

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL
 ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):

Coastal Roll-off

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	72	Pick-up	On-call/as-needed, and emergency trash pickup, hauling and disposal services for San Luis Obispo Maintenance Station as described in Exhibit A, Scope of Work	\$ 420. ⁰⁰	\$ 30,240. 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	\$ 30,240. 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 Coastal Rolloff	2. Telephone Number (805) 543-0473	2a. Fax Number (805) 543-0620
2b. Email Address rigod@wcnx.org		
3. Address 4388 Old Santa Fe Rd San Luis Obispo, CA 93401		
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) 77-0217914	8. California Corporation No. 1-1638532	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number	10. PUC License Number CAL-T-	
11. Bidder's Name (Print) Patrick Denton	12. Title District Manager	
13. Signature 	14. Date 4-1-2016	

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: _____

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: _____