# 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<br>NESCO, LLC | 2. Telephone Number<br>(260) 824-7150 | 2a. Fax Number<br>(260) 353-1709 |
| 2b. Email Address jenna.maller@nescorentals.com | | |
| 3. Address<br>3112 E. STATE ROAD 124, BLUFFTON, IN 46714 | | |
| Indicate your organization type:<br>4. ☐ Sole Proprietorship | 5. ☐ Partnership | 6. ☒ Corporation |
| Indicate the applicable employee and/or corporation number:<br>7. Federal Employee ID No. (FEIN) 35-1841460 | 8. California Corporation No. 10-1645320 | |
| Indicate the Department of Industrial Relations information:<br>9. Contractor Registration Number | | |
| Indicate applicable license and/or certification information:<br>10. Contractor's State Licensing Board Number | 11. PUC License Number<br>CAL-T- | |
| 12. Bidder' Name (Print)<br>NESCO, LLC - JENNA MALLER | 13. Title<br>DIRECTOR OF GOVERNMENT SALES | |
| 14. **Signature**<br>Jenna Maller | 15. Date<br>6/15/2016 | |

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 ☐ 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: _____

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

# BID PROPOSAL

ADM-1412 (REV. 11/2015)

## ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):

| ITEM NO. | NO. UNITS OF EQUIP. | ITEM DESCRIPTION | ESTIMATED USE/UNIT | UNIT OF MEASURE | UNIT PRICE PER TRUCK | ESTIMATED MOVES/ UNIT* | UNIT PRICE/ MOVE[1] | TOTAL (Each line item total equals Unit Price/Equip + Unit Price / Move) |
|---|---|---|---|---|---|---|---|---|
| 1 | 1 | Aerial Truck with Personnel Bucket 38 feet minimum platform height | 24 Months (Two Years) | Monthly | $ 2,850.00 | 1 | $ 500.00 | $ 69,900.00 |
| 2 | 1 | Aerial Truck with Personnel Bucket 38 feet minimum platform height | 24 Months (Two Years) | Monthly | $ 2,850.00 | 1 | $ 500.00 | $ 69,900.00 |

| | |
|---|---|
| TOTAL THIS PROPOSAL | $ 139,800.00 |

1) MOVE-IN PLUS ONE MOVE-OUT EQUALS ONE MOVE
2) TRUCKS WILL BE RENTED FOR 12 MONTHS PER YEAR AS NEEDED
3) 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
4) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL
5) ANY ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET BY THE PROPOSER MAY BE GROUNDS FOR REJECTION OF BID.
6) 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.