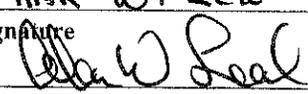


ATTACHMENT 3
 BID/BIDDER CERTIFICATION SHEET

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 Sentinel Fire Equipment Company		2. Telephone Number (916) 453-5630	2a. Fax Number (916) 455-4104
2b. Email Address alanleal@surewest.net			
3. Address 5702 T Broadway, Sacramento, Ca. 95820			
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) 94-2354759		8. California Corporation No. 0775037	
Indicate applicable license and/or certification information:			
9. Contractor's State Licensing Board Number # 369137 C-10 & C-16		10. PUC License Number CAL-T-	
11. Bidder's Name (Print) Alan W. Leal		12. Title President	
13. Signature 		14. Date 5-12-2016	
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"/>		b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, enter certification number: 25423		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):				CONTRACT NO. 32A0234	
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	24	Month	All labor, parts, materials, and supplies necessary to provide alarm system monitoring, maintenance, and repair services, in accordance with Exhibit A, Scope of Work.	\$ 159.97	\$ 3,839.28
(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 PROPOSAL	\$ 3,839.28
(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.					