

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

**BID PROPOSAL**

ADM-1412 (REV. 06/2006)

**ATTACHMENT 1**

**CONTRACTOR'S NAME** (Please Print):

ITEM NO.	NO. UNITS OF EQUIP.	ITEM DESCRIPTION	ESTIMATED USE/UNIT	UNIT OF MEASURE	UNIT PRICE	ESTIMATED MOVES/ UNIT*	UNIT PRICE/ MOVE	TOTAL
1	1	Rental of Aerial Truck with Personnel Bucket 38 ft (42 ft. working height minimum) and Global Positioning System.	12 Months	Monthly	\$ 3,425.00	4	\$ no charge	\$ 41,100.00
<p>(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</p> <p>(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL</p> <p>(3) ONE MOVE-IN PLUS ONE MOVE-OUT EQUALS ONE MOVE</p> <p>(4) EACH LINE MUST BE BID. DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID PROPOSAL WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD</p>								<p>TOTAL THIS PROPOSAL</p> <p>\$ 41,100.00</p>

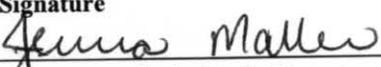
**ATTACHMENT 3**

**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 Nesco, LLC	2. Telephone Number (260) 824-6340	2a. Fax Number (260) 824-6350
2b. Email Address		
3. Address 3112 E. State Road 124, Bluffton, IN 46714		
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) 35-1841460	8. California Corporation No. 10-1645320	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number	10. PUC License Number CAL-T-	11. Required
12. Bidder' Name (Print) Jenna Maller	13. Title Director of Government Sales	
14. Signature 	15. Date 06/04/2015	
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 type="checkbox"/> No <input checked="" type="checkbox"/>	b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, enter certification number: _____	If yes, enter your service code below: _____	
<b>NOTE:</b> 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: _____		