STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 06/06)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): APEX WASTE SYSTEMS, INC.

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM DESCRIPTION	UNIT PRICE* (Price Per Unit of Measure)	TOTAL (Estimated Quantity x Unit Price)
1	104	Per Pick-Up	One (1) 20 cubic yard (CY) trash bin as described in Exhibit A, Scope of Work (SOW). Location: Essex Maintenance Station*	$ 755.00	$ 78,520.00
2	104	Per Pick-Up	One (1) 40 CY trash bin as described in Exhibit A, SOW. Location: Barstow Maintenance Station*	$ 650.00	$ 67,600.00
				TOTAL	**$** 146,120.00

(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) UNIT PRICE SHALL INCLUDE ALL DISPOSAL FEES.

***UNIT PRICE EQUALS THE PRICE OF THE NUMBER OF ALL TRASH BINS LISTED UNDER ITEM DESCRIPTION.**

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 Apex Waste Systems, Inc.	2. Telephone Number (562) 272-4501	2a. Fax Number (562) 272-4513
2b. Email Address apexwasteinc@aol.com		
3. Address 2400 E. 70th Street, Long Beach, CA 90805		
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) 41-2179076	8. California Corporation No. 2633800	
Indicate applicable license and/or certification information: 9. Contractor's State Licensing Board Number MCP	10. PUC License Number CAL-T-	
11. Bidder' Name (Print) Gil Koda	12. Title Vice President	
13. **Signature** Gil Koda	14. Date 9/4/2015	

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: 43555

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: _____