STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 06/06)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): R.Y. Rodriguez, Inc.			CONTRACT NO. 12A1622		
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (unit of figures)	TOTAL (estimated quantity X unit price)
Contractor shall provide all labor, materials, tools, equipment, services, and licensed technicians to serve, repair, and test fuel tanks on an as-needed basis for four (4) Caltrans Maintenance Stations in Orange County. Bid price for fuel tank testing shall include Static Pressure Decay, Vapor Return Line Testing, and Vapor Pressure Reduction Testing. **Facilities:** Batavia Maintenance Station, Orange Maintenance Station, San Juan Capistrano Maintenance Station, and Marine Way Maintenance Station.					
1	750	Per Hour	Fuel Tank Inspection, Services, and Repair as described in Exhibit A, Scope of Work (SOW). Hourly Rate shall include full compensation for one (1) licensed technician, tools, travel, equipment, and incidentals to complete the work. Travel and mileage shall be included in the hourly rate.	$ 98.25	$ 73,687.50
2	8	Each Test	Fuel Tank Testing as described in Exhibit A, SOW. Testing shall be completed during the month of February of each year at all four (4) Caltrans facilities as required by South Coast Air Quality Management. Test time shall include up to 1.5 additional hours of labor to make necessary adjustments to pass test. Travel time to and from test site shall be included in unit price.	$ 685.00	$ 5,480.00
3			Materials and Supplies per Exhibit B item 5 **(Calculate 10% of Items from 1 -2)**		$ 7,916.75
				TOTAL THIS PROPOSAL	$ 87,084.25

(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.

ATTCHMENT 4

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 R.Y. Rodriguez, Inc.	2. Telephone Number (909) 937-9044	2a. Fax Number (909) 937-9052
2b. Email Address robert@ryrinc.com		
3. Address 720 S. Rochester Ave. Suite C Ontario, CA 91761		
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) 95-4715227	8. California Corporation No. 2097380	
Indicate applicable license and/or certification information: 9. Contractor's State Licensing Board Number 623516	10. PUC License Number CAL-T-	
11. Bidder' Name (Print) Robert Y. Rodriguez	12. Title President	
13. **Signature** Robert Y. Rodriguez	14. Date 1-8-16	

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: 10864

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: _____