

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION
BID PROPOSAL
ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	TOTAL
1	1	Lump Sum	All work in accordance with Exhibit A, Scope of Work	\$ 12,900.00
TOTAL THIS PROPOSAL				\$ 12,900.00

ATTACHMENT 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 <u>My Electrician Inc.</u>	2. Telephone Number <u>(800) 342-6885</u>	2a. Fax Number <u>(951) 609-1544</u>
2b. Email Address <u>briawalston@myelectricalguy.com</u>		
3. Address <u>27315 Jefferson Ave. Suite J-46 Temecula CA 92590</u>		
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) <u>90-6650741</u>	8. California Corporation No. <u>C3544951</u>	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number <u>10000 17806</u>		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number <u>1001662</u>	11. PUC License Number CAL-T-	
12. Bidder' Name (Print) <u>Brian M. Alston</u>	13. Title <u>President</u>	
14. Signature <u>Brian M. Alston</u>	15. Date <u>6/17/16</u>	
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"/> If yes, enter certification number: <u>172 4300</u>	b. Disabled Veteran Business Enterprise Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter your service code below: <u>172 4300</u>	
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: _____		