

DEPARTMENT OF TRANSPORTATION
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**** WARNING ** WARNING ** WARNING ** WARNING ****
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April 14, 2008

03-Pla-65-R19.3/R38.3
03-3338U4
CML-6203(040)

Addendum No. 2

Dear Contractor:

This addendum is being issued to the contract for construction on State highway in PLACER COUNTY NEAR LINCOLN FROM 0.6 KM NORTH OF TWELVE BRIDGES OVERCROSSING TO 1.3 KM SOUTH OF BEAR RIVER.

Submit bids for this work with the understanding and full consideration of this addendum. The revisions declared in this addendum are an essential part of the contract.

Bids for this work will be opened on May 21, 2008.

This addendum is being issued to revise the Notice to Contractors and Special Provisions, the Proposal and Contract, and the Information Handout.

In the Special Provisions, Section 2-1.04, "PREBID QUALIFICATION QUESTIONNAIRE AND REVIEW," in the first sentence of the second paragraph, "30 business days" is revised to "10 business days." Under subsection "PREBID QUALIFICATION REVIEW" in the first sentence of the first paragraph, "15 business days" is revised to "5 business days."

In the Special Provisions, Section 5-1.13, "ROLLING OWNER CONTROLLED INSURANCE PROGRAM (ROCIP)," under subsection "OCCUPATIONAL SAFETY AND HEALTH EVALUATION" the second sentence of the first paragraph is deleted.

In the Proposal and Contract, the "Rolling Owner Controlled Insurance Program Pre-Bid Qualification Questionnaire" is replaced with "Prebid Qualification Questionnaire (PBQQ)" as attached.

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To Proposal and Contract book holders:

Attached is a revised copy of the "Rolling Owner Controlled Insurance Program (ROCIP) Qualification Questionnaire" Information Handout.

Inquiries or questions in regard to this addendum must be communicated as a bidder inquiry and must be made as noted in the NOTICE TO CONTRACTORS section of the Notice to Contractors and Special Provisions.

Indicate receipt of this addendum by filling in the number of this addendum in the space provided on the signature page of the proposal.

Submit bids in the Proposal and Contract book you now possess. Holders who have already mailed their book will be contacted to arrange for the return of their book.

Inform subcontractors and suppliers as necessary.

This office is sending this addendum by GSO overnight mail to all book holders to ensure that each receives it. A copy of this addendum is available for the contractor's use on the Internet Site:

http://www.dot.ca.gov/hq/esc/oe/weekly_ads/addendum_page.html

If you are not a Proposal and Contract book holder, but request a book to bid on this project, you must comply with the requirements of this letter before submitting your bid.

Sincerely,

ORIGINAL SIGNED BY

REBECCA D. HARNAGEL, Chief
Office of Plans, Specifications & Estimates
Division of Engineering Services - Office Engineer

Attachments

PREBID QUALIFICATION QUESTIONNAIRE (PBQQ)

DETACH AND SUBMIT RESPONSES TO THE DEPARTMENT IN CONFORMANCE WITH THE PROVISIONS IN SECTION 2-1.04, "PREBID QUALIFICATION QUESTIONNAIRE AND REVIEW," OF THE SPECIAL PROVISIONS.

- A. Number of convicted serious and willful violations (Labor Code Section 6300, et seq.) cited against you in the past 5 years as a result of final determination by the US Department of Labor, Occupational Safety and Health Administration: _____
- B. Most recent Workers' Compensation Experience Modification: _____ and effective date: _____.

(NOTE: Attach a copy of your most recent Workers' Compensation Experience Modification Worksheet. If you are a qualified self-insurer in California, attach a copy of your certificate of consent to self-insure. Refer to section titled "Rolling Owner Controlled Insurance Program (ROCIP)," subsection "Occupational Safety and Health Evaluation," of the special provisions for additional documentation that may be required to meet the minimum qualifications).

- C. For contractors with more than 1 (one) convicted serious and willful violations within the past 5 (five) years and/or most recent experience modification above 1.25, submit your documentation indicating Contractor will hire a full-time, on-site safety professional, as defined by OSHA, to provide oversight to such contractors for this project.
- D. Attach a complete copy of your Injury Illness and Prevention Program.

I declare under penalty of perjury, under the laws of the State of California, the information provided on this form and attached is true, correct, and complete.

Prospective Bidder's / subcontractor's Name _____

Address _____

Phone Number _____ Fax Number _____

Your Name _____ Title _____

Signature _____ Date _____