

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
BID PROPOSAL
ADM-1412 (REV. 06/2006)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):

ITEM NO.	NO. UNITS OF EQUIP.	ITEM DESCRIPTION	ESTIMATED USE/UNIT	UNIT OF MEASURE	UNIT PRICE	ESTIMATED MOVES/ UNIT*	UNIT PRICE/ MOVE	TOTAL
1	1	Rental of Aerial Truck with Personnel Bucket 38 ft (42 ft. working height minimum) and Global Positioning System.	24 Months	Monthly	\$3,425.00	4	\$ no charge	\$ 82,200.00

(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) ONE MOVE-IN PLUS ONE MOVE-OUT EQUALS ONE MOVE

(4) EACH LINE MUST BE BID. DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID PROPOSAL WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD

TOTAL THIS PROPOSAL

\$ 82,200.00

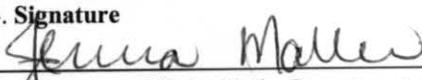
ATTACHMENT 3

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 Nesco, LLC	2. Telephone Number (260 824-6340)	2a. Fax Number (260 824-6350)
2b. Email Address jenna.maller@nescorentals.com		
3. Address 3112 E. State Road 124, Bluffton, IN 46714		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input checked="" type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) 35-1841460	8. California Corporation No. 10-16-45320	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number	10. PUC License Number CAL-T-	11. Required
12. Bidder' Name (Print) Jenna Maller	13. Title Director of Government Sales	
14. Signature 	15. Date 7/29/2015	
16. 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"/>		
If yes, enter certification number: _____		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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: _____		