

**SEALED BID SUBMITTAL FORM**

Please complete the following form for the bid. Fill in all blanks. For those blanks not applicable to your bid, please write "N/A". Please sign and date in the blanks provided below.

**Bid Submitted By:**

Company \_\_\_\_\_

Address \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

**Bid Offer:**

Price Per Application: \$ \_\_\_\_\_

**Brief Description of Equipment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information.**

\_\_\_\_\_  
\_\_\_\_\_

**Are you or your company licensed to apply herbicide in the State of Indiana?** \_\_\_\_\_

**SUBMITTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2021:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

**Please include copies of the following with your bid packet:**

- ***Proof of Workman's Compensation Insurance***
- ***Proof of Liability Insurance***
- ***State Applicator's License***