

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 06/06)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):						
A. ITEM NO.	B. NO. UNITS OF EQUIP.	C. ITEM DESCRIPTION	D. ESTIMATED USE/UNIT	E. UNIT OF MEASURE	F. UNIT PRICE (Per Unit of Measure)	G. TOTAL (No. Units of Equip. X Estimated Use/Unit X Unit Price)
1	1	Fully operated and maintained helicopter	24	Hour	\$ 850. ⁰⁰	\$ 20,400
2*		Ferry Time (No more than 1 hour in each direction)	16	Hour	\$ 825. ⁰⁰	\$ 13,200
(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED. (2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL. (3) ANY ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET BY THE PROPOSER WILL BE GROUNDS FOR BID REJECTION. (4) EACH LINE MUST BE BID. PLEASE DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD. *ONE MOVE-IN AND ONE MOVE-OUT EQUALS ONE MOVE					TOTAL THIS PROPOSAL	\$ 33,600

ATTACHMENT 3

BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal - Do Not Open".
- B. All required attachments are included with this certification sheet.
- C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name <i>Airlift Helicopters Inc</i>	2. Telephone Number <i>725-825-4447</i>	2a. Fax Number <i>725-359-7930</i>
2b. Email Address <i>Marty@airliftheli.com</i>		
3. Address <i>550 W Flumb Ln B-401 Reno, NV 89509</i>		
Indicate your organization type:		
4. <input checked="" type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) <i>88-0493481</i>	8. California Corporation No.	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number <i>Air Carrier Certificate Y7FA840J</i>	10. PUC License Number CAL-T-	
11. Bidder's Name (Print) <i>Marty Berlin</i>	12. Title <i>COO</i>	
13. Signature <i>M Berlin</i>	14. Date <i>10/20/15</i>	
15. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:		
a. Small Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, enter certification number: _____		If yes, enter your service code below: _____
NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".		
Date application was submitted to OSDS, if an application is pending: _____		