

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

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Unit Price X Estimated Quantity)
1	52	1 Service*	All work in accordance with Exhibit A, Scope of Work.	\$ 1,000	\$ 52,000
				TOTAL THIS PROPOSAL	\$ 52,000

(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.

*SERVICE SHALL BE DEFINED AS THE PICK-UP, SHREDDING AND DISPOSAL OF ALL MATERIAL WITH EACH VISIT FOR THE TOTAL OF 52 VISITS IN THE AGREEMENT

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 <i>Shred Pro, Inc</i>	2. Telephone Number <i>920-</i> <i>(760) 648-0022</i>	2a. Fax Number <i>(760) 648-7193</i>
2b. Email Address <i>Shredproinc@yahoo.com</i>		
3. Address <i>PO Box 100 - PMB 353, Mammoth Lks, CA 93546</i>		
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) <i>20-066849</i>	8. California Corporation No. <i>C2580466</i>	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number <i>NA</i>	10. PUC License Number CAL-T- <i>NA</i>	
11. Bidder Name (Print) <i>Jeanla McComish</i>	12. Title <i>President</i>	
13. Signature <i>Jeanla McComish</i>	14. Date <i>12-21-2015</i>	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: <i>40645</i>	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: _____		
16. Are you a Non-Small Business committing to the use of 25% Certified Small Business Participation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		