



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia Master Agreement

Order Date: 07-01-2025

CORRECT ORDER NUMBER MUST
APPEAR ON ALL PACKAGES, INVOICES,
AND SHIPPING PAPERS. QUESTIONS
CONCERNING THIS ORDER SHOULD BE
DIRECTED TO THE DEPARTMENT
CONTACT.

Order Number:	CMA 0803 0070 DOT2300000008 4	Procurement Folder:	1033516
Document Name:	Double Drum Roller 7022EC11	Reason for Modification:	
Document Description:	Double Drum Roller 7022EC11	Change Order #3	
Procurement Type:	Central Master Agreement	To Renew Contract	
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2022-09-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-08-31

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000201669 LESLIE EQUIPMENT CO 19 GOFF CROSSING DR CROSS LANES WV 25313 US Vendor Contact Phone: 3042041818 Extension: Discount Details: <table><thead><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discpunt Days</th></tr></thead><tbody><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>No</td><td></td><td></td></tr><tr><td>#3</td><td>No</td><td></td><td></td></tr><tr><td>#4</td><td>No</td><td></td><td></td></tr></tbody></table>		Discount Allowed	Discount Percentage	Discpunt Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Denise L Brown Requestor Phone: (304) 473-5328 Requestor Email: dee.l.brown@wv.gov 2026 FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discpunt Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
DIVISION OF HIGHWAYS EQUIPMENT DIVISION RT 33 83 BRUSHY ROAD CROSSING, PO BOX 610 BUCKHANNON WV 26201 US	DIVISION OF HIGHWAYS EQUIPMENT DIVISION 83 BRUSHY FORK RD CROSSING BUCKHANNON WV 26201 US

CR 7-9-25

Purchasing Division's File Copy

Total Order Amount:

Open End

PURCHASING DIVISION AUTHORIZATION

DATE: 7/8/25
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE: 7/10/2025
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: 7-11-25
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No. 3 is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders Effective date of renewal 09/01/25 through 08/31/26.

Renewal Years/Remaining: 0

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	22101505			EA	63750.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Double Drum Roller

Extended Description:

Double Drum Roller



**WEST VIRGINIA
DEPARTMENT OF TRANSPORTATION**

Michael J. DeMers
Deputy Secretary of Transportation

1900 Kanawha Boulevard East • Building Five • Room 109
Charleston, West Virginia 25305-0440 • (304) 558-0444

Stephen T. Rumbaugh, P. E.
Secretary of Transportation
Commissioner of Highways

June 9, 2025

Trent May
Leslie Equipment Company
19 Goff Crossing Dr.
Cross Lanes, WV 25313

Subject: Contract Renewal: CMA DOT2300000008 7022EC11
Procurement Folder: 103516

The West Virginia Department of Transportation is offering to renew the original contract according to all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.

The renewal dates are **9/1/25** through **8/31/26**. If your company agrees to this renewal, please sign below and return as soon as possible. You may return all renewal documents via email to: pamela.j.hall@wv.gov

Please contact the email listed above if you have any questions.

Thank you,
Pamela J. Hall
Pamela J. Hall

WVDOH/Equipment Division/Fleet Planning

We agree to renew the contract for the period as stated above under the same terms, conditions, prices, and specifications in the original purchase order and any change orders thereto.

Trent May / Trent May
Name/Signature

6/9/2025
Date

Sales Rep
Title

PROCUREMENT USE ONLY	
<i>Angela Pham / Mar 1 7-10-25</i>	
Signature/Title/Date	

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West Virginia Secretary of State — Online Data Services

Business and Licensing

Online Data Services Help

Business Organization Detail

NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.

LESLIE EQUIPMENT CO.

See ATTACHED

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	8/1/1968		8/1/1968	Domestic	Profit			

Organization Information			
Business Purpose	4238 - Wholesale Trade - Merchant Wholesalers, Durable Goods - Machinery, Equipment and Supplies Merchant Wholesalers (construction, mining, farm, garden, industrial machinery & supplies, service establishment, transportation)		Capital Stock 50000.0000
Charter County	Webster	Control Number	0
Charter State	WV	Excess Acres	0
At Will Term	Member Managed		
At Will Term Years	Par Value		10.000000
Authorized Shares	5000	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	6248 WEBSTER ROAD COWEN, WV, 26206
Mailing Address	PO BOX 629 COWEN, WV, 26206 USA
Notice of Process Address	JOHN LESLIE 6248 WEBSTER RD COWEN, WV, 26206
Principal Office Address	6248 WEBSTER ROAD COWEN, WV, 26206 USA
Type	Address

Officers	
Type	Name/Address
Director	TRACEY RUPE 136 CLIFFTOP DR BEAVER, WV, 25813
Director	TODD PERRINE 105 TENNIS CENTER DR MARIETTA, OH, 45750
President	JOHN LESLIE PO BOX 629 COWEN, WV, 26206
Secretary	LYNETTE LESLIE PO BOX 629 COWEN, WV, 26206
Treasurer	JOHNNA LESLIE MILLER 51 JOHN'S COURT COWEN, WV, 26206
Vice-President	JONATHAN DAVID PHILLIPS 195 INDUSTRIAL DRIVE PIKEVILLE, KY, 41502
Type	Name/Address

Mergers				
Merger Date	Merged	Merged State	Survived	Survived State
12/26/2001	GRESS EQUIPMENT COMPANY	OH	LESLIE EQUIPMENT CO.	WV
Merger Date	Merged	Merged State	Survived	Survived State

Date	Amendment
12/21/2018	AUTHORIZED CAPITAL STOCK CHANGES, SEE IMAGES
12/26/2001	MERGER: MERGING GRESS EQUIPMENT COMPANY, A QUALIFIED OH CORPORATION WITH AND INTO LESLIE EQUIPMENT CO., A QUALIFIED WV CORPORATION, THE SURVIVOR
2/3/1989	CHANGE OF NAME FROM LESLIE BROS. EQUIPMENT CO.
Date	Amendment

Annual Reports
Filed For
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Date filed

For more information, please contact the Secretary of State's Office at 304-558-8000.

Monday, July 7, 2025 — 10:31 AM

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Vendor/Customer

Address


Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
✓ Payment	PO BOX 629	COWEN	WV	26206	BO KESLER
Ordering	PO BOX 1547	ELKINS	WV	26241	TERRY CASTEEL
Ordering	6248 Webster RD	Cowen	WV	26206	TERRY CASTEEL
Payment	136 CLIFFTOP DRIVE	BEAVER	WV	25813	
Payment	2098 LILLIAN LANE	PLEASANT VALLEY	WV	26554	
Payment	19 GOFF CROSSING DR	CROSS LANES	WV	25313	JOHN C GROW
Ordering	19 GOFF CROSSING DR	CROSS LANES	WV	25313	JOHN GROW
Payment	6248 WEBSTER RD	COWEN	WV	26206	BO KESLER
Payment	PO BOX 1547	ELKINS	WV	26241	TAMMY HARLESS
Payment	PO BOX 1220	BEAVER	WV	258131220	MIKE WORLEY

First Prev [Next](#) Last

Save [Undo](#) Delete Insert [Copy](#) Paste 

Vendor/Customer : 000000201669

LESLIE EQUIPMENT CO

Address Type : Payment 

Division/Department :

Additional Address Info. :

Prevent New Spending :

Default Currency : USD - US Dollar

Active From : 08/18/2016 

Active To :

Default Record :

Mail Returned :

Active Address : Yes

▼ Address Information

Address ID : AD000001

 Country Phone Code : 1

Street 1 : PO BOX 629

Phone : 000-000-0000

Street 2 :

Phone Extension :

City : COWEN

County :

State/Province : WV 

County Name :

Zip/Postal Code : 26206 

Country : US 

DUNS :

Extended DUNS :

Unique Entity Identifier :

CAGE Code :

► Prenote/EFT

► Remittance Advice

► Contact Information

► Contact Address Information

► Geographic Designation

► Change Management

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Search All Words e.g. 1606N020Q02 



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Filter By

Entity Information ^



All Entity Information

Entities

Disaster Response Registry

Responsibility / Q



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Simple Search

Search Editor

- ☐ Any Words 
- ☒ All Words 
- ☐ Exact Phrase 

e.g. 123456789, Smith Corp

Leslie Equipment 

Entity 

Location 

Status 

- ☒ Active
- ☒ Inactive

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>JESTEP</u> Date: <u>7/7/23</u> Solicitation No. <u>CMA DOT 23 #08</u> <u>CO#3</u>	Agency: WVDOT/DOH <hr/> Procurement Officer Submitting Requisition: Amber Heath <hr/> Requisition No. CMA DOT2300000008 <hr/> PF No.: 103516
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

1	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.*

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: _____

