

BID SOLICITATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

BID NUMBER: B01268
TITLE: FORMS, PRINTING/NOT CONTINUOUS
BID OPENING DATE AND TIME:
08/01/2002 10:30 AM

BUYER: JOHN COWELL
PHONE #: (401) 222 - 2142 ext. 114

B ADMINISTRATION
I DOA CENTRAL BUSINESS OFFICE
L ADMINISTRATIVE SERVICES
L ONE CAPITOL HILL, 4TH FLOOR
T SMITH ST
O PROVIDENCE RI 02908

S ADMINISTRATION
H DOA-DT DIVISION OF MOTOR VEHICLES
I 286 MAIN ST
P PAWTUCKET RI 02860
T
O

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>REQUISITION #R68A019968</p> <p>SEND PROOF TO:</p> <p>ELAINE PHILLIPS 286 MAIN STREET PAWTUCKET, RI 02860</p> <p>INSIDE DELIVERY, PRICE TO INCLUDE SHIPPING & HANDLING</p> <p>NOTE: CHANGES HAVE BEEN MADE TO COPY</p> <p>THE SAMPLE IS AVAILABLE TO BE PICKED UP AT THE DIVISION OF PURCHASES, ONE CAPITOL HILL, 2ND FLOOR, PROVIDENCE, RI, BETWEEN 8:30 AM AND 3:30 PM WEEKDAYS (EXCLUDING RHODE ISLAND STATE HOLIDAYS), OR UPON MAILING OR FAXING A WRITTEN REQUEST INCLUDING A FEDERAL EXPRESS PREPAID AUTHORIZATION NUMBER TO COMMUNICATIONS COORDINATOR (FAX# 401-222-6387). THE BID NUMBER MUST BE CLEARLY REFERENCED.</p> <p>OVERRUNS EXCEEDING FIVE PERCENT (5%) OF QUANTITY(S) SPECIFIED SHALL NOT BE ALLOWED. IN THE EVENT OF UNDERRUN, VENDOR'S INVOICE WILL REFLECT ADJUSTED PRICING FOR THE ACTUAL LESSER QUANTITY SHIPPED.</p>				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

**DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.**

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Item	Class-Item	Quantity	Unit	Unit Price	Total
1.0	966-36 REGISTRATION AND TITLE CERTIFICATE TR-1, REV. 01/02 P/ATTACHED COPY OF FORM SIZE: 8 1/2" X 11 PAPER: 24# BOND INK: FACE - BLACK AND BLUE . BACK - GRAY PACKING: 100 PER INNER PACKAGE CONTACT PERSON: DEB PIRRI (401) 588-3004	500.00	M		
				TOTAL:	

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STATE OF RHODE ISLAND (FRONT)

TR-1
Rev. 01/02

DEPARTMENT OF ADMINISTRATION / DIVISION OF MOTOR VEHICLES

APPLICATION FOR REGISTRATION AND TITLE CERTIFICATE

INSTRUCTIONS - PLEASE PRINT

- YOU SHOULD READ IMPORTANT INFORMATION ON REVERSE SIDE
CHECK ONE (✓) COMPLETE SECTIONS INDICATED
- 1 NEW REGISTRATION B I C I D I E I F I G I H
- 2 TRANSFER REGISTRATION A B I C I D I E I F I G I H
- 3 CANCEL REGISTRATION A I B I F I H
JUNKED STOLEN
DESTROYED SOLD
- 4 DUPLICATE REGISTRATION A B I F I G I H
- 5 PLATE CHANGE STOLEN PLATE CHANGE A B I F I G I H
- 6 UPDATE CURRENT INFO. A B I C I F I G I H
- 7 SURVIVING SPOUSE A B I D I E I F I G I H
- 8 VANITY PLATE ORDER A B I H

(FOR OFFICIAL USE ONLY)

NEW REGISTRATION NO.	TYPE	TAX PAID
		OTHER
TIN		TOTAL \$

A. REGISTRATION NUMBER

CURRENT REGISTRATION NO. TYPE

B. OWNER'S INFORMATION

LAST NAME

FIRST NAME MIDDLE INITIAL JR. III ETC.

RESIDENCE NO. & ST. ADDRESS (WHERE VEHICLE IS KEPT OR GARAGED)

CITY/TOWN STATE & ZIP

MAILING ADDRESS (If different from residence)

CITY / TOWN STATE & ZIP

DRIVER LIC. NO. DATE OF BIRTH MONTH DAY YEAR

DEALER OR FLEET NO.

C. LESSEE'S INFORMATION (Leased Vehicles)

LAST NAME

FIRST NAME MIDDLE INITIAL JR. III ETC.

RESIDENCE NO. & ST. ADDRESS (WHERE VEHICLE IS KEPT OR GARAGED)

CITY/TOWN STATE & ZIP

LESSEE'S DRIVER LIC. NO. DATE OF BIRTH MONTH DAY YEAR

D. SELLER'S INFORMATION

DATE OF SALE MONTH DAY YEAR RI DEALER'S LIC.

SELLER'S NAME

NO. & ST. ADDRESS

CITY / TOWN STATE & ZIP

E. TITLE INFORMATION

LIEN HOLDERS (NAME OF BANK OR CREDIT UNION WHERE YOU ARE FINANCING YOUR VEHICLE.)

1. NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
DATE OF LIEN MONTH DAY YEAR

2. NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
DATE OF LIEN MONTH DAY YEAR

TITLE TYPE SALVAGE OUT OF STATE R.I.

LATE RENEWAL - PLATE OR TITLE NUMBER

F. VEHICLE INFORMATION

YEAR VIN (VEHICLE IDENT.)

MAKE MODEL BODY TYPE GROSS WGT.

COLOR # CYLINDERS IF USED MILEAGE

NO. PASSENGERS VEHICLE HOLDS (INCLUDING DRIVER) MOTORCYCLES ONLY ENGINE SIZE / CC:

CAMPERS AND TRAILERS ONLY LENGTH: IS VEHICLE PART OF A FLEET YES NO

MOTOR POWER (IF NOT GASOLINE INDICATE) DIESEL ELECTRIC OTHER

G. INSURANCE INFORMATION

LIABILITY INSURANCE COMPANY YES NO INSURANCE COMPANY NAME

POLICY NO. EFFECTIVE DATES FROM: mo. day yr. TO: mo. day yr.

IS YOUR REGISTRATION, LICENSE OR PRIVILEGE TO OPERATE A MOTOR VEHICLE SUSPENDED OR REVOKED? YES NO

FINANCIAL RESPONSIBILITY REQUIRED YES NO COMPANY NAME:

H. SIGNATURE

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION TO REGISTER THE ABOVE DESCRIBED VEHICLE, AND AS PART OF MY APPLICATION DECLARE THAT I AM THE OWNER, I DECLARE UNDER PENALTY OF PERJURY THAT NO OTHER LIENS EXISTS AGAINST THE VEHICLE EXCEPT AS DESCRIBED HEREIN AND THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE STATEMENT ON THE REVERSE SIDE AND WILL ABIDE BY CONDITIONS STATED THEREIN.

PERSONAL INFORMATION CONTAINED IN YOUR MOTOR VEHICLE RECORD WILL BE DISCLOSED ONLY IF THE STATE HAS OBTAINED THE EXPRESS CONSENT OF THE PERSON TO WHOM SUCH PERSONAL INFORMATION PERTAINS.

DO YOU CONSENT TO SUCH DISCLOSURE? YES NO

IF VEHICLE IS TO BE TITLED IN TWO NAMES, BOTH SIGNATURES ARE REQUIRED

OWNER'S SIGNATURE

OWNER'S SIGNATURE

(IF CORPORATION GIVE TITLE OF POSITION IN FULL) MONTH DAY YEAR

SIGNATURE OF PARENT OR GUARDIAN IF MINOR AND RELATIONSHIP MONTH DAY YEAR

NOTARY PUBLIC

(SIGNED AND SWORN TO AND BEFORE ME) MONTH DAY YEAR

COMMERCIAL TRAILER, TANDEM TRAILER, TRUCK OR TANDEM TRUCK

TRUCKS:
OF AXLES _____
DISTANCE FROM FRONT TO REAR AXLES _____
(CENTER OF STEERING AXLE TO CENTER OF EXTREME REAR AXLE)

TRACTORS:
OF AXLES _____

NOTE: WHEN TRACTOR IS COMBINED WITH TRAILER THE LEGAL GROSS WEIGHT WILL BE DETERMINED BY THE DISTANCE FROM FRONT TO REAR AXLE AND THE # OF AXLES OF THE COMBINED UNIT.

NAME OF PERSON SUBMITTING TRANSACTION DOCUMENTS

NAME (PLEASE PRINT)

SIGNATURE

LICENSE #/PASSPORT # PHOTO ID LICENSE STATE

(BACK)

IMPORTANT INFORMATION

1. 6.0 - DECLARATION OF KNOWLEDGE:

Commercial motor vehicles with a gross vehicle weight of 10,000 pounds or more or transporting hazardous material.

"I hereby certify knowledge of applicable Federal and State motor carrier safety regulations and laws and declare that all operations will be conducted in compliance with such requirements."

2. Application must be signed by the owner personally. Any vehicle registered to any other name than that of the owner constitutes an illegal registration and the registrant thereof is subject to the penalty provided by law.
3. The LAW prohibits the registration of a vehicle in the name of a person under sixteen years of age. The LAW requires a person over sixteen years and under eighteen years of age to establish evidence of financial responsibility with the Division of Motor Vehicles and to file with the Division a certificate of consent approved by parents or legal guardian before registration can be issued unless special approval is obtained from the Division. Registration card shall at all times be carried in the vehicle to which it refers or shall be carried by the person driving or in control of such vehicle.
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AFFIDAVIT OF COMPLIANCE FOR INSURANCE OR OTHER FINANCIAL RESPONSIBILITY

The undersigned (hereinafter referred to as "applicant") swears that, in compliance with Title 31, Chapter 47 of the General Laws, Motor and Other Vehicles, known as the Motor Vehicles Reparations Act, he/she will not operate or allow to be operated the motor vehicle described in this registration nor any other motor vehicle unless all such motor vehicles are covered for financial security.

Because of a concern over the rising toll of motor vehicle accidents and the suffering and loss thereby inflicted, the legislature determined that it is a matter of grave concern that motorists shall be financially able to respond in damages for their negligent acts so that innocent victims of motor vehicle accidents may be recompensed for the injury and financial loss inflicted upon them. The aforementioned act was passed to address such concern.

The act requires every natural person, firm, partnership, association or corporation registering a vehicle or renewing the registration of a vehicle to aver that he/she will provide financial security on same.

The obligation will be met by maintaining a policy of liability insurance with bodily injury limits of \$25,000 to any one person and \$50,000 to two or more persons in any one accident along with a limit of \$25,000 for injury to or destruction of property of others in any one accident or a combined bodily injury and property damage liability limit of \$75,000; OR by filing with the assistant director for motor vehicles in the Department of Transportation, a financial security bond in the amount of \$75,000; OR by making a financial security deposit with the assistant director for motor vehicles in the Department of Transportation in the amount of \$75,000; OR by qualifying as a self insurer.

Penalties for failure to comply with the provisions of the act may result in fines and/or suspension of your license and registration.

The existence of this act and its requirements does not prevent the possibility that the applicant may be involved in an accident with an owner or operator of a motor vehicle who is without financial responsibility.