

Second Bidder

DISTRICT-COUNTY-ROUTE: _____
 CONTRACT NO.: 04-1J3104
 TOTAL BID: _____
 BID OPENING DATE: 4/8/14
 BIDDER'S NAME: Anvil Builders Inc.
 DVBE PRIME CONTRACTOR CERTIFICATION¹ 1502820

Bid Item Number	Description of Work to Be Subcontracted to DVBE or Materials to Be Supplied by DVBE ²	For Caltrans Only	DVBE (Name, Telephone No., and Certification No.)	\$ Amount
2	Traffic Control		Titan DVBE 530-246-7836 # 1249460	\$ 10,000.00

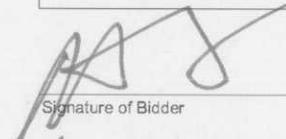
Names of first tier DVBE subcontractors and their items of work listed must be consistent with the names and items of work in the Subcontractor List (Pub Cont Code § 4100 et seq.) submitted with the bid. Identify second and lower tier subcontractors on this form.

Total Claimed Participation	\$ <u>10,000.00</u> <u>59.0</u> %
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- 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 of Bidder
 Date 4/2/14
415-285-5000
 (Area Code) Telephone Number
Hien Manh Tran
 Contact Person (Type or Print)

CERTIFIED SMALL BUSINESS LISTING FOR THE NON-SMALL BUSINESS PREFERENCE

DES-OE-0102.8 (REV 2/2011)

BIDDER NAME Anvil Builders Inc.

CONTRACT NO. 04 - 133104

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

Hien Manh Tran
Person to Contact (Please Type or Print)
CEO + President
(Area Code) Telephone Number

Total Claimed Participation \$ _____
_____ % of Contract

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