

**CERTIFICATION AND SIGNATURE PAGE**

By signing below, or submitting documentation through the West Virginia Vendor Self Service Portal website, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

DeBarr Trucking Co., Inc.  
(Full Company Name)

*Jesse DeBarr*  
(Authorized Signature)

Jesse DeBarr - Operations Manager  
(Print or Type Name and Title of Signatory)

(304)485-4497  
(Phone Number)

(304)485-4002  
(Fax Number)

de.barr.jg@hotmail.com  
(Email address)

1/13/2022  
(Date)

**Form pre-approved by DOH legal division on July 12, 2016.  
Attorney signature not required.**



**ADDENDUM ACKNOWLEDGEMENT FORM**

**SOLICITATION NO.:** ARFQ-0313-DEP 2200000046-1

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:  
(Check the box next to each addendum received)

- |   |  |
|---|--|
| <input type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

DeBarr Trucking Co., Inc.  
Full Company Name

  
Authorized Signature

1/13/2022  
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

# CONTRACTOR LICENSE

Authorized by the

**West Virginia Contractor Licensing Board**

**Number:** WV003406

**Classification:**

ELECTRICAL  
PLUMBING  
SPECIALTY  
EXCAVATION  
CONCRETE  
MASONRY


DEBARR TRUCKING CO INC  
DBA DEBARR TRUCKING CO INC  
872 STAUNTON TURNPIKE  
PARKERSBURG, WV 26104-8658

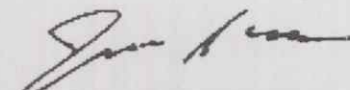
**Date Issued**

SEPTEMBER 05, 2021

**Expiration Date**

SEPTEMBER 05, 2022

  
Authorized Company Signature

  
Chair, West Virginia Contractor  
Licensing Board

**WEST VIRGINIA  
CONTRACTOR  
LICENSING  
BOARD**

A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferrable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.

REQUEST FOR QUOTATION  
Equipment Lease/Rental WITH Operator 6622C020

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Contract Manager: Jesse DeBarr  
Telephone Number: (304)485-4497  
Fax Number: (304)485-4497  
Email Address: debarrjg@hotmail.com

Vendor shall inform the Agency in writing of any changes to the information provided above within ten (10) calendar days of such changes. Failure to comply may be grounds for cancellation of this contract.

STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

**"Debt"** means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

**"Related party"** means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: DeBarr Trucking Co., Inc.

Authorized Signature: [Signature] Date: 1/18/2022

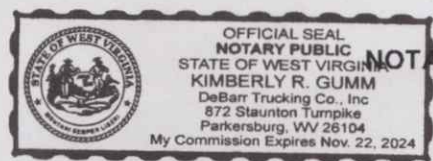
State of West Virginia

County of Wood, to-wit:

Taken, subscribed, and sworn to before me this 18<sup>th</sup> day of January, 2022

My Commission expires November 22, 2024.

**AFFIX SEAL HERE**



**NOTARY PUBLIC** [Signature]

West Virginia Ethics Commission  
**Disclosure of Interested Parties to Contracts**

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: DeBarr Trucking Co., Inc. Address: 872 Staunton Turnpike  
Parkersburg, WV 26104

Name of Authorized Agent: Jesse DeBarr Address: 872 Staunton Turnpike Parkersburg, WV 26105

Contract Number: ARFQ DOT2200000017 Contract Description: Equipment Rental/Lease WITH Operator

Governmental agency awarding contract: WV Department of Highways

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

1. Subcontractors or other entities performing work or service under the Contract

Check here if none, otherwise list entity/individual names below.

2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)

Check here if none, otherwise list entity/individual names below.

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

Check here if none, otherwise list entity/individual names below.

Signature: Dennis C DeBarr

Date Signed: 10/18/22

**Notary Verification**

State of West Virginia, County of Wood:

DENNIS C DEBARR, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 18<sup>th</sup> day of January, 2022.

Kimberly R. Gumm  
Notary Public's Signature

**To be completed by State Agency:**

Date Received by State Agency: \_\_\_\_\_

Date submitted to Ethics Commission: \_\_\_\_\_

Governmental agency submitting Disclosure: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/18/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Intra-State Insurance Corporation P.O. Box 5526  Vienna WV 26105		<b>CONTACT NAME:</b> Kathleen Edman <b>PHONE (A/C, No, Ext):</b> (304) 295-1048 <b>E-MAIL ADDRESS:</b> kathy@intrastateinscorp.com <b>FAX (A/C, No):</b> (304) 295-3369	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Erie Insurance P&C	<b>NAIC #</b> 26830
<b>INSURED</b>		<b>INSURER B:</b> BRICK STREET INSURANCE	15762
DEBARR TRUCKING COMPANY INC TESA COMPANY, INC.; TRUX MANAGEMENT, LLC 872 STAUNTON TPKE PARKERSBURG WV 26104-8658		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	


**COVERAGES**                      **CERTIFICATE NUMBER:** CL2211804285                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Q37-7950067	01/29/2022	01/29/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							Employee Benefits	\$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			Q01-7940014	01/29/2022	01/29/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Uninsured motorist	\$ 1,000,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			Q25-7970029	01/29/2022	01/29/2023	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		WCB1005384	06/24/2021	06/24/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	<b>MOTOR TRUCK CARGO</b>			Q37-7950067	01/29/2022	01/29/2023	\$1,000 DEDUCTIBLE	\$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

State of West Virginia is included as Additional Insured.

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
State of West Virginia 1900 Kanawha Blvd, E., Bldg 5  Charleston WV 25305		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 	

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DOT6622C020 - Attachment A - Equipment Rental Lease WITH Operator

Attention Bidders - Please enter your name in the block →

DeBarr Trucking Co., Inc.  
 Equipment Rental Without  
 Delivery/WITH Operator  
 Equipment  
 Delivery Fee

Requested Contract Items Vendor's Pricing shall include All Support Vehicles needed for Equipment Operation such as water, transport, other ancillary vehicles, etc.	each County name (write "ALL" for statewide availability)	Equipment Rental Without Delivery/WITH Operator			Equipment Delivery Fee	
		\$ /Day	\$ /Week	\$ /Month	1st Mile	Add. Mi.
<b>ATTENUATOR / "Shadow Truck" min. 30,000 GVW</b>						
<b>BOX DELIVERY TRUCK</b> No CDL required, 24ft box min.						
<b>CONCRETE -LINE PUMP, TRUCK MOUNTED</b> Hydraulic Outrigger						
<b>CONCRETE -LINE PUMP, TRUCK MOUNTED</b> up to 30 meters, no outrigger						
<b>CONCRETE -LINE PUMP, Truck mounted over 30 meters</b>						
<b>DUMP TRUCK 1 axle</b>						
<b>DUMP TRUCK 2 axle</b>						
<b>DUMP TRUCK 3 axle</b>	Calhoun, Jackson, Pleasants, Ritchie, Boone, Wirt, Wood	1090.00	5450.00	19,184.00	N/A	N/A
<b>DUMP TRUCK 4 axle</b>	Calhoun, Jackson, Pleasants, Ritchie, Boone, Wirt, Wood	1090.00	5450.00	19,184.00	N/A	N/A
<b>FLATBED TRUCK 1 Ton minimum with 22 ft. bed length min.</b>						
<b>FORKLIFT TRUCK Rough Terrain, 5 - 10 K lb. lift cap.</b>						
<b>FORKLIFT TRUCK Rough Terrain, 5 - 10 K lb. lift cap.</b>						
<b>TANKER WATER TRUCK Tanker - min 1500 gallons</b>						
<b>TRUCK - Heavy Industrial 4 Axle Steel Bed</b>						
<b>TRUCK - Heavy Industrial 5 Axle Steel Bed</b>						
<b>TRUCK - Heavy Industrial 2 Axle Aluminum "V" Bed</b>						
<b>TRUCK - Heavy Industrial 3 Axle Aluminum "V" Bed</b>						
<b>TRUCK - Heavy Industrial 4 Axle Aluminum "V" Bed</b>						
<b>TRUCK - Heavy Industrial 5 Axle Aluminum "V" Bed</b>						
<b>LOW BOY TRAILER with two drops in deck height - min 35 T</b>						
<b>PATCHING TRUCK DuraMAXX or similar</b>						
<b>PATCHING TRAILER DuraPatcher or similar</b>						
<b>ROCK WAGON / TRAILER</b>						
10 ton to 15 ton single axle						
16 ton to 23 ton single axle						
24 ton to 30 ton single axle						
greater than 30 ton with walking beam tandem						
<b>TRAILER 6 tons with ramps, min 18' length, 8.5' width</b>						
<b>TRAILER, for equipment 10,000 lbs or less, tilt style deck</b> 16ft - 18 ft length to attach to a pintle hitch						
<b>TRAILER, FOR EQUIPMENT</b> 12,000 lbs - 14,000 lbs, tilt style deck to attach a pintle hitch						
<b>TRAILER, FOR EQUIPMENT 14,000 GVWR</b>						
<b>BLOWER TRUCK, Mulch Blower, truck mounted</b>						
<b>BLOWER TRUCK, Straw Blower, truck mounted</b>						
<b>TRACTOR with MOWING Attachments</b>						
John Deere 6200 or similar						
with Boom Mower Attachment						
with Flail Mower Attachment						
with Disc mower						
with Sicklebar Mower Attachment						
<b>JARRAFF or equal All Terrain Tree Trimmer</b> saw head on boom with 180 degree rotation Max cutting height 75 feet, 360 degree rotation on turntable 4wheel drive						



## Equipment Rental/Lease WITH Operator 6622C020

### Attachment B (ATT B) Mandatory Information Form

**This form allows the Agency to calculate mileage cost and must be included with the bid.**

Vendor shall complete this form to identify locations from where Vendor will deliver equipment with operator as ordered.

The Vendor shall provide the 911 address or the most recent physical street address of its base locations.

**Vendor Base Location(s)** - Vendor shall list the Physical or 911 Address for each location:

DeBarr Trucking Co., Inc. 872 Staunton Turnpike Parkersburg, WV, 26104	

**Service Counties as Bid:** Vendor shall place an "X" beside the County(s) that Vendor agrees to service as ordered.

If no county(s) are marked, it will be expected that the Vendor can service ALL COUNTIES in the State of WV.

ALL WV Counties

<input type="checkbox"/>	Barbour
<input type="checkbox"/>	Berkeley
<input type="checkbox"/>	Boone
<input type="checkbox"/>	Braxton
<input type="checkbox"/>	Brooke
<input type="checkbox"/>	Cabell
<input checked="" type="checkbox"/>	Calhoun
<input type="checkbox"/>	Clay
<input type="checkbox"/>	Doddridge
<input type="checkbox"/>	Fayette
<input type="checkbox"/>	Gilmer
<input type="checkbox"/>	Grant
<input type="checkbox"/>	Greenbrier
<input type="checkbox"/>	Hampshire
<input type="checkbox"/>	Hancock
<input type="checkbox"/>	Hardy
<input type="checkbox"/>	Harrison
<input checked="" type="checkbox"/>	Jackson
<input type="checkbox"/>	Jefferson

<input type="checkbox"/>	Kanawha
<input type="checkbox"/>	Lewis
<input type="checkbox"/>	Lincoln
<input type="checkbox"/>	Logan
<input type="checkbox"/>	McDowell
<input type="checkbox"/>	Marion
<input type="checkbox"/>	Marshall
<input type="checkbox"/>	Mason
<input type="checkbox"/>	Mercer
<input type="checkbox"/>	Mineral
<input type="checkbox"/>	Mingo
<input type="checkbox"/>	Monongalia
<input type="checkbox"/>	Monroe
<input type="checkbox"/>	Morgan
<input type="checkbox"/>	Nicholas
<input type="checkbox"/>	Ohio
<input type="checkbox"/>	Pendleton
<input checked="" type="checkbox"/>	Pleasants
<input type="checkbox"/>	

<input type="checkbox"/>	Pocahontas
<input type="checkbox"/>	Preston
<input type="checkbox"/>	Putnam
<input type="checkbox"/>	Raleigh
<input type="checkbox"/>	Randolph
<input checked="" type="checkbox"/>	Ritchie
<input checked="" type="checkbox"/>	Roane
<input type="checkbox"/>	Summers
<input type="checkbox"/>	Taylor
<input type="checkbox"/>	Tucker
<input type="checkbox"/>	Tyler
<input type="checkbox"/>	Upshur
<input type="checkbox"/>	Wayne
<input type="checkbox"/>	Webster
<input type="checkbox"/>	Wetzel
<input checked="" type="checkbox"/>	Wirt
<input checked="" type="checkbox"/>	Wood
<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	



State of West Virginia  
Agency Request for Quote

Proc Folder: 970940  
Doc Description: EQUIPMENT LEASE/RENTAL WITH OPERATOR-6622C020  
Reason for Modification:  
Proc Type: Agency Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2022-01-07	2022-01-21 14:30	ARFQ 0803 DOT2200000017	1

**BID RECEIVING LOCATION**

FINANCE & ADMINISTRATION  
DIVISION OF HIGHWAYS  
BLDG 5, RM A-260  
900 KANAWHA BLVD E  
CHARLESTON WV 25302  
JS

**VENDOR**

Vendor Customer Code: VS0000010263  
Vendor Name: DeBarr Trucking Co., Inc.  
Address: 872 [redacted]  
Street: Staunton Turnpike  
City: Parkersburg  
State: WV Country: USA Zip: 26104  
Principal Contact: Jesse DeBarr  
Vendor Contact Phone: (304)485-4497 Extension: 1

**FOR INFORMATION CONTACT THE BUYER**

Cristine E James  
604-414-7104  
cristy.e.james@wv.gov

Vendor  
Signature X

FEIN# 550516337

DATE 1/17/2022

All offers subject to all terms and conditions contained in this solicitation

**ADDITIONAL INFORMATION**

\*\*\*\*\*NOTICE\*\*\*\*\*

WE DO NOT ACCEPT EMAIL BIDS

MUST USE ONE THE FOLLOWING TO SUBMIT A BID:

- \* UPLOAD TO OASIS
- \* HAND DELIVERY
- \* MAIL IN HARD COPY

MAKE SURE YOU DOWNLOAD ALL INFORMATION

TERMS AND CONDITIONS-SPECIFICATIONS-INFORMATIONAL ATTACHMENTS-PURCHASING AFFIDAVIT-PRICING PAGES  
SIGN THE PAGES THAT NEED SIGNED

PLEASE NOTE THAT TO BE AWARDED THIS CONTRACT YOU WILL BE TO A REGISTER VENDOR WITH WV STATE  
PURCHASING, AND COMPLIANT WITH SEVERAL AGENCIES SUCH AS THE WVSOS, TAX DEPARTMENT, WORKER'S  
COMPENSATION, AND UNEMPLOYMENT INSURANCE

INVOICE TO		SHIP TO	
VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA  VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV	No City	WV
JS		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	EQUIPMENT LEASE/RENTAL WITH OPERATOR	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
72141702			

**Extended Description:**  
EQUIPMENT LEASE/RENTAL WITH OPERATOR PER THE ATTACHED EXHIBIT B

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	Technical Question Deadline	2022-01-14

	Document Phase	Document Description	Page
DOT2200000017	Final	EQUIPMENT LEASE/RENTAL WITH OPERATOR-6622C020	3

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**DeBar Trucking Co., Inc**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.  
**872 Stanton Turnpike**

6 City, state, and ZIP code  
**Parkersburg, WV 26104**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

--	--	--	--	--	--	--	--	--	--

or

**Employer identification number**

55	-	05	16	33	7
----	---	----	----	----	---

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person ▶ **Daniel C. DeBar** Date ▶ **1/19/22**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

**ADDENDUM ACKNOWLEDGEMENT FORM**

**SOLICITATION NO.:** ARFQ-0803-DOT 22000000(1-1)

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:  
(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

DeBarr Trucking Co. Inc.

Full Company Name

*Deanna DeBarr*

Authorized Signature

1-21-22

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

JAN 21 '22 PM 3:39  
REC'D BUDGET - PROCURE