



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

**Solicitation**

NUMBER
AGR1323

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
GUY NISBET 304-558-8802

VENDOR

\*709034233      540-992-5500  
 SUMMIT HELICOPTERS CMMM INC  
 PO BOX 39  
 CLOVERDALE VA 24077

SHIP TO

DEPARTMENT OF AGRICULTURE  
 PLANT INDUSTRIES DIVISION  
 1900 KANAWHA BOULEVARD, EAST  
 CHARLESTON, WV  
 25305      304-558-2222

DATE PRINTED
02/14/2013

BID OPENING DATE: 03/07/2013      BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				REQUEST FOR SOLICITATION (RFQ)		
<p>THE WEST VIRGINIA PURCHASING DIVISION IS SOLICITING BIDS FOR THE AGENCY, THE WEST VIRGINIA DEPARTMENT OF AGRICULTURE'S PLANT INDUSTRIES DIVISION, TO ESTABLISH AN OPEN-END CONTRACT FOR GYPSY MOTH AERIAL SUPPRESSION PER THE FOLLOWING TERMS AND CONDITIONS AND SPECIFICATIONS.</p> <p>EXHIBIT 6</p> <p>PRICE ADJUSTMENT PROVISION:          THE STATE OF WEST VIRGINIA WILL CONSIDER BIDS THAT CONTAIN PROVISIONS FOR PRICE ADJUSTMENTS PRIOR TO THE ORIGINAL EXPIRATION OF THE CONTRACT, PROVIDED THAT SUCH PRICE ADJUSTMENT COVERS BOTH UPWARD AND DOWNWARD MOVEMENT OF THE COMMODITY PRICE, AND THAT ADJUSTMENT IS BASED ON THE "PASS THROUGH" INCREASE OR DECREASE OF RAW MATERIALS AND/OR LABOR, WHICH MAKE UP ALL OR A SUBSTANTIAL PART OF A PRODUCT. ADJUSTMENTS ARE TO BE BASED UPON ACTUAL DOLLAR FIGURE, NOT A PERCENTAGE. ALL PRICE ADJUSTMENT REQUEST MUST BE SUBSTANTIATED IN A MANNER ACCEPTABLE TO THE DIRECTOR OF PURCHASING, E.G. GOVERNMENTAL BENCH MARKS, GENERAL MARKET INCREASE, PUBLISHED PRICE LIST. SUCH REQUEST FOR AN INCREASE SHOULD BE RECEIVED IN WRITING TO THE DIRECTOR OF PURCHASING AT LEAST 30 DAYS IN ADVANCE OF THE EFFECTIVE DATE OF THE INCREASE. ANY TIME THE VENDOR REQUEST A PRICE ADJUSTMENT, THE PURCHASING DIVISION MAY EITHER ACCEPT THE PRICE ADJUSTMENT AND AMEND THE CONTRACT ACCORDINGLY OR REJECT THE ADJUSTMENT IN ITS ENTIRETY AND CANCEL THE CONTRACT.</p> <p style="text-align: right;">03/06/13 10:00:38 AM          West Virginia Purchasing Division</p>						

SIGNATURE <i>Carl D. Mulro</i>	TELEPHONE 540 992 5500	DATE 3/5/13
TITLE PRESIDENT	FEIN 54 1150923	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
VENDORS: FAILURE TO INCLUDE A PRICE ADJUSTMENT PROVISION WILL RESULT IN THE VENDORS BID BEING FIRM FOR THE LIFE OF THE CONTRACT.						
0001	1	AC		675-45		
		MIMIC 2LV OR EQUAL				
0002	1	AC		962-46		
		APPLICATION AND OBSERVATION PER ACRE				
0003	1	AC		675-45		
		BRTK48B OR EQUAL				
0004	1	AC		675-45		
		BTK 76B OR EQUAL				

*SEE ADDENDUM*

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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DATE PRINTED
02/14/2013

BID OPENING DATE: 03/07/2013      BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0005	1	AC		675-45		
				DIMILIN 4L OR EQUAL		
0006	1	AC		675-45		
				GYPCHECK/GYPCHEK CARRIER OR EQUAL		
***** THIS IS THE END OF RFQ      AGR1323 ***** TOTAL:						

SIGNATURE		TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

REQUEST FOR QUOTATION  
AGR1323 - Aerial Application of Insecticide

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**16.5 Return Due to Agency Error:** Items ordered in error by the Agency will be returned for credit within 30 days of receipt, F.O.B. Vendor's location. Vendor shall not charge a restocking fee if returned products are in a resalable condition. Items shall be deemed to be in a resalable condition if they are unused and in the original packaging. Any restocking fee for items not in a resalable condition shall be the lower of the Vendor's customary restocking fee or 5% of the total invoiced value of the returned items.

**17.MISCELLANEOUS:**

**17.1 No Substitutions:** Vendor shall supply only Contract Items submitted in response to the RFQ unless a contract modification is approved in accordance with the provisions contained in this Contract.

**17.2 Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.

**17.3 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.

**17.4 Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

**Contract Manager:** Barry Clinevell  
**Telephone Number:** 540-314-4906  
**Fax Number:** 540-992-5503  
**Email Address:** Summitsales@rbnet.com

## Appendix A

**Aircraft Description Form**  
**West Virginia Department of Agriculture**  
**Plant Industries Division**

**1. Spray Project Contract Information:**

a. Name Summit Helicopters, Inc.	b. Telephone 540-992-5500	Type or print all information in ink. Return completed and signed form to the Project Coordinator. See Contract Specifications for name and address.
c. Address P.O.Box 39	d. City, State, and Zip Cloverdale, VA 24077	
e. Contractor's West Virginia Department of Agriculture Pesticide Application Business License No. 1032-6871		

**2. Aircraft Owner Information:**

a. Aircraft is owned <input checked="" type="checkbox"/> , subcontracted <input type="checkbox"/> , leased <input type="checkbox"/> , by spray project contractor			
b. Owner's Name Summit Helicopters	c. Address P.O.Box 39	d. City, State and Zip code Cloverdale, VA 24077	e. Telephone 540-992-5500

**3. Aircraft Description and Information:**

a. Type of aircraft Spray Fixed Wing <input type="checkbox"/> , Spray Helicopter <input checked="" type="checkbox"/> , Observation Fixed Wing <input checked="" type="checkbox"/> , Observation Helicopter <input type="checkbox"/> .					b. Qualified under FAR Part 135 <input type="checkbox"/> , FAR Part 137 <input checked="" type="checkbox"/> .
c. Aircraft Make, Model and Series Bell 206-L4	d. Number of Engines 1	e. FAA Number N6344D	f. Year Built 1992	g. Passenger Capacity 6	h. License Date 1992
i. Registration Certification 6/18/2000	j. Airworthiness Certification 3/25/1999	k. Cruising Speed MPH <input type="checkbox"/> , Knots 105	l. No. of Hours Fuel 2.5	m. Time Since 100-hour inspection 0	
n. Major Modifications none					

**4. Airframe:**

a. Hours Since New 8600	b. Hours Since Overhaul 300	c. Used for Aerobatics Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	d. Parking Brake Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> .	e. Paint Scheme Brown Tan Orange
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**5. Engines:**

a. Make and Model RR 250-C30P	b. Horsepower 460	c. Type Fuel Jet	d. Supercharger Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> .	e. Hours Since New Number 1 200 , Number 2 _____
f. Hours since Major Overhaul Number 1 200 , Number 2 _____		g. Hours Before Next Major Overhaul Number 1 1800 , Number 2 _____		

**6. Propellers:**

Hours Since Overhaul Number 1 N/A , Number 2 _____
---

**7. Instruments:**

a. Fuel Quantity 100	b. Stall Warning n/a	c. Airspeed 105kts	d. Clock Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	e. Compass Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	f. Turn and Bank Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .
g. Directional Gyro yes	h. Artificial Horizon Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	i. Altimeter Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	j. Rate of Climb Indicator Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .		

**8. Conditions: (Good, Fair, Poor)**

a. Glass good	b. Fabric good	c. Tires n/a	d. Paint good
e. Seat Belts good	f. Shoulder Harness good	g. Cabin good	h. Cockpit good

**9. Emergency Equipment:**

a. First Aid Kit Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	b. Engine Fire Extinguisher Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	c. Cabin Fire Extinguisher Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .
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**10. Electrical System:**

a. Volts 24	b. Auxiliary Power Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> .	c. H/D Battery Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	d. Ammeter Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .
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**11. Lights:**

a. Rotating beacon Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	b. Landing Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	c. Cockpit Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	d. Navigation Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	e. Other (specify)
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**12. Radios and Guidance Equipment:**

a. VHF System Installed as Specified Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	b. FM Radio Installed as Specified Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	c. Selector Switch for ST-Monitoring of VHF and FM Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .
d. Loran-C Installed Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> .	e. GPS Installed Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> .	

**Aircraft Description Form  
West Virginia Department of Agriculture  
Plant Industries Division**


**13. Spray System:**

a. STC or 337 for all Components Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	b. Total Tank Capacity 160 gallons	c. Emergency Dump System Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. Operating Load Capacity 135 gallons (insecticide)	e. Spray System Make Simplex
f. Nozzles Hydraulic _____ (Type _____ Size _____) Rotary Atomizer (Make <u>Micra</u> Model _____)			g. Electronic Flow-Metering System Yes <input checked="" type="checkbox"/> (Model _____) No _____	

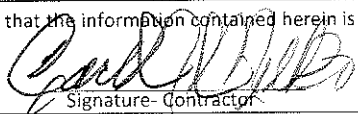
**14. Helicopter Components:**

a. Hours Since New Main Rotor 1100 Tail Rotor 300 Transmission 400	b. Hours Since Overhaul Main Rotor 1100 Tail Rotor 300 Transmission 400
c. Hours Before Next Overhaul Main Rotor 1400 Tail Rotor 900 Transmission 4100	d. Drop Stops Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	e. Skids Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	f. Rotor Brakes Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
g. Other (Specify)	

**15. Pilots Authorized to Fly Described Aircraft:**

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License No.
Art Sanford	11000	Experienced	Hel Mel	12/30/12	
John Reed	8900	Experienced	Hel Mel	4/5/13	
Ron Jackson	9500	Experienced	Hel Mel	1/4/13	

16. I certify that the information contained herein is accurate.


 Signature- Contractor \_\_\_\_\_
 
 President \_\_\_\_\_  
 Title
 

 3/05/13  
 Date

17. I have reviewed this information and, based upon the information provided, find that the aircraft does \_\_\_\_\_ does not \_\_\_\_\_ meet the minimum requirements for aircraft as set forth in the \_\_\_\_\_ gypsy moth suppression program contract specifications.

\_\_\_\_\_  
 Signature - Program Coordinator
 \_\_\_\_\_  
 Date

18. I have reviewed this information and am in agreement with the decision of the Program Coordinator.

\_\_\_\_\_  
 Signature- Aircraft Operations Advisor
 \_\_\_\_\_  
 Date

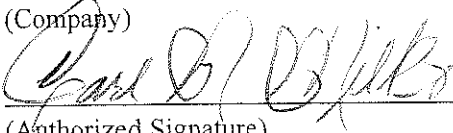
**19. Reasons for Rejections:**


**CERTIFICATION AND SIGNATURE PAGE**

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Summit Helicopters, Inc.

(Company)



(Authorized Signature)

Carl N Milko                      President

(Representative Name, Title)

540-992-5500                      540-992-5503

(Phone Number)

(Fax Number)

3/5/13

(Date)

# State of West Virginia VENDOR PREFERENCE CERTIFICATE

Certification and application\* is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

- 1. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 \_\_\_\_\_ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,  
 \_\_\_\_\_ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,  
 \_\_\_\_\_ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,
- 2. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 \_\_\_\_\_ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,
- 3. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 \_\_\_\_\_ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,
- 4. **Application is made for 5% resident vendor preference for the reason checked:**  
 \_\_\_\_\_ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,
- 5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**  
 \_\_\_\_\_ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,
- 6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**  
 \_\_\_\_\_ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
- 7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**  
 \_\_\_\_\_ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

**Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.**

Bidder: \_\_\_\_\_ Signed: \_\_\_\_\_  
 Date: \_\_\_\_\_ Title: \_\_\_\_\_



RFQ No. \_\_\_\_\_

STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

**MANDATE:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

**"Debt"** means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

**"Related party"** means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: Summit Helicopters, Inc.

Authorized Signature:  Date: 3/5/13

State of Virginia

County of Botetourt, to-wit:

Taken, subscribed, and sworn to before me this 5th day of March, 2013.

My Commission expires \_\_\_\_\_, 20\_\_.

**AFFIX SEAL HERE**

**NOTARY PUBLIC** \_\_\_\_\_

**ADDENDUM ACKNOWLEDGEMENT FORM****SOLICITATION NO.:** AGR1323

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

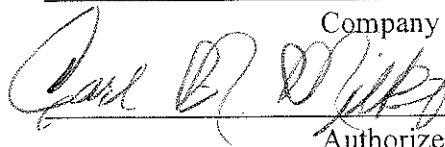
(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Summit Helicopters, Inc

Company



Authorized Signature

3/5/13

Date

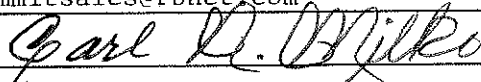
NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

RATING \* = Commercial  
Multi Engine  
Instrument

Application Planes									
PILOT'S FULL NAME	HOME ADDRESS	FAA MEDICAL DATE	SPECIAL QUALIFICATIONS	RATING	TOTAL FLIGHT HOURS	FAA LICENSE NUMBER	PESTICIDE APPLICATORS CERTIFICATE NUMBER AND STATE	CATEGORY	DGPS EXPERIENCE HOURS
See page 65									
Art Sanford	[REDACTED]	12/30/12	Exp	AHMEL	11000	[REDACTED]	C03767	FP APC ROW Aerial	5000 hrs
Ron Jackson	[REDACTED]	1/4/13	Experienced	AHMEL	9500	[REDACTED]	C04491	Aerial FP APC ROW	4000 hrs
John Reed	[REDACTED]	4/5/13	Experienced	AHMEL	8900	[REDACTED]	C03803	Aerial FP APC ROW	6000hrs

Observation Planes									
PILOT'S FULL NAME	HOME ADDRESS	FAA MEDICAL DATE	SPECIAL QUALIFICATIONS	RATING	TOTAL FLIGHT HOURS	FAA LICENSE NUMBER	PESTICIDE APPLICATORS CERTIFICATE	CATEGORY	DGPS EXPERIENCE HOURS
John Reed	[REDACTED]	4/5/13	Experienced	AMEL HMEL	8900	[REDACTED]	c03803	FP APC ROW aerial	8600

**PRICING PAGE**

Item No.	Description	Estimated Acres*	Unit Price/acre	Extended Amount
1	Mimic 2LV or Equal, applied at 5 fl. oz. per acre, Mixed with water for Final Application rate of .75 GPA (96 Oz)	3,777 acres	\$23.78	\$89,817.06
2	Application/Observation Aircraft Cost Per Acre	3,777 acres	\$1.00	\$3,777.00
3	BTK 48B or equal 24 CLU - undiluted spray volume of 1/2 of a gallon (64 ounces) per acre.	3,777 acres	\$34.98	\$132,119.46
4	BTK 76B or equal - 25.3 CLU – undiluted spray volume of 1/3 of a gallon per acre.	3,777 acres	\$35.98	\$135,896.45
5	Dimilin 4L or Equal - 1 oz. Dimilin 4L (.05 AI) with 1 oz. Adjuvant InPlace or equal in 1/2 gallon of water per acre	3,777 acres	\$23.78	\$89,817.06
6	Gypchek/ Gypchek Carrier or equal (Gypchek will be provided by USDA-FS) 1/2 gallon per acre, Dose is 2 x 1011 OB/acre/appl for each of 2 applications. Contractor is responsible for purchasing carrier 038A.	3,777 acres	\$18.98	\$71,687.46
*Acreage figures are estimates for evaluation purposes only. Agency may have more or less acreage based upon need over the life of the contract.				
Failure to use this form may result in disqualification			GRAND TOTAL	\$523,114.45
Bidder / Vendor Information				
Name:	Summit Helicopters, Inc.			
Address:	P.O.Box 39 Cloverdale, VA 24077			
Phone:	540-992-5500			
Email Address:	summitsales@rbnet.com			
Authorized Signature:				



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

**Solicitation**

NUMBER
AGR1323

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
GUY NISBET 304-558-8802

RECEIVED MAR 01 2013

VENDOR

\*709034233 540-992-5500  
 SUMMIT HELICOPTERS CMMM INC  
 PO BOX 39  
 CLOVERDALE VA 24077

SHIP TO

DEPARTMENT OF AGRICULTURE  
 PLANT INDUSTRIES DIVISION  
 1900 KANAWHA BOULEVARD, EAST  
 CHARLESTON, WV  
 25305 304-558-2222

DATE PRINTED
02/26/2013

BID OPENING DATE: 03/07/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO.1						
THE ADDENDUM FOR THE OPEN-END CONTRACT FOR AERIAL SUPPRESSION IS ISSUED TO ADDRESS THE ATTACHED INFORMATION.						
THERE WILL BE (NO) CHANGE IN BID OPENING DATE OF; MARCH 07, 2013 AT 1:30 PM.EST.						
0001	1	AC		675-45		
				MIMIC 2LV OR EQUAL		
0002	1	AC		962-46		
				APPLICATION AND OBSERVATION PER ACRE		
0003	1	AC		675-45		
				BRTK48B OR EQUAL		

SIGNATURE <i>Carl R. Gilko</i>	TELEPHONE 540 992 5500	DATE 3/5/13
TITLE PRESIDENT	FEIN 54-115-6923	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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

# Solicitation

NUMBER
AGR1323

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2

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DATE PRINTED
02/26/2013

BID OPENING DATE: 03/07/2013      BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0004	1	AC		675-45		
				BTK 76B OR EQUAL		
0005	1	AC		675-45		
				DIMILIN 4L OR EQUAL		
0006	1	AC		675-45		
				GYPCHECK/GYPCHEK CARRIER OR EQUAL		
***** THIS IS THE END OF RFQ      AGR1323 ***** TOTAL:						

SIGNATURE <i>God D. Wilko</i>	TELEPHONE 540 992 5500	DATE 3/5/13
TITLE <i>PRESIDENT</i>	FEIN 54-1156923	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: AGR1323  
 Addendum Number: No.01

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The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

**Applicable Addendum Category:**

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

**Description of Modification to Solicitation:**

THE ADDENDUM FOR THE OPE-END CONTRACT FOR AERIAL SUPPRESSION IS ISSUED TO ADDRESS THE ATTACHED INFORMATION.

1. vendor submitted question and Agency response.

No other changes.

THERE WILL BE (NO) CHANGE IN BID OPENING DATE OF; MARCH 07, 2013 AT 1:30 PM. EST.

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

**Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A



## Addendum Gypsy Moth Aerial Suppression AGR1323

### Question

1. We would like to know if rotary aircraft could be used in the program, if so what would be the requirements for the air craft

### Answer

1. Yes, helicopters are in the contract and are acceptable for this suppression project. See or refer to section 10.3 Aircraft Categories (A) Helicopters.

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: AGR1323**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Summit Helicopters, Inc.

Company

Paul G. Wilko

Authorized Signature

3/5/13

Date