



**STATE OF ARIZONA
DEPARTMENT OF TRANSPORTATION
PROCUREMENT**



ELECTRONIC REQUEST FOR QUOTES

ADOT SOLICITATION REFERENCE NUMBER: **T11-25-00123**

Commodity Code: **905-14**

Description: **Part-Time Pilots**

DUE DATE: 01/11/10

at 5:00 P.M. MST

DATE POSTED: **12/21/10**

Submittal Location:

Arizona Department of Transportation
Procurement Group
1739 W. Jackson Street, Suite A, MD 100P
Phoenix, Arizona 85007

REPLY TO: FAX: (602) 712-8647

Responsible Procurement Officer: Michele DeShetler Phone: (602) 712-6939

TOTAL AGGREGATE AMOUNT FOR THIS CONTRACT WILL NOT EXCEED \$50,000.00.

PROCUREMENTS LESS THAN \$50,000.00 ARE RESTRICTED TO SMALL BUSINESSES. A SMALL BUSINESS IS ONE THAT, INCLUDING ITS AFFILIATES, IS INDEPENDENTLY OWNED AND OPERATED, IS NOT DOMINANT IN THE TYPE OF BUSINESS IT CONDUCTS, AND WHICH EMPLOYS FEWER THAN 100 FULL TIME EMPLOYEES OR WHICH HAS GROSS RECEIPTS OF LESS THAN \$4 MILLION IN ITS LAST FISCAL YEAR.

"An Equal Employment Opportunity Agency"

The Arizona Department of Transportation is committed to the principles of Equal Employment Opportunity. To ensure dissemination of the Equal Opportunity program throughout all levels of the department, the ADOT Civil Rights Deputy Administrator serves as the Equal Opportunity Administrator for the Arizona Department of Transportation.

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1. SCOPE OF WORK

Pursuant to the provisions of the Arizona Procurement Code, A.R.S. §41-2536 et seq., the Arizona Department of Transportation herein referred to as the Department intends to establish a term contract for Part-Time Pilots.

2. GENERAL REQUIREMENTS

A response to each Specification statement is required and is to be entered on the lines provided in the bidder's response column. If the equipment conforms to the Specification, enter the word 'CONFORMS'. If the equipment does not conform to the Specification, in each category, indicate 'EXCEPTION' by stating the variance from the Specification on Attachment 5, page 43. **FAILURE TO CONFORM TO THE SPECIFICATON MAY RESULT IN BID REJECTION.**

3. SPECIFICATIONS

This specification is intended to describe and set preferred minimum acceptable standards for annual requirements for aircraft pilots.

The Department currently hangars its aircraft at Cutter Aviation which is located at Sky Harbor Airport in Phoenix, Arizona

The Department has a need to utilize part time pilots on an as needed basis to operate the Department's aircraft to transport passengers throughout Arizona and surrounding States and Mexico (Passports may be required).

The Department's aircraft is a 1977 Rockwell Commander 690B, N45AZ.

The Department requires both a Pilot in Command (PIC) and a Second in Command (SIC).

Contractor shall have Worker's Compensation Insurance in force at the time of contract award and for the duration of this contract, per Special Terms and Conditions, Item 34.

Minimum Pilot in Command (PIC) qualifications:

PIC shall hold a valid certificate issued by the Federal Aviation Administration (FAA) designating him/her a rating of Commercial Pilot, with Instrument and Multi-Engine Land ratings. _____

PIC shall hold a valid and current Class II Medical Certificate _____

PIC shall have 3000 hours logged as a PIC, including 1000 hours Multi-Engine aircraft of which not less than 25 hours have been in an Aero Commander 690A or B model, or has successfully completed the manufacturer's requirements ground and flight school in the past twelve (12) months, or its equivalent for an Aero Commander 690 model aircraft. The course(s) shall meet the requirements of FAR Part 61.56 (flight Review) and the 61.57 (d) (Instrument Proficiency Check). _____

Any additional or ongoing training shall be determined solely by the Department's Flight Operations personnel. The Department's Flight Operations shall be responsible for all costs associated with additional or ongoing training.

Minimum Second -in-Command (SIC) qualifications:

SIC shall hold a valid certificate issued by the Federal Aviation administration designating him/her a rating of Commercial Pilot, with Instrument and Multi-Engine land ratings. _____

SIC shall hold a valid and current Class II Medical certificate. _____

SIC shall have 1500 hours logged as a SIC and 25 hours Multi-Engine time. _____

Contractor shall submit to the Department's Flight Operations the following documentation:

- A resume of the pilot. _____

- A completed Arizona Department of Administration (ADOA) Pilot application (See attachment No. 6) _____
- A completed FAA Record Request (See attached: Attachment No. 7 may be required upon request.) _____
- A current Arizona Department of Transportation MVD Drivers report _____
- Upon request the original Pilot's log for the last 24 months. _____

Upon notification of intent to award the Contractor shall demonstrate to the Department Flight Operations personnel his/her ability to fly the Department's aircraft.

4. UNIFORM TERMS AND CONDITIONS

Incorporated by reference. To obtain a copy of the Uniform Terms and Conditions in full text, you can log on http://www.azdoa.gov/agencies/spo/docs_and_forms.asp or contact Michele DeShetler at (602) 712-6939.

5. SPECIAL TERMS AND CONDITIONS

TERM OF CONTRACT

The term of any resultant contract shall commence on the effective day of award and shall continue for a period of twelve months (12) thereafter unless terminated, cancelled or extended as otherwise provided herein. **Aggregate amount of contract shall not exceed \$50,000.00.**

CONTRACT EXTENSION

By mutual written contract amendment, any resultant contract may be extended for supplemental periods of up to a maximum of forty-eight (48) months.

The Department reserves the right to unilaterally extend the period of any resultant contract for 31 days beyond the stated expiration date.

PAYMENT

Payments shall comply with the requirements of A.R.S. Titles 35 and 41, Net 30 days. Upon receipt and acceptance of goods or services, the Contractor shall submit a complete and accurate invoice for payment from the State within 30 days.

BID EVALUATION

In accordance with the Arizona Procurement Code §41-2535, Request for Quotation, awards shall be made to the lowest responsible and responsive bidder whose bid conforms in all material respects to the requirements and criteria set forth in this Electronic Request for Quote.

PRICE REDUCTION

A price reduction adjustment may be offered at any time during the term of a contract and shall become effective upon notice.

PRICE ADJUSTMENT

The Department will review **fully documented** requests for price increase after any contract has been in effect for twelve (12) months. Fully documented means that the request shall present detailed information and calculations that make it clear how the claimed increase has an impact on the contract unit prices. All assumptions regarding cost factors that have an impact on the requested increase shall also be clearly identified and justified. The requested price increase must be based upon a cost increase that was clearly unpredictable at the time of the offer and can be shown to directly affect the price of the item concerned. Any price increase adjustment will only be made at the time of contract extension and will be a factor in the extension review process. The Department will determine whether the requested price increase or an alternate option, is in the best interest of the State.

TRAVEL

Travel expenses authorized in advance and incurred at off site assignments shall be reimbursed at cost, in accordance with the State of Arizona Travel Policy and the ADOT Travel Authorization Policy and Procedure hereby incorporated herein. State travel policy includes the travel reimbursement schedules. Actual receipt for travel must be submitted for reimbursement of allowable direct costs (lodging, automobile, meals, etc). The travel policy may be accessed via the internet at the State of Arizona, General Accounting Office's website (<http://www.gao.state.az.us/travel.html>) and the State of Arizona Department of Transportation's website (<http://www.azdot.gov/InsideADOT/Procurement/TravelPP.asp>).

INVOICING

Upon Satisfactory inspection and acceptance by the Department of the completed services, the contractor shall submit an invoice for payment to the Department.

Invoices shall include at a minimum:

- Department contract number/purchase order number
- Applicable taxes
- Total of invoice
- Contractors name , address and phone number
- Name of Contractor's representative to contact concerning billing questions.

Invoices not sent to the proper address, or not containing the necessary and required information may delay payment to the contractor. A contractor whose payments are delayed due to improper invoicing shall make no claim against the Department or the State for late or finance charges.

Invoices shall be sent to the following location:

**ADOT FLIGHT OPERATIONS MANAGER
2802 Old Tower Road
Phoenix, AZ 85304
Attn: Oscar Mousavi**

The Department will make every effort to process payment for the purchase of product within thirty (30) calendar days after the Department has conducted the necessary reviews, and inspections as described herein. DELIVERY OF THE PRODUCT TO THE DEPARTMENT DOES NOT CONSTITUTE ACCEPTANCE, THEREFORE, ONLY THE DEPARTMENT ACCEPTANCE DATE WILL BE A VALID DATE FOR STARTING THE THIRTY (30) CALENDAR DAY PAYMENT PERIOD. DELIVERY OF THE PRODUCT TO THE

DEPARTMENT DOES NOT CONSTITUTE DATE FOR STARTING THE 30 CALENDAR DAY PAYMENT PERIOD.

PERFORMANCE STANDARDS

The State relies upon the provision of services in accordance with the contract, therefore, the offeror agrees that time is of the essence, and that contractual commitments shall be met.

FEDERAL IMMIGRATION AND NATIONALITY ACT

Compliance Requirements for A.R.S. § 41-4401, Government Procurement: E-Verify Requirement

1. The Contractor warrants compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with Sections A.R.S. § 23-214, Subsection A. (That subsection reads: "After December 31, 2007, every employer, after hiring an employee, shall verify the employment eligibility of the employee through the E-Verify program.)
2. A breach of a warranty regarding compliance with immigration laws and regulations shall be deemed a material breach of the contract and the contractor may be subject to penalties up to and including termination of the contract.
3. Failure to comply with a State audit process to randomly verify the employment records of contractors and subcontractors shall be deemed a material breach of the contract and the contractor may be subject to penalties up to and including termination of the contract.
4. The State Agency retains the legal right to inspect the papers of any employee who works on the contract to ensure that the contractor or subcontractor is complying with the warranty under paragraph

INDEMNIFICATION CLAUSE

Contractor shall indemnify, defend, save and hold harmless the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State of Arizona.

This indemnity shall not apply if the contractor or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

INSURANCE REQUIREMENTS

The contractor shall furnish certificates similar to **Certificate of Insurance, Exhibit 1**, inclusive of the following requirements to the Department. Certificate(s) shall be received within ten (10) calendar days of notification of tentative award by the Procurement Officer prior to contract execution.

Attention: Michele DeShetler
1739 W. Jackson St., Suite A - MD 100P
Phoenix, Arizona 85007

1. **Worker's Compensation and Employers' Liability**

Workers' Compensation	Statutory
Employers' Liability	
Each Accident	\$ 500,000
Disease – Each Employee	\$ 500,000
Disease – Policy Limit	\$ 1,000,000

- a. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.
- b. This requirement shall not apply to: Separately, EACH contractor or subcontractor exempt under A.R.S. 23-901, AND when such contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

C. NOTICE OF CANCELLATION:

Each insurance policy required by the insurance provisions of this Contract shall not be suspended, voided, cancelled, reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent by certified mail; return receipt requested and shall be sent directly to:

Arizona Department of Transportation, Procurement Group
Attention: Michele DeShetler, Procurement Officer
1739 W. Jackson Street, Suite A, MD 100P
Phoenix, AZ. 85007

D. ACCEPTABILITY OF INSURERS: Insurance is to be placed with duly licensed or approved non-admitted insurers in the State of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Vendor from potential insurer insolvency.

E. VERIFICATION OF COVERAGE: Contractor shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) similar to **Certificate of Insurance, Exhibit 1**, as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

All certificates required by this Contract shall be sent directly to:

Arizona Department of Transportation, Procurement Group
Attention: Michele DeShetler, Procurement Officer
1739 W. Jackson Street, Suite A, MD 100P
Phoenix, AZ. 85007

The State of Arizona project/contract number and project description are to be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time.

DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.

F. SUBCONTRACTORS: Contractors' certificate(s) shall include all subcontractors, as insureds under its policies or Contractor shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverage's for subcontractors shall be subject to the minimum requirements identified above.

G. APPROVAL: Any modification or variation from the insurance requirements in this Contract shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.

H. EXCEPTIONS: In the event the Contractor or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the contractor or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university then none of the above shall apply.

OFFSHORE PERFORMANCE OF WORK PROHIBITED

Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and involve access to secure or sensitive data or personal client data shall be performed within the defined territories of the United States. Unless specifically stated otherwise in the specifications, this paragraph does not apply to indirect or 'overhead' services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers.

REFERENCES

The offer shall include a minimum of 3 references, which have utilized the offer or's services within the past twenty-four months. These references shall be from major organizations, which are not directly controlled by the offeror. References shall be provided on Attachment 3 and shall include all requested information. Use additional sheets if necessary. Make certain that all references submitted contain up to date information, as all references will be checked.

CONTRACT ADMINISTRATION

For information regarding the Uniform and Special Terms and Conditions, and Specifications referenced in this Solicitation contact:

Michele DeShetler, Procurement Officer (602) 712-6939

Following award, the contractor shall contact the Procurement Group for guidance or direction in matters of contract interpretation or problems regarding the terms, conditions or scope of the contract. Only the Contract Officer or his/her authorized designee is authorized to change or amend the specific terms, conditions or provisions of the agreement.

NOTICES

All notices, requests, demands, consents, approvals, and other communications which may or are required to be served or given hereunder (for the purposes of this provisions collectively called "Notices"), shall be in writing and shall be sent by registered or certified United States mail, return receipt requested, postage prepaid, addressed to the party or parties to receive such notice as follows: If intended for the State, to:

Arizona Department of Transportation, Procurement Group
1739 W. Jackson Street, Suite A, MD 100P
Phoenix, Arizona 85007-3276
Attention: Michele DeShetler

If intended for the contractor, to:

The contractor Name
Address
City, State, Zip
Attention:

Or to such other address as either party may from time to time furnish in writing to the other by notice hereunder. Any notice so mailed shall be deemed to have been given as of the date such notice is received as shown on the return receipt. Furthermore, such notice may be given by delivering personally such notice, if intended for the State, to the Arizona Department of Transportation, Chief Procurement Officer and, if intended for the Contractor, to the person named on the Offer & Contract Award of this contract, or to such other person as either party may from time to time furnish in writing to the other by notice hereunder. Any notice so delivered shall be deemed to have been given as of the date such notice is personally delivered to the other party.

SAFETY STANDARDS

All items supplied under this contract shall comply with the current applicable Occupational Safety and Health Standards of the State of Arizona Industrial Commission, the National Electric Code, the National Fire Protection Association Standards and the Department of Environmental Quality.

VENDOR REGISTRATION

Prior to issuance of a Purchase Order and subsequent payment, the Contractor shall have a completed **STATE OF ARIZONA SUBSTITUTE W-9 FORM, Attachment 4** on file with the Procurement Group. No payments shall be made until the form is on file. Forms may be obtained by contacting Bonnie Hartley at (602) 712-8520.

CANCELLATION FOR POSSESSION OF WEAPONS ON ADOT PROPERTY

This contract may be cancelled if Contractor or any subcontractors or others in the employ or under the supervision of the Contractor or subcontractors is found to be in possession of weapons.

Possession of weapons (firearms, explosive device, knife or blade of more than three inches, or any other instrument designed for lethal or disabling use) is prohibited on ADOT property pursuant to ADOT Policy, MGT 6.04, "Weapons in the Workplace." Such property includes ADOT owned or leased office building, yards, parking lots, construction sites or state owned vehicles.

Further, if the Contractor or any subcontractors or others in the employ or under the supervision of the Contractors or subcontractors are asked by an ADOT official to leave the ADOT property, they are advised that failure to comply with such a request shall result in cancellation of the contract and anyone who refuses, whether armed or not, is subject to prosecution under A.R.S. § 13-1502, "Criminal trespass in the third degree; classification."

6. UNIFORM INSTRUCTIONS TO OFFERORS

Incorporated by reference. To obtain a copy of the Uniform Instructions to Offerors in full text, you can log on to http://www.azdoa.gov/agencies/spo/docs_and_forms.asp or contact Michele DeShetler at (602) 712-6939.

7. SPECIAL INSTRUCTIONS TO OFFERS

Complete and return all required information to the location indicated on the solicitation, page one (1) by the time indicated. Responses may be faxed to: (602) 712-3719, Attention: Michele DeShetler. Responses must be in writing and signed.

Complete and return the following:

- SIGNED OFFER & CONTRACT AWARD SHEET - ATTACHMENT 1
- PRICE SHEET - ATTACHMENT 2
- REFERENCES - ATTACHMENT 3
- SUBSTITUTE W-9 – ATTACHMENT 4
- NON-COLLUSION AFFIDAVIT- ATTACHMENT 5
- PILOT APPLICATION – ATTACHMENT 6

OFFSHORE PERFORMANCE OF WORK PROHIBITED

Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and involve access to secure or sensitive data or personal client data shall be performed within the defined territories of the United States. Unless specifically stated otherwise in the specifications, this paragraph does not apply to indirect or 'overhead' services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers. Offerors shall declare all anticipated offshore services in the proposal.

FEDERAL IMMIGRATION AND NATIONALITY ACT

By submission of the offer, the offeror warrants that both it and all proposed subcontractors are and shall remain in compliance with all federal, state and local immigration laws and regulations relating to the immigration status of their employees. The State may, at its sole discretion require evidence of compliance during the evaluation process. Should the State request evidence of compliance, the offeror shall have 5 days from receipt of the request to supply adequate information. Failure to comply with this instruction or failure to supply requested information within the timeframe specified shall result in the offer not being considered for contract award.



**EXHIBIT 1
STATE OF ARIZONA
CERTIFICATE OF INSURANCE**

STATE AGENCY/DEPT.: ARIZONA DEPARTMENT OF TRANSPORTATION
PROJECT TITLE: Part-Time Pilot
CONTRACT NUMBER: T11-25-00123

PRODUCER	COMPANIES AFFORDING COVERAGE		CURRENT A.M. BEST RATING
	A		
	B		
	C		
INSURED	D		

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	(,000)
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> PER PROJECT <input type="checkbox"/> PRODUCT/COMPLETED OPERATIONS				GENERAL AGGREGATE PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE(ANY ONE FIRE) MED.EXPENSE(ANY ONE PERSON)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>				COMBINED SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE	\$ _____ \$ _____ \$ _____ \$ _____
	PROFESSIONAL LIABILITY <input type="checkbox"/> TYPE _____ <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				EACH OCCURRENCE AGGREGATE	\$ _____ \$ _____
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE	\$ _____ \$ _____
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE	\$ _____ \$ _____ \$ _____
	BUILDERS RISK					
	OTHER:					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS:

STATE OF ARIZONA AND THE STATE AGENCY NAMED BELOW ARE ADDED AS ADDITIONAL INSURED. IT IS AGREED THAT COVERAGES AFFORDED UNDER THE POLICIES CERTIFIED IN THIS CERTIFICATE SHALL BE PRIMARY AND ANY INSURANCE OR SELF-INSURANCE PROGRAM CARRIED BY THE STATE OR ANY OF ITS AGENCIES, BOARDS, DEPARTMENTS OR COMMISSIONS SHALL BE EXCESS AND NOT CONTRIBUTORY INSURANCE TO THAT PROVIDED BY THE NAMED INSURED.

IT IS FURTHER AGREED THAT NO POLICY SHALL EXPIRE, BE CANCELED OR MATERIALLY CHANGED TO AFFECT THE COVERAGE AVAILABLE TO THE STATE WITHOUT THIRTY (30) DAYS WRITTEN NOTICE TO THE STATE. THIS CERTIFICATE IS NOT VALID UNLESS COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY.

CERTIFICATE HOLDER/ADDITIONAL INSURED State of Arizona Arizona Department of Transportation 1739 W. Jackson Street, Suite A , MD 100P Phoenix, AZ 85007-3276	AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY SIGNATURE _____ DATE: _____
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**ATTACHMENT 1
OFFER AND CONTRACT AWARD**



ARIZONA DEPARTMENT OF TRANSPORTATION
Procurement Group
1739 West Jackson Street., Suite A, MD 100P
Phoenix, Arizona 85007-3276
Phone: (602) 712-7211



SOLICITATION NO. T11-25-00123

Submit this form with an original signature to the Department

OFFER

TO THE STATE OF ARIZONA:

The bidder hereby offers and agrees to perform in compliance with all terms, conditions, specifications and amendments of this solicitation and any written exceptions in the offer. Signature also acknowledges receipt of all pages indicated in the Table of Contents.

Arizona State Transaction Privilege Tax License Number

No.: _____

Federal Employer Identification

For clarification of this offer, contact:

No.: _____

Printed Name

Offeror's (Company) Name

Email Address

Address

Company Email Address

City State Zip

Signature of Person Authorized to Sign Offer

Phone

Printed Name

Date

Facsimile

Title

In accordance with A.R.S. § 35-397, the offeror hereby certifies that the offeror does not have scrutinized business operations in Iran and/or Sudan

ACCEPTANCE OF OFFER AND CONTRACT AWARD (FOR STATE OF ARIZONA USE ONLY)

Your bid is hereby accepted.

The contractor is now bound to perform based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the contractor's bid as accepted by the state.

This contract shall henceforth be referred to as Contract No. _____.

Part-Time Pilot

The contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until contractor receives a purchase order document.

State of Arizona
Effective this _____ day of _____ 2010

Michele DeShetler
As Procurement Officer and not personally

Awarded Date

**ATTACHMENT 2
PRICE SHEET**

ARIZONA DEPARTMENT OF TRANSPORTATION
Procurement Group
1739 West Jackson Street, Suite A, MD 100P
Phoenix, Arizona 85007-3276
Phone: (602) 712-7211

SOLICITATION NO. T11-25-00123

<u>DESCRIPTION</u>	<u>QTY</u>	<u>UNIT PRICE</u>
Pilot in Command	Per Day	\$ _____
Second in Command	Per Day	\$ _____

NOTE : Item 1 and 2 will be read at bid opening.

Note : A day for the purpose of this solicitation is defined as from the start of aircraft pre-flight inspection to the end of the aircraft post-flight inspection.

Company Name

Representative

_____% Arizona Sales Tax, State & City

IF PAYMENT IS MADE WITHIN ____ DAYS AFTER RECEIPT OF GOODS OR SERVICES, THE ABOVE QUOTED PRICE CAN BE DISCOUNTED

**ATTACHMENT 3
REFERENCES**

ARIZONA DEPARTMENT OF TRANSPORTATION
Procurement Group
1739 West Jackson Street, , Suite A, MD 100P
Phoenix, Arizona 85007-3276
Phone: (602) 712-7211

SOLICITATION NO.T11-25-00123

PLEASE LIST THE NAME, ADDRESS, CONTACT NAME, AND TELEPHONE NUMBER AND FAX NUMBER FOR THREE (3) ORGANIZATIONS FOR WHOM YOUR COMPANY HAS PROVIDED SERVICES OF A SIMILAR SIZE AND SCOPE WITHIN THE PAST 24 MONTHS. **THESE REFERENCES MAY BE CHECKED, SO PLEASE MAKE SURE ALL INFORMATION IS ACCURATE AND CURRENT.**

- A. ORGANIZATION: _____
ADDRESS: _____
CITY/STATE/ZIP CODE: _____
CONTACT: _____
TELEPHONE NUMBER: _____
FAX NUMBER: _____
DATE OF CONTRACT INITIATION: _____
TYPE OF SERVICES PROVIDED: _____
- B. ORGANIZATION: _____
ADDRESS: _____
CITY/STATE/ZIP CODE: _____
CONTACT: _____
TELEPHONE NUMBER: _____
FAX NUMBER: _____
DATE OF CONTRACT INITIATION: _____
TYPE OF SERVICES PROVIDED: _____
- C. ORGANIZATION: _____
ADDRESS: _____
CITY/STATE/ZIP CODE: _____
CONTACT: _____
TELEPHONE NUMBER: _____
FAX NUMBER: _____
DATE OF CONTRACT INITIATION: _____
TYPE OF SERVICES PROVIDED: _____

Attachment 4- State of Arizona Substitute W-9 & Vendor Authorization Form T11-25-00123



Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certification and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

- Instructions: Complete form if
1. You are a U.S. person (including a resident alien);
 2. You are a vendor that provides goods or services to a n Arizona state agency; **AND**
 3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization. See instructions below or refer to the IRS instructions at www.irs.gov for details on completing this form.

<input type="radio"/> Type of Request (Must select at least ONE)		<input type="radio"/> Change (Select the type(s) of change from the following:		<input type="checkbox"/> Tax ID Indicator		<input type="checkbox"/> Legal Name		<input type="checkbox"/> Entity Type		<input type="checkbox"/> Minority Business		
<input type="radio"/> New Request		<input type="radio"/> New Location (Additional Mail Code)				<input type="checkbox"/> Main Address Information		<input type="checkbox"/> Remittance Address		<input type="checkbox"/> Contact		
<input type="radio"/> Taxpayer Identification Number (TIN) (Provide ONE Only)												
Social Security Number (SSN)				OR Employer Identification Number (EIN)								
<input type="radio"/> Entity Type Must select one of the following (Coding (X#) is for internal purposes only)												
<input type="radio"/> Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (61)		<input type="radio"/> State of Arizona employee (1E)		STATE HRIS EIN								
<input type="radio"/> Corporation NOT providing health care, medical or legal services (5A)		<input type="radio"/> LLC, PLLC organized as corporation NOT providing health care medical or legal services (5A)										
<input type="radio"/> Corporation providing health care, medical or legal services (5M)		<input type="radio"/> LLC, PLLC organized as corporation providing health care medical or legal services (5M)										
<input type="radio"/> Partnership, LLP or Partnership organized as LLC or PLLC (5C)		<input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)										
<input type="radio"/> An international organization or any of its agencies/instrumentalities (5U)		<input type="radio"/> Other: Tax Reportable Entity (5P)		Description								
<input type="radio"/> The US or any of its political subdivisions or instrumentalities (2G)		<input type="radio"/> Other: Tax Exempt Entity (5H)										
<input type="radio"/> Entity Name Must Provide Legal Name)												
Legal Name*												
*Must match SSN or FEIN given. If Individual OR Sole Proprietorship enter First, Middle, Last Name.												
<input type="radio"/> Main Address Where tax information and general correspondence is to be mailed						<input type="radio"/> Remittance Address Where payment is to be mailed						<input type="checkbox"/> Same as Main
DBA/Branch/Location						DBA/Branch/Location						
Address						Address						
City		State		Zip code		City		State		Zip code		
<input type="radio"/> Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)												
<input type="radio"/> Small Business (01)		<input type="radio"/> Small, Woman Owned Business- Hispanic (31)		<input type="radio"/> Minority Owned Business- African American (04)		<input type="radio"/> Small Business- African American (23)		<input type="radio"/> Small, Woman Owned Business- Native American (33)		<input type="radio"/> Minority Owned Business- Asian (32)		
<input type="radio"/> Small Business- Asian (24)		<input type="radio"/> Small, Woman Owned Business- Other Minority (11)		<input type="radio"/> Minority Owned Business- Hispanic (74)		<input type="radio"/> Small Business- Hispanic (25)		<input type="radio"/> Woman Owned Business (03)		<input type="radio"/> Minority Owned Business- Native American (15)		
<input type="radio"/> Small Business- Native American (27)		<input type="radio"/> Woman Owned Business- African American (17)		<input type="radio"/> Minority Owned Business- Other Minority (02)		<input type="radio"/> Small Business- Other Minority (05)		<input type="radio"/> Woman Owned Business- Asian (18)		<input type="radio"/> Non-Profit, IRC § 501(c) (88)		
<input type="radio"/> Small, Woman Owned Business (06)		<input type="radio"/> Woman Owned Business- Hispanic (19)		<input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business (00)		<input type="radio"/> Small, Woman Owned Business- African American (29)		<input type="radio"/> Woman Owned Business- Native American (21)		<input type="radio"/> Individual, Non-Business (00)		
<input type="radio"/> Small, Woman Owned Business- Asian (30)		<input type="radio"/> Woman Owned Business- Other Minority (08)										
<input type="radio"/> Vendor Contact Information												
Name						Title						
Phone #		Ext.		Fax		Email						
<input type="radio"/> Certification												
<input type="checkbox"/> Exempt from backup withholding												
1. Under Penalties of perjury, I certify that: 2. 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 3. I am a U.S. person (including U.S. resident alien). 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 you tax return. For real estate transaction, 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. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.</i>												
Signature				Title				Date				
STATE OF ARIZONA <u>AGENCY</u> USE ONLY VENDOR: DO NOT WRITE BELOW THIS LINE												
Agency Authorization: Print Name						Signature						Title
AGY		Phone #		Email		Date						
STATE OF ARIZONA <u>GAO</u> USE ONLY VENDOR & STATE AGNECY: DO NOT WRITE BELOW THIS LINE												
<input type="checkbox"/> IRS TIN Matching		<input type="checkbox"/> Corporation Commission		Vendor Number		Processed by		Date Processed				
<input type="checkbox"/> HRIS		<input type="checkbox"/> GAO-03		<input type="checkbox"/> Other								

**ATTACHMENT 5
NON-COLLUSION AFFIDAVIT**

ARIZONA DEPARTMENT OF TRANSPORTATION
Procurement
1739 West Jackson, Suite A, MD 100P
Phoenix, Arizona 85007-3276
Phone: (602) 712-7211

**SOLICITATION NO. T11-25-00123
NON-COLLUSION AFFIDAVIT**

State of Arizona)
) ss
County of)

_____)
(Affiant)

the _____)
(Title)

of _____)
(Contractor)

the persons, corporation, or company who makes the accompanying Proposal, having first been duly sworn, deposes and says:

That such Proposal is genuine and not sham or collusive, nor made in the interest or behalf of any person not herein named, and that the Bidder has not directly or indirectly induced or solicited any other Bidder to put in a sham bid, or any other person, firm, or corporation to refrain from bidding, and that the Bidder has not in any manner sought by collusion to secure for itself an advantage over any other Bidder.

(Signature)

(Title)

Subscribed and sworn to before me this
_____ Day of _____, 20____

Signature of Notary Public in and for
the County of _____
State of _____



**ARIZONA DEPARTMENT OF ADMINISTRATION
RISK MANAGEMENT DIVISION**

100 North 15th AVENUE, SUITE #301
Phoenix, Arizona 85007-2635
Telephone: (602) 542 1445; Facsimile: (602) 542 1800

PILOT APPLICATION (COMPLETE ENTIRE FORM)

PILOT HISTORY	
PILOT NAME:	DAYTIME PHONE: #
ADDRESS:	
DATE OF BIRTH:	DRIVER'S LICENSE #/STATE:
AIRMAN'S CERT.: #	MED. CLASS & EXP. DATE:
ARE YOU A STATE EMPLOYEE?	AGENCY:
HOW OFTEN DO YOU FLY ON STATE BUSINESS? ANNUAL FLIGHTS: ANNUAL HOURS:	PURPOSE OF FLYING ON STATE BUSINESS?
OCCUPATION:	

If the answer to any of the following questions is yes, please give detail on separate sheet.	YES	NO
Have you ever had any aircraft accidents?		
Have you ever been cited for violations of civil/military aviation regulations?		
Are you flying subject to limitations or a waiver?		
Has your driver's license ever been suspended or revoked?		
Have you been arrested for operating a vehicle while under the influence of alcohol or drugs?		
Have you had any automobile accidents within the last five years?		

CERTIFICATES / RATINGS
Indicate all certificates you currently hold:
<input type="checkbox"/> Student <input type="checkbox"/> Airline (ATR) <input type="checkbox"/> Single Engine Land <input type="checkbox"/> Private <input type="checkbox"/> Instructor <input type="checkbox"/> Multi Engine Land <input type="checkbox"/> Commercial <input type="checkbox"/> Instrument Rating <input type="checkbox"/> Helicopter
List all aircraft type ratings you currently hold:
List all Manufacturer's Ground and Flight Schools and dates you have attended for each aircraft make and model:
Indicate date of your last biennial flight review and list if it was VFR or IFR:

**FLYING EXPERIENCE IN LOGGED HOURS
PILOT-IN-COMMAND ONLY**

SPECIFY ALL MAKE AND MODELS		LAST 12 MONTHS	LAST 90 DAYS	TOTAL LOGGED HOURS
ALL SINGLE ENGINE FIXED WING/GEAR OR RETRACTABLE GEAR				
MULTI ENGINE PISTON				
MULTI ENGINE TURBINE				
HELICOPTER	PISTON:			
HELICOPTER	TURBINE:			

AIRCRAFT INFORMATION

TYPES OF AIRCRAFT YOU OPERATE	YEAR	MAKE	MODEL	FAA#
STATE OWNED AIRCRAFT:				
OWNED, BORROWED OR RENTED AIRCRAFT: Borrowed or owned private aircraft (attach certificate of insurance providing evidence of \$1,000,000 minimum Aircraft liability including passengers)				

I CERTIFY THAT THE STATEMENTS I HAVE MADE IN THE PILOT APPLICATION TO BE THE BEST OF MY KNOWLEDGE AND BELIEF.

PILOT SIGNATURE: _____ DATE: _____

APPROVED BY: _____ FOR SEFG SERG MEU HELI DATE: _____

PILOT APP (11-18-08) KLR



U.S. Department
of Transportation
**Federal Aviation
Administration**

INSTRUCTIONS

FAA FORM 8060-10, FAA RECORDS REQUEST (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

Air carriers **should** use this form to request FAA Records from the Federal Aviation Administration as contemplated under 49 U.S.C. § 44703(h). **Requests may be mailed or FAXED to 405-954-4655, ATTN: PRIA.**

NOTICE

Request will not be deemed valid unless Parts I and II are completed as specified below.

This form may be photocopied for use.

This form is available at http://www.faa.gov/pilots/lic_cert/pria/ or <http://forms.faa.gov/>

A separate form must be used for each airman whose records are requested.

DO NOT enter information on this form such as date of birth, social security number, or other information for which the airman may have a reasonable expectation of privacy.

*Mailing address – See Part II Item 4.

Part I – FAA Records Request (PRIA): To be completed by the hiring Air Carrier.

All entries must be completed legibly with black or dark blue ink.

1. Name, title, and signature – enter the name, title, and signature of the person making the request on behalf of the air carrier.
2. Date – enter the date of the request.
3. Mailing address – provide a complete company mailing address to which FAA will mail the requested records.

Part II – Airman Consent For The Release Of Records: To be completed by the Airman/Applicant.

All entries must be completed legibly with black or dark blue ink.

1. Name – enter your name as it is shown on your airman certificate(s).
2. Airman Certificate Number – enter your airman certificate number(s). In parenthesis after the certificate number, indicate the type of certificate by using C (Commercial), A (Airline Transport Pilot), F (Flight Instructor), or G for (Ground Instructor). If you have multiple certificates with the same certificate number, list the certificate number once and indicate the types of certificates in parenthesis. For example, if you hold an Airline Transport Pilot Certificate as well as Flight Instructor and Ground Instructor Certificates using the same number, you should indicate as follows: Certificate No. 456231234 (A, F, G).
3. Signature and Date – Sign in ink using your legal signature, then enter the date of the request.
4. *Mailing Address – All applicants must ensure that their mailing address, as maintained in FAA records, is complete, accurate, and current. All FAA records mailed to the applicant as the result of a PRIA request, will, for security purposes, be mailed to the address as maintained by the FAA. The applicant, however, should still enter their current mailing address in Part II for confirmation of the valid address.

PAPERWORK REDUCTION ACT STATEMENT

Title 49 United States Code (49 U.S.C.) § 44703(h), Records of Employment of Pilot Applicants, as amended, requires all air carriers to request FAA records and Air Carrier and Other Records concerning an individual before allowing that individual to begin service as a pilot. 49 U.S.C. § 44703(h)(8) requires the FAA Administrator to promulgate standard forms to request records. The information entered on the standard forms will be used to facilitate the search and retrieval of the required records. It is estimated that the average burden per respondent associated with this collection of FAA Records is 10 minutes. The requirement to collect and evaluate background information on the pilot, before allowing that pilot to begin service, is mandatory; however, the use of this form is not, although it is highly recommended. An agency may not conduct or sponsor, and a person is not required to respond to, this request for information unless a current and valid OMB control number is prominently displayed. The OMB control number assigned to this collection is 2120-0607.

FAA RECORDS REQUEST (PRIA)

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a:

The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709. The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice (SORN) for DOT/FAA 847 (see www.dot.gov/privacy/privacyactnotices), including:

(a) Providing basic airman certification and qualification information to the public upon request; examples of basic information include:

- The type of certificates and ratings held, limitations, date of issuance and certificate number;
- The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);
- The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
- Information relating to an airman's physical status or condition used to determine statistically the validity of FAA medical standards; and the date, class, and restrictions of the latest physical
- Information relating to an individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials.

(b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.

(c) Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.

(d) Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.

(e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon request.

(f) Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).

(g) Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.

(h) Making airman records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.

(i) Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including current and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.

(j) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternity, establishing and modifying support orders and location of obligors. Records listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment.

(k) Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.

(l) Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.

(m) Making airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.

(n) Other possible routine uses published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78)) For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.

FAA Form 8060-10 (10-05)