

**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