



State Price Quote Specification  
**TYPE A— DIESEL, GAS & PROPANE**

Vendor: \_\_\_\_\_

Mfr.: \_\_\_\_\_

Use this document to bid both non-lift and lift, gas, diesel and propane buses.

ITEM	STATE-SUPPORTED SPECIFICATIONS Vendor must meet or exceed these specifications. Item bid shall be specified in column to right.		VENDOR SPECIFICALLY IDENTIFY ITEM BID Price of items bid will establish the state cost.	
Seating Capacity	Maximum passenger capacity based upon an average center-to-center seat spacing of at least 27.5" with a lap-shoulder belt for each seating position.	<b>Gas</b>	<b>Diesel</b>	<b>Propane</b>
		Capacity w/o lift _____ Capacity w/lift _____	Capacity w/o lift _____ Capacity w/lift _____	Capacity w/o lift _____ Capacity w/lift _____
Alternator	145 amp minimum. Lift-equipped or air-conditioned. Manufacturer recommended capacity.		Mfr. _____ Amps output w/o lift or A.C. _____ Amps output w/lift or A.C. _____	
Auxiliary Automatic Transmission Cooler	10,000 lb. Hayden or equal.	<b>Gas</b>	<b>Diesel</b>	<b>Propane</b>
		Mfr. _____ Lbs. rating _____	Mfr. _____ Lbs. rating _____	Mfr. _____ Lbs. rating _____
Axle—Front	Manufacturer's recommendation.	<b>Gas</b>	<b>Diesel</b>	<b>Propane</b>
		Mfr. _____ Capacity _____ Indepen. suspens. <input type="checkbox"/>	Mfr. _____ Lbs. rating _____ Indepen. suspens. <input type="checkbox"/>	Mfr. _____ Lbs. rating _____ Indepen. suspens. <input type="checkbox"/>
Axle—Rear	Manufacturer's recommendation.	<b>Gas</b>	<b>Diesel</b>	<b>Propane</b>
		Mfr. _____ Capacity _____	Mfr. _____ Capacity _____	Mfr. _____ Capacity _____
Axle Ratio	Must comply with power and gradeability formula. Refer to Washington State School Bus Specifications Manual.	<b>Gas</b>	<b>Diesel</b>	<b>Propane</b>
		Ratio _____	Ratio _____	Ratio _____
Back-up Lights	All required backup lights to be LED (Light Emitting Diode). Refer to Washington State School Bus Specification's Manual.		Round: <input type="checkbox"/> Diameter _____ Other: <input type="checkbox"/> Square inches _____	

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Battery(ies)	535 CCA 12 volt minimum for gas and propane w/o lift. 1070 CCA 12 volt minimum for diesel or any bus w/lift.		<b>Gas/Propane w/o lift</b>		<b>Diesel or any bus w/lift</b>
			CCA _____		CCA _____
Brakes	Hydraulic: Drum or Disc. Refer to Washington State School Bus Specifications Manual.	<b>Gas</b>	<b>Diesel</b>	<b>Propane</b>	
		Front Disc <input type="checkbox"/> Drum <input type="checkbox"/> Rear Disc <input type="checkbox"/> Drum <input type="checkbox"/> Drum Size _____	Front Disc <input type="checkbox"/> Drum <input type="checkbox"/> Rear Disc <input type="checkbox"/> Drum <input type="checkbox"/> Drum Size _____	Front Disc <input type="checkbox"/> Drum <input type="checkbox"/> Rear Disc <input type="checkbox"/> Drum <input type="checkbox"/> Drum Size _____	
Doors, Service	Power operated.		<input type="checkbox"/> Air <input type="checkbox"/> Folding <input type="checkbox"/> Electric <input type="checkbox"/> Split, Outward Opening <input type="checkbox"/> Other _____		
Engine	Gas and Propane—3.5 liters minimum. Diesel—130 H.P. minimum.	<b>Gas</b>	<b>Diesel</b>	<b>Propane</b>	
		Engine mfr. _____ Liters _____	Engine mfr. _____ H.P. _____	Engine mfr. _____ Liters _____	
Engine Heater	Diesel only—engine manufacturer's recommended in-block heater.		Watts _____ Volts _____ Mfr. _____		
Fuel Tank	Gas and Diesel—25 gallon minimum. Propane—largest available.		<b>Gas/Diesel</b>		<b>Propane</b>
			Capacity _____		Capacity _____
Hand Throttle	Diesel only—locking type, electronic, or immediate acting electric fast idle.		<input type="checkbox"/> Vernier <input type="checkbox"/> Electric <input type="checkbox"/> T type <input type="checkbox"/> Electronic		
Heaters	Front—manufacturer's standard. Rear—40,000 B.T.U. minimum.		Rear B.T.U. w/o lift _____ Rear B.T.U. w/lift _____		
Lights	LED (Light Emitting Diode). Includes Clearance Lights, Stop Lights—7", Tail Lights, Turn Signals, Eight-Light System, and Dome-Light System.		Check if as specified <input type="checkbox"/> If not, explain _____		

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P.A. System	AM/FM/PA radio with 2 interior and 1 exterior speakers.		Mfr. _____ Model No. _____		
Seat Spacing	To permit specified passenger capacity based on an average center-to-center seat spacing of at least 27.5".		Inside measurement from rear of stepwell to appropriate point at rear of passenger seating area: w/o lift _____ w/lift _____  Mfg.'s C/C seat measurement of vehicle (inches): w/o lift _____ w/lift _____		
Steering Wheel	Tilt.		Check if as specified <input type="checkbox"/>		
Step Tread	Studded or pebbled top tread covering.		Mfr. _____		
Tires	6 first quality, radial ply.		Mfr. _____ Size _____ Load range _____		
Toolbox	Exterior, manufacturer standard.		Size (cubic feet) _____		
Transmission	Automatic—manufacturer's standard compatible with H.P. and torque rating of engine bid.	<b>Gas</b>	<b>Diesel</b>	<b>Propane</b>	
		Mfr. _____ Model no. _____	Mfr. _____ Model no. _____	Mfr. _____ Model no. _____	
Two-way Communications	45-watt, VHF, mil. spec.		Mfr. _____ Model No. _____		
Wheels	6 to be compatible with tire size.		Size _____ Rim width _____		

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<b>SPECIAL NEEDS REQUIREMENTS—CHASSIS AND BODY</b>		
Wheelchair Lift—Installed	Must meet state specification. Platform shall be a minimum of 32" x 52".	Mfr. _____ Model No. _____
Wheelchair/Occupant Tie-down System—Installed	Must meet state specification.	Mfr. _____ Model No. _____
<b>ADDITIONAL REQUIREMENTS—CHASSIS AND BODY</b>		
Line Setting Ticket	Legible copy of manufacturer's Line Setting Ticket will be delivered with each vendor's packet at the time of delivery.	Check if as specified <input type="checkbox"/>
Owner's/Operator's Handbook	One copy of the chassis manufacturer's owner's/operator's handbook or manual will be furnished with each bus at delivery.	Check if as specified <input type="checkbox"/>
Repair Manuals	A complete set of chassis, engine, transmission, and body repair manuals, including wiring diagram for all components, will be made available at time of delivery, with instructions available on accessing repair materials.	Check if as specified <input type="checkbox"/>
Service and Cleaning	Cleaning and service by vendor prior to delivery will include: <ul style="list-style-type: none"> <li>• Chassis lubrication.</li> <li>• Check fluid levels: verify all are at recommended full levels.</li> <li>• Cooling system protected at -20°F.</li> <li>• Interior and exterior will be clean (including glass).</li> <li>• All systems (electric, air, hydraulic, mechanical and manual) be inspected to ensure proper operation at time of delivery.</li> <li>• All components and accessories will be installed and operational at time of delivery.</li> </ul>	Check if as specified <input type="checkbox"/>
Warranty	A complete copy of all warranty agreements will be furnished at time of delivery.	Check if as specified <input type="checkbox"/>



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**  
2021-2022

STUDENT TRANSPORTATION  
Old Capitol Building  
PO BOX 47200  
Olympia, WA 98504-7200  
(360) 725-6120 TTY (360) 664-3631

**VEHICLE DATA SHEET AND OFFICIAL PRICE QUOTATION  
TYPE A—DIESEL**

VENDOR'S COMPANY NAME	REPRESENTATIVE'S NAME	TELEPHONE NUMBER
ADDRESS	Estimated delivery date to school district from time purchase order is received: _____	
	_____	
	Firm where engine and chassis can be serviced or repaired and parts obtained: _____	
	_____	
Firm where body can be serviced or repaired and parts obtained: _____		
_____		

BODY				
MAKE	Warranty: Years _____	Inside measurement from rear of stepwell to appropriate point at rear of passenger seating area: w/o lift _____ w/lift _____	Equipped seating capacity: w/o lift _____ w/lift _____	
MODEL	Miles _____		Overall vehicle length (inches): w/o lift _____ w/lift _____	
YEAR	Seat color: _____			
	Floor color: _____			

CHASSIS		ENGINE		
MAKE	Warranty: Years _____	MANUFACTURER		Torque: _____ @ _____ RPM
	Miles _____			H.P.: _____ @ _____ RPM
MODEL	Wheel base: _____	MODEL	YEAR	Fuel type: _____
TRANSMISSION		Warranty: Years _____		Battery type/grp: _____
MANUFACTURER	Speeds forward: _____	Miles _____		Number batteries: _____
MODEL	Warranty: Years _____	Number of cylinders: _____		Total CCA: _____
	Miles _____	Inline _____ V-type _____		

QUOTED PRICE	
Quoted price is based upon payment within 30 days after delivery to the school district (without sales tax).	
Diesel Bid—w/o lift \$ _____	Diesel Bid—w/lift \$ _____
VENDOR REPRESENTATIVE'S SIGNATURE	DATE



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## VEHICLE DATA SHEET AND OFFICIAL PRICE QUOTATION TYPE A—GAS

VENDOR'S COMPANY NAME	REPRESENTATIVE'S NAME	TELEPHONE NUMBER
ADDRESS	Estimated delivery date to school district from time purchase order is received: _____  Firm where engine and chassis can be serviced or repaired and parts obtained: _____  Firm where body can be serviced or repaired and parts obtained: _____	

BODY				
MAKE		Warranty: Years _____ Miles _____	Inside measurement from rear of stepwell to appropriate point at rear of passenger seating area: w/o lift _____ w/lift _____	Equipped seating capacity: w/o lift _____ w/lift _____
MODEL	YEAR	Seat color: _____ Floor color: _____	Overall vehicle length (inches): w/o lift _____ w/lift _____	

CHASSIS		ENGINE		
MAKE		Warranty: Years _____ Miles _____	MANUFACTURER	
MODEL	YEAR	Wheel base: _____	MODEL	YEAR
TRANSMISSION		Warranty: Years _____ Miles _____	Torque: _____ @ _____ RPM H.P.: _____ @ _____ RPM	
MANUFACTURER	MODEL	Speeds forward: _____	Liters: _____ Fuel type: _____	
Warranty: Years _____ Miles _____		Number of cylinders: _____ Inline _____ V-type _____	Battery type/grp: _____ Number batteries: _____ Total CCA: _____	

QUOTED PRICE	
Quoted price is based upon payment within 30 days after delivery to the school district (without sales tax).	
Gas Bid—w/o lift \$ _____	Gas Bid—w/lift \$ _____
VENDOR REPRESENTATIVE'S SIGNATURE	DATE



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## VEHICLE DATA SHEET AND OFFICIAL PRICE QUOTATION TYPE A—PROPANE

VENDOR'S COMPANY NAME	REPRESENTATIVE'S NAME	TELEPHONE NUMBER
ADDRESS	Estimated delivery date to school district from time purchase order is received: _____ _____ Firm where engine and chassis can be serviced or repaired and parts obtained: _____ _____ Firm where body can be serviced or repaired and parts obtained: _____ _____	

BODY				
MAKE		Warranty: Years _____ Miles _____	Inside measurement from rear of stepwell to appropriate point at rear of passenger seating area: w/o lift _____ w/lift _____	Equipped seating capacity: w/o lift _____ w/lift _____
MODEL	YEAR	Seat color: _____ Floor color: _____		Overall vehicle length (inches): w/o lift _____ w/lift _____

CHASSIS		ENGINE		
MAKE		Warranty: Years _____ Miles _____	MANUFACTURER	
MODEL	YEAR	Wheel base: _____	MODEL	YEAR
<b>TRANSMISSION</b>		Warranty: Years _____ Miles _____	Torque: _____ @ _____ RPM H.P.: _____ @ _____ RPM	
MANUFACTURER	MODEL	Speeds forward: _____	Liters: _____ Fuel type: _____	
Warranty: Years _____ Miles _____		Number of cylinders: _____ Inline _____ V-type _____	Battery type/grp: _____ Number batteries: _____ Total CCA: _____	

QUOTED PRICE	
Quoted price is based upon payment within 30 days after delivery to the school district (without sales tax).	
Propane Bid—w/o lift \$ _____	Propane Bid—w/lift \$ _____
VENDOR REPRESENTATIVE'S SIGNATURE	DATE

State Price Quote Specification  
**DISTRICT-SUPPORTED OPTIONS**  
**TYPE A**

Vendor: \_\_\_\_\_

Mfr.: \_\_\_\_\_

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CHASSIS			
ITEM	Vendor must meet or exceed these specifications. Item bid shall be specified in column to right.	VENDOR SPECIFICALLY IDENTIFY ITEM BID Price of items bid will establish the district cost.	
		<i>Gas</i>	<i>Diesel</i>
Small A	Type A bus—10,000 lbs or under GVWR chassis.	Deduct _____ Mfr. _____ Capacity w/o lift _____ Dual Wheel <input type="checkbox"/> Single Wheel <input type="checkbox"/>	Deduct _____ Mfr. _____ Capacity w/o lift _____ Dual Wheel <input type="checkbox"/> Single Wheel <input type="checkbox"/>
Air Conditioning	To cool passenger compartment as required in the Washington State School Bus Specifications manual.	Mfr. _____ Cost \$ _____	
Alternate Fuel <input type="checkbox"/> CNG <input type="checkbox"/> Electric	Must comply with power and gradeability formula. Refer to Washington State School Bus Specifications manual. Must comply with all of the requirements of FMVSS No. 305.	Mfr. _____ <input type="checkbox"/> CNG Cost \$ _____ <input type="checkbox"/> Electric Cost \$ _____	
Back-up Alarm	Must meet state specification.	Mfr. _____ Cost \$ _____	
Color	Exterior white roof.	Cost \$ _____	
Steering Wheel	Tilt and telescoping column.	Cost \$ _____	
Strobe Light	Exterior roof mounted white strobe light.	Mfr. _____ Model No. _____ Cost \$ _____	
Student Protection System—Installed	Electronic system to insure driver post-trip inspection of passenger compartment.	Mfr. _____ Model No. _____ Cost \$ _____	
Toolbox	Interior, manufacturer standard.	Cost \$ _____	Deduct \$ _____



State Price Quote Specification  
**DISTRICT-SUPPORTED OPTIONS**  
**TYPE A**

**PART II (cont.)**

Vendor: \_\_\_\_\_

Mfr.: \_\_\_\_\_

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ITEM	Vendor must meet or exceed these specifications. Item bid shall be specified in column to right.	<b>VENDOR SPECIFICALLY IDENTIFY ITEM BID</b> Price of items bid will establish the district cost.	
Video Camera Systems—Installed	Digital audio/video system for monitoring the passenger compartment with more than two cameras.	Mfr. _____ Model No. _____ Cost \$ _____ How many cameras _____	
Video Camera Systems—Stop Sign Camera—Installed	Must meet state specification.	<b>Stand Alone System</b>	<b>Added to Interior System</b>
		Mfr. _____ Model No. _____ Cost \$ _____ How many cameras _____	Mfr. _____ Model No. _____ Cost \$ _____ How many cameras _____
Warning Light Monitor	16 light monitoring system.	<b>Incandescent</b>	<b>LED Lights</b>
		Cost \$ _____	Cost \$ _____
Additional Wheelchair/Occupant Tie-down System—Installed	Must meet state specification.	Mfr. _____ Model No. _____ Cost per station \$ _____	
Windows	Laminated passenger-compartment side or rear glass.	Side Cost \$ _____	
		Rear Cost \$ _____	
		Both Cost \$ _____	
Windows	Tinted.	Cost \$ _____	