

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 06/06)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):		CONTRACT NO.			
WAKED DISPOSAL, INC.		11A2451			
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (per unit of measure)	TOTAL (unit price X estimated quantity)
1	6,500	Per -Cubic Yard	Trash Collection, As described in Exhibit A, Scope of Work (SOW) Location: Aliso Creek SRRRA-Northbound	\$ 8.00	\$ 52,000.00
2	6,500	Per - Cubic Yard	Trash Collection, As described in Exhibit A, Scope of Work (SOW) Location: Aliso Creek SRRRA-Southbound	\$ 8.00	\$ 52,000.00
				TOTAL THIS PROPOSAL	\$ 104,000.00

(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.

(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL

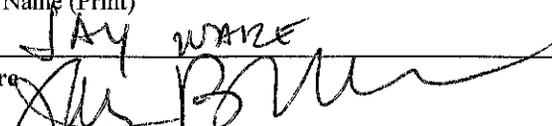
(3) UNIT PRICE SHALL INCLUDE ALL DISPOSAL FEES.

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 WARE DISPOSAL, INC	2. Telephone Number (714) 664-0677	2a. Fax Number (714) 664-0696
2b. Email Address jay@wardisposal.com		
3. Address PO BOX 1318 SANTA ANA CA 92702		
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) 95-3743725	8. California Corporation No.	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number CA 55393	10. PUC License Number CAL-T- CA 55393	
11. Bidder's Name (Print) JAY WARE	12. Title GM	
13. Signature 	14. Date 3-1-2016	
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 If yes, enter certification number: _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	b. Disabled Veteran Business Enterprise If yes, enter your service code below: _____
<p>NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".</p> <p>Date application was submitted to OSDS, if an application is pending: _____</p>		