

SCHEDULE A

STATE OF IDAHO  
DEPARTMENT OF LANDS  
**REQUEST FOR QUOTE**  
*THIS IS NOT AN ORDER*

**Requisition Number: 26-3133**  
**REVISED**

Date: \_\_\_\_\_

**INSTRUCTIONS:**

**Responders must use this form in submitting prices.**

For each line, include the Make & Model being quoted, provide a total price if IDL picks the ATV/UTV up at your dealership, and the total price if delivered to the corresponding location by line item. Delivery: FOB Destination: In Articles

QUAN.	UNIT	ARTICLES	TOTAL PRICE
1	EA	<b>Honda Rubicon or Equivalent:</b> <b>Make &amp; Model Quoted</b> _____ Skid Plates A-Arm Guards Rear Hitch Automatic Transmission Front and Rear Racks Heated grips Power Steering Front winch; equal or larger than 2500 LB capacity <b>FOB Destination:</b> 2550 Highway 2, Sandpoint, ID 83864	<u>IDL Pick Up</u> \$ _____ <u>Including</u> <u>F.O.B. Delivery</u> \$ _____
1	EA	<b>Yamaha Grizzly 700 ATV with Tracks or Equivalent:</b> <b>Make &amp; Model Quoted</b> _____ Power Steering Skid Plates A-Arm Guards Rear Hitch Automatic Transmission Front and Rear Racks Heated grips Dealer Mounted Front Winch; equal or larger than 2500 LB capacity Tracks to be included with the purchase. Dealer must install the tracks and wheels and tires will be included. <b>FOB Destination:</b> 3563 Ririe Highway, Idaho Falls, ID 83401	<u>IDL Pick Up</u> \$ _____ <u>Including</u> <u>F.O.B. Delivery</u> \$ _____
1	EA	<b>Yamaha Viking 700 UTV or Equivalent:</b> <b>Make &amp; Model Quoted</b> _____ Windshield Soft Sided Enclosure Power Steering Cab Heater Skid Plates A-Arm Guards Rear Hitch Automatic Transmission Dealer Mounted Front Winch; equal or larger than 3500 LB capacity <b>FOB Destination:</b> 3563 Ririe Highway, Idaho Falls, ID 83401	<u>IDL Pick Up</u> \$ _____ <u>Including</u> <u>F.O.B. Delivery</u> \$ _____
1	EA	<b>Yamaha Grizzly 700 ATV or Equivalent:</b> <b>Make &amp; Model Quoted</b> _____ Skid Plates A-Arm Guards Rear Hitch Automatic Transmission Front and Rear Racks Heated grips Power Steering Front winch; equal or larger than 2500 LB capacity <b>FOB Destination:</b> 1806 Main Ave., St Maries, ID 83861	<u>IDL Pick Up</u> \$ _____ <u>Including</u> <u>F.O.B. Delivery</u> \$ _____

1	EA	<b>Honda Pioneer 1000 UTV (Enclosed) or Equivalent:</b> <b>Make &amp; Model Quoted</b> _____  Full Poly Wind Screen (hard coat) Fully Enclosed – Soft Sided Power Steering Cab Heater Skid Plates A-Arm Guards Rear Hitch Automatic Transmission Dealer Mounted Front Winch; equal or larger than 3500 LB capacity <b>FOB Destination:</b> 3258 W Industrial Loop, Coeur d'Alene, ID 83815	<u>IDL Pick Up</u>  \$ _____  <u>Including</u>  <u>F.O.B. Delivery</u>  \$ _____				
1	EA	<b>Honda Pioneer 700-4 Deluxe UTV or Equivalent:</b> <b>Make &amp; Model Quoted</b> _____  Full Poly Wind Screen (hard coat) Soft Sided Enclosure Power Steering Cab Heater Skid Plates A-Arm Guards Rear Hitch Automatic Transmission Dealer Mounted Front Winch; equal or larger than 3500 LB capacity <b>FOB Destination:</b> 3563 Ririe Highway, Idaho Falls, ID 83401	<u>IDL Pick Up</u>  \$ _____  <u>Including</u>  <u>F.O.B. Delivery</u>  \$ _____				
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 5px;">Action</th> <th style="width: 50%; padding: 5px;">Due Date</th> </tr> <tr> <td style="padding: 5px;"><i>Request for Quote Responses Due Before:</i></td> <td style="padding: 5px;"><i>1:00:00 P.M.P.T. , 2/3/2026</i></td> </tr> </table> <p style="margin-top: 10px;"><b>DELIVERY DATE FROM TIME OF ORDER</b> _____</p>				Action	Due Date	<i>Request for Quote Responses Due Before:</i>	<i>1:00:00 P.M.P.T. , 2/3/2026</i>
Action	Due Date						
<i>Request for Quote Responses Due Before:</i>	<i>1:00:00 P.M.P.T. , 2/3/2026</i>						
Delivery requested <u>per specifications</u>  <b><u>EMAIL QUOTE TO:</u></b>  <a href="mailto:mrsande@idl.idaho.gov">mrsande@idl.idaho.gov</a>		We have stated hereon the prices at which <u>we will furnish and at destination named above</u> , the articles or services as specified. Delivery will be made as specified above. Firm _____ Street _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ E-Mail _____ Taxpayer ID# _____ Signed by _____ Printed Name _____ Title _____					