

BID PROPOSAL

ADM-1412 (REV. 06/06)

ATTACHMENT 1

Invitation For Bid
 IFB Number: 01A1546
 Page 1 of 1

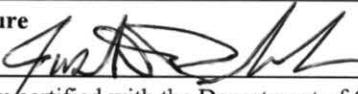
CONTRACTOR'S NAME (Please Print): <i>Superior Pump & Drilling Inc</i>			CONTRACT NO. 01A1546	PAGE	
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price per unit of measures)	TOTAL (Estimate Qty x Unit price)
1	24	Each	Monthly take bacteria water test.	125	3000
2	4	Each	Additional water tests as needed.	160	640
3	2	Each	Annual Drinking Water Test	395	790
4	8	Each	Quarterly service of ozone system	130	1040
5	2	Each	Ozone UV light assembly replaced	165	330
6	40	Hour	Minor repairs to water treatment system	140	5600
Subtotal of Items 1-6 Above					11,400
7	Projected Parts/Materials/Supplies for Minor Repairs Calculate 10% of the subtotal above (Contractor will be reimbursed for the actual cost of parts/materials/supplies approved by the Caltrans Contract Manager up to the total)				1,140
(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.				TOTAL THIS SHEET	
(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.				12,540	
(3) ANY ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET BY THE PROPOSER WILL BE GROUNDS TO REJECT THEIR BID.					
(4) EACH LINE ITEM MUST BE BID. PLEASE DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID PROPOSAL SHEET MAY BE DISQUALIFIED.					

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 SUPERIOR PUMP & DRILLING INC	2. Telephone Number (707) 964-9511	2a. Fax Number (707) 964-9541
2b. Email Address JUSTINSUPERIORPUMP@YAHOO.COM		
3. Address 1251 N. MAIN ST FORT BRAGG CA 95437		
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) 45-1506339	8. California Corporation No. 3364350	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number 495399	10. PUC License Number CAL-T- C36 & T1	11. Required
12. Bidder Name (Print) JUSTIN QUEVEDO	13. Title PRESIDENT	
14. Signature 	15. Date 6-4-15	
16. 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"/>		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, enter certification number: 1738751		
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: _____		
17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.		

Attachment 2

State of California—Department of General Services, Procurement Division
GSPD-05-105 (EST 8/05)

Solicitation Number _____

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 ____ No X (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.
- _____
- _____
- 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 ____ 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?

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