

2nd low bidder

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION  
**CERTIFIED DVBE SUMMARY**  
DES-OE-0102.5 (REV 3/2008)

# Second Bidder

DISTRICT-COUNTY-ROUTE: 03 - SAC - 80,99,160-YAR  
CONTRACT NO.: 03 4M5204  
TOTAL BID: \_\_\_\_\_  
BID OPENING DATE: 4-3-13  
BIDDER'S NAME: WEST COAST STRUCTURES, INC. d/b/a WESTERN STRUCTURES  
DVBE PRIME CONTRACTOR CERTIFICATION: 60085

Bid Item Number	Description of Work to Be Subcontracted to DVBE or Materials to Be Supplied by DVBE <sup>2</sup>	For Caltrans Only	DVBE (Name, Telephone No., and Certification No.)	\$ Amount
Names of first tier DVBE subcontractors and their items of work listed must be consistent with the names and items of work in the Subcontractor List (Pub Cont Code § 4100 et seq.) submitted with the bid. Identify second and lower tier subcontractors on this form.			<b>Total Claimed Participation</b>	\$ <u>2,286,451</u> % _____ %

- DVBE prime contractors must enter their DVBE reference number or their DBA name as listed with Department of General Services (DVBE prime contractors are credited with 100 percent DVBE participation and need not complete the above table).
- If 100% of an item is not performed or supplied by the DVBEs, describe the exact part, including the planned location of work to be performed, of item to be performed or supplied by DVBE.

Submit to:  
MSC 43  
OFFICE ENGINEER  
DEPARTMENT OF TRANSPORTATION  
1727 30TH STREET  
SACRAMENTO, CA 95816-7005

[Signature] 4-2-13  
Signature of Bidder Date  
951-357-4300  
(Area Code) Telephone Number  
BRIAN STRAEM  
Contact Person (Type or Print)

**ADA Notice** For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3680 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

**CERTIFIED SMALL BUSINESS LISTING FOR THE NON-SMALL BUSINESS PREFERENCE**

DES-OE-0102.8 (REV 2/2011)

**BIDDER NAME** WEST COAST STRUCTURES, INC.  
dba WESTERN STRUCTURES

**CONTRACT NO.** 03-4M5204

List the description of work, name, telephone number, certification number, and dollar amount of each certified small business who will be employed on this project. Failure to provide this information may be cause for denial of the non-small business subcontractor preference. Attach additional sheets if necessary.

Submit to:

MSC 43  
OFFICE ENGINEER  
DEPARTMENT OF TRANSPORTATION  
1727 30TH STREET  
SACRAMENTO, CA 95816-7005

Bid Item Number	Description of Work, Service, or Materials	Certified Small Business (Name, Telephone No., and Certification No.)	\$ Amount
N/A	N/A	N/A	N/A

(32)

BRIAN SKATON  
Person to Contact (Please Type or Print)

\$ \_\_\_\_\_

951-352-4300  
(Area Code) Telephone Number

**Total Claimed Participation**

\_\_\_\_\_ % of Contract

**ADA Notice** For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.