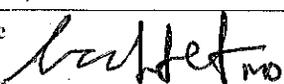


ATTACHMENT 3  
 BID/BIDDER CERTIFICATION SHEET

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. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
- D. 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.
- E. 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 Emeryville Occupational Medical Center	2. Telephone Number (510) 653-5200	2a. Fax Number (800) 920-4301
2b. Email Address <u>dr@emeryvilleoccmed.com</u>		
3. Address 6001 Shellmound Street, Suite 115, Emeryville, CA 94608		
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 2180301	8. California Corporation No. C2430419	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number <u>n/a</u>		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number  n/a	11. PUC License Number CAL-T-  n/a	
12. Bidder's Name (Print) Steven A. Gest, MD	13. Title President & CEO	
14. Signature 	15. Date 5/10/2016	
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 <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: <u>1316660</u>	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: _____		
17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.		

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

**ATTACHMENT 1**

CONTRACTOR'S NAME (Please Print): Emeryville Occupational Medical Center		CONTRACT NO.			
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	200	Each	DMV Annual Physical Examinations in accordance with Exhibit A, Scope of Work, Item 7 (1)  Class A and B Driver License Examination	64.00	\$ 12,800.00
2	100	Each	Spirometry (Pulmonary Function Testing) in accordance with Exhibit A, Scope of Work, Item 7 (2)  Respiratory Compliance – basic Physical Examination	60.00	\$ 6,000.00
3	100	Each	Respiratory Compliance – Pulmonary Function	25.00	\$ 2,500.00
				TOTAL THIS PROPOSAL	\$ 21,300.00

- (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) PLEASE DO NOT ALTAR, MODIFY, OR CHANGE THIS BID PROPOSAL SHEET. ANY ALTERATIONS, MODIFICATIONS, OR CHANGES TO THIS BID PROPOSAL SHEET MAY BE GROUNDS TO REJECT THE BID.
- (4) EACH LINE ITEM MUST BE BID. PLEASE DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID WILL BE DISQUALIFIED FROM THE COMPETITION FOR CONTRACT AWARD.