

DEPARTMENT OF LICENSING AND CONSUMER AFFAIRS
Trucking Services and Supply Price Survey Form

Name of Business: _____

Mailing Address: _____

Physical Address: _____ Cell: _____

Tel: _____ e-mail: _____

Legal Form of your Business (Corp., Partnership, LLC): _____

Truck Usage: Trash Removal () Delivery/Transport of Goods () Other: _____

Total Number of Trucks: _____

Truck Capacity: Truck 1: _____

Truck 2: _____

Truck 3: _____

Truck 4: _____

Price Per Truck : Low: \$ _____ to High: \$ _____

Low: \$ _____ to High: \$ _____

Low: \$ _____ to High: \$ _____

Low: \$ _____ to High: \$ _____

Are there additional charges depending on Difficult & Dangerous locations?

Yes: _____ No: _____

Are there additional charges depending on the amount of cargo required for delivery?

Yes: _____ No: _____

I hereby certify that the information provide herein is true and correct.

Print your Name

Signature

Date