ATTACHMENT 5
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 Lochness Construction	2. Telephone Number (619 208-3173	2a. Fax Number ( ) n/a
2b. Email Address Ken@lochnessconstruction.com		
3. Address 7219 Blackton Dr. La Mesa, CA 91941		
Indicate your organization type: 4. ☒ Sole Proprietorship	5. ☐ Partnership	6. ☐ Corporation
Indicate the applicable employee and/or corporation number: 7. Federal Employee ID No. (FEIN) 46-3120559	8. California Corporation No. —	
Indicate applicable license and/or certification information: 9. Contractor's State Licensing Board Number 946626	10. PUC License Number CAL-T- n/a	
11. Bidder' Name (Print) Kenneth Sullivan	12. Title Owner	
13. **Signature**	14. Date 9/16/15	

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 ☒ No ☐
If yes, enter certification number: 1512847

b. Disabled Veteran Business Enterprise Yes ☐ No ☒
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: _____

9/2/2015 12:19 PM

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 06/06)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):

CONTRACT NO.

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Per Unit of Measure)	TOTAL (In Figures)
1	1	Lump Sum	Install Six (6) pendant mount interior light fixtures and light switch, GFCI receptacle, wiring for future garage door opener, contactor for exterior lights with PEC, conduit, wires, fitting, boxes, and breakers. As described in Exhibit A, Scope of Work (SOW) Seven (7) exterior wall mount light fixtures supplied by Caltrans. As described in Exhibit A, (SOW)		15,879.00

(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

TOTAL THIS PROPOSAL: 15,879.00

State of California

Bid 08A2556

BIDDER DECLARATION

1. Prime bidder information **(Review attached Bidder Declaration Instructions prior to completion of this form)**:

a. Identify current California certification(s) **(MB, SB, SB/NVSA, DVBE):** MB **or None** ___ (If "None", go to Item #2)

b. Will subcontractors be used for this contract? **Yes** X **No** ___ (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

Lodness Construction shall install all lighting and electrical per I.F.B.

c. If you are a California certified DVBE: (1) Are you a broker or agent? **Yes** ___ **No** X
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? **Yes** ___ **No** X **N/A** ___

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
Quality Lift & Equipment John Andrews 562-685-6211	5213 Hanbury St. Long Beach, CA 90808 john@qualityliftonet	DVBE MB	Boom Lift Rental	7%	yes	yes

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

QUALITY LIFT & EQUIPMENT, INC

10845 NORWALK BLVD
SANTA FE SPRINGS, CA 90670
562-903-2131 • Fax 562-903-1311

Rental Quote

Rental Quote # 913000185
Quote Date 9/18/2015
Terms - COD - Contract # 0 - 1

QUOTE
TO: CASH00
Cash Sale

Santa Fe Springs, CA 90670

REFERENCE
TO: CASH00
Lochness Construction

,

619.208.3173
Salesperson: House Account *Writer:*

P.O. #	*Ship Via*	*F.O.B.*	*Rental Period:* Week	*Start* 9/18/2015	*End* 9/24/2015

Rental

JLG 30ft boom - 1 week

Fuel s/charge	**12.00**
Transportation RT	**250.00**
Week	**800.00**

Misc = $262.00 **Rental = $800.00**

Sub Total	**$1,062.00**
Tax @ 9%	**$72.00**
Total	**$1,134.00**

Accepted By: _____ *Date:* _____

STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE: Quality Lift & Equipment DVBE Reference Number: 59742

Description (materials/supplies/services/equipment proposed): Equipment Service, Parts, Rentals

Solicitation/Contract Number: _____ SCPRS Reference Number: _____ (FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

☒ I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete section 3 below if renting equipment.

☐ Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). *(Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)*

All DV owners and managers of the DVBE **(attach additional pages with sufficient signature blocks for each person to sign):**

(Printed Name of DV Owner/Manager)	(Signature of DV Owner/Manager)	(Date Signed)
John Andrews	John Andrews	9/18/2015

Firm/Principal for whom the DVBE is acting as a broker or agent: _____ (Print or Type Name)
(If more than one firm, list on extra sheets.)

Firm/Principal Phone: 562 903 2131 Address: 10845 NORWALK BLVD SFS CA 90670

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

☒ Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. Seq

☒ The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in *Military and Veterans Code 999.2, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.*

Disabled Veteran Owner(s) of the DVBE **(attach additional pages with signature blocks for each person to sign):**

(Printed Name)	(Signature)	(Date Signed)
John Andrews	John Andrews	9/18/15

(Address of Owner)	(Telephone)	(Tax Identification Number of Owner)
5213 Hanbury St, Long Beach CA 90808	562 685 6211	551 43 8981

Disabled Veteran Manager(s) of the DVBE **(attach additional pages with sufficient signature blocks for each person to sign):**

(Printed Name of DV Manager)	(Signature of DV Manager)	(Date Signed)
John Andrews	John Andrews	9/18/15

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