\_\_ No, we do not have a Drug-Free Workplace Program

K. Bid Certification and Signature:

**By submitting this bid, the Respondent certifies that the Respondent has read and reviewed all of the documents pertaining to this solicitation, that the person signing below is an authorized representative of the Company, that the Respondent is legally authorized to do business in the State of Florida, and that the Respondent maintains in active status all appropriate licenses required for the work.**

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L. Bid Form Signature:

**FAILURE TO SIGN YOUR BID WILL CONSTITUTE A MATERIAL IRREGULARITY AND WILL RESULT IN REJECTION OF THE BID.**

Respondent Name: \_\_\_\_\_

Authorized Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_

Respondent is a:  Corporation  Partnership  Individual

Federal Identification Number: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_