

Bidder Information Sheet

Q26-09-61 - Removal & Disposal of Hazardous & Non-Hazardous Waste

Company (Bidder) Name: _____

Contact Name: _____

Contact Email: _____ Contact Telephone: _____

Authorized (Contract) Signatory: _____

Title: _____ Email: _____

Pittsburgh Regional Transit (PRT) requires Contract signatories to have binding authorization on behalf of the company, firm, or organization. Acceptable titles include corporate officers (Chief Executive Officer, Chief Financial Officer, etc.). If signatory is not a corporate officer, provide a corporate resolution or Limits of Authority (LOA) stating the name, position, and dollar value of signing authority.

Bidders shall provide the following information with their bids:

- Number of years your firm has provided contract services in the handling and disposal of hazardous and non-hazardous wastes: _____ years
- Location(s) of the Contractor's transport, treatment, storage, and disposal facility.

- Please provide at least three (3) references for which work of a similar size and complexity to this contract that have been performed by your firm within the last five years.

Reference No. 1

Company Name: _____

Address: _____

Contact Name: _____

Telephone: _____ Email: _____

Brief Description of Services Provided: _____

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Waste

Reference No. 2

Company Name: _____

Address: _____

Contact Name: _____

Telephone: _____ Email: _____

Brief Description of Services Provided: _____

Reference No. 3

Company Name: _____

Address: _____

Contact Name: _____

Telephone: _____ Email: _____

Brief Description of Services Provided: _____

- Please indicate the number of years your firm's subcontractors have provided contract services in the handling and disposal of hazardous and non-hazardous wastes: _____ years
- Please list all subcontractors that will be used on this contract:

Proposed Subcontractor # 1

Company Name: _____

Address: _____

Contact Name: _____

Telephone Number: _____ Contact Email: _____

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Brief Description of Services Provided: _____

Location(s) of transport, treatment, storage, and disposal facility: _____

Proposed Subcontractor # 2

Company Name: _____

Address: _____

Contact Name: _____

Telephone Number: _____ Contact Email: _____

Brief Description of Services Provided: _____

Location(s) of transport, treatment, storage, and disposal facility: _____

Proposed Subcontractor # 3

Company Name: _____

Address: _____

Contact Name: _____

Telephone Number: _____ Contact Email: _____

Brief Description of Services Provided: _____

Location(s) of transport, treatment, storage, and disposal facility: _____
