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|  | REQUEST FOR BID  Date: 6/23/15  Bid No. 15-04af | RETURN BY OPENING TIME TO: Purchasing Division  City Hall Room 100  411 West First Street  Duluth MN 55802 |

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| **Taxicab Inspections** | Buyer: Andrew Field  Phone: 218-730-5194  Email: purchasing@duluthmn.gov |

**Bid Opening on Tuesday July 7th, 2015 at 2pm**

Note: All bids must be written, signed, and transmitted in a sealed envelope, plainly marked with the bid number, subject matter, and opening date or emailed to purchasing@duluthmn.gov. The City of Duluth reserves the right to split award where there is a substantial savings to the city, waive informalities and to reject any and all bids. Sales tax is not to be included in the unit price. Low bid will not be the only consideration for award of bid. All pages must be signed or initialed by authorized representative as indicated at the bottom of the pages of the request for bid.

SIMPLIFIED BID

**Description:**

The City of Duluth passed an Ordinance that states all taxicabs must be inspected by an ASE (National Institute for Automotive Excellence) Certified Mechanic. The Chief of Police will designate two service stations or garages within Duluth to conduct the inspections. Each taxicab company can choose one of the two service stations to use. The authorized service stations or garages shall meet minimum standards for equipment and personnel. Only qualified ASE Certified Mechanics employed by an authorized service station may conduct the inspections. Review attached checklist that will be used for each inspection. An inspection must be completed within 5 working days after vehicle is brought in. The current taxicab fleet varies from 80 – 110 vehicles. Also, sign and turn in with the bid the attached non-collusion form that states you do not have any affiliation with a taxicab company.

Names of ASE Certified Mechanics-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Cost:**

Cost per inspection- \_\_\_\_\_\_\_\_\_\_\_\_

The taxicab company is responsible for payment of inspection NOT the City of Duluth.

**Contact Information:**

Vendor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Note: Please self-identify as an MBE \_\_\_\_ or WBE \_\_\_\_\_ by checking if applicable\*\***