

BID

TO THE SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT

FOR CONSTRUCTION OF HAYWARD MAINTENANCE COMPLEX PROJECT MAINTENANCE FACILITIES
CONTRACT NO. 01RQ-110

Name of Bidder CLARK CONSTRUCTION GROUP - CALIFORNIA, LP

Business Address 18201 VON KARMAN, SUITE 800 IRVINE, CA 92612

Address where notification should be sent 7500 OLD GEORGETOWN ROAD
BETHESDA, MD 20814

Business office number _____ facsimile (Fax) number _____

Email address BRIAN.AHEARN@CLARKCONSTRUCTION.COM (where notification should be sent).

Please indicate how you found out about this contract: (check all that apply)

Through newspaper advertisement

Through BART web site

Through one of the plan rooms

Through advance notice to Bidders

Other (INDUSTRY CONTACTS)

The Work to be done is located in the County of Alameda, State of California, and is to be done in accordance with the Contract Documents which include the Contract Drawings and the referenced sections of BART Facilities Standards, Standard Specifications, Release - 2.1.2, dated October 2011, and the Contract Book incorporating the General Conditions, Supplementary Conditions, Contract Specifications, and other documents as listed therein.

The undersigned, as Bidder, declares that the only person or parties interested in this Bid as principals are those named herein; that this Bid is made without collusion with any other person, firm or corporation; that the undersigned has carefully examined the location of the proposed Work, the annexed proposed form of Contract, and the Contract Documents therein referred to; and the undersigned proposes and agrees, if this Bid is accepted, that the undersigned will contract with the San Francisco Bay Area Rapid Transit District, in the form of the copy of the Contract annexed hereto, to provide all necessary labor, machinery, tools, apparatus, and other means of construction, and to do all the Work and provide all the materials specified in the Contract, in the manner and time therein prescribed, and according to the requirements of the Engineer as therein set forth, and that the undersigned will take in full payment therefor the following prices:

The District reserves the right, in its sole discretion, to make no Award, or to make an Award to the lowest responsible Bidder.

FOR A BID TO BE CONSIDERED, ALL ITEMS MUST BE BID.

THE DISTRICT RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS.

If this Bid shall be accepted and the undersigned shall fail to contract as aforesaid and to give the two bonds in the sums to be determined as specified, with surety satisfactory to the District, or to provide specified Certificates of Insurance within ten (10) Days after the Bidder has received notice from the District that the Contract has been awarded, unless the District, in its discretion, allows additional time in writing for such submissions, the District may, at its option, determine that the Bidder has abandoned the Contract; thereupon this Bid and the acceptance thereof shall be null and void, and the forfeiture of such security accompanying this Bid shall occur and the same shall be the property of the District.

Accompanying this Bid is ⁽¹⁾ BID BOND in an amount equal to at least ten percent (10%) of the total Bid Price.

Receipt of the following attached Addenda is hereby acknowledged:

Addenda numbers 1, 2

The Bidder, CLARK CONSTRUCTION GROUP - CALIFORNIA, LP
(name),

ITEM	SPEC SEC	DESCRIPTION (Refer to Contract Specifications Section 01 20 00 for Bid Item Scope Descriptions)	EST. QTY.	UNIT	UNIT PRICE	ITEM TOTAL
Group A – General						
A-1	01 31 33	Partnering Program	1	Allowance	XXXXX	\$100,000
A-2	GC4.6	Differing Site Conditions	1	Allowance	XXXXX	\$100,000
A-3	01 71 13	Mobilization	1	Lump Sum	4,500,000 1,500,000	4,500,000 1,500,000
A-4	01 35 14	Operating System Access Delays	1	Allowance	XXXXX	\$50,000
A-5	01 32 16	Monthly Progress Schedule Updates	1	Lump Sum	50,000	50,000
A-6	01 79 00	Training	1	Lump Sum	150,000	150,000
Group A General (Items A-1 through A-6) – SUBTOTAL =					XXXXX	4,950,000
Group B – Hayward Main Shop Improvements						
B-1	Division 2	Hayward Main Shop Structural Work - Structure Demolition	1	Lump Sum	295,000	295,000
B-2	31 05 00	Hayward Main Shop Structural Work - Structure Excavation	1	Lump Sum	815,000	815,000
B-3	31 05 00	Hayward Main Shop Structural Work - Structure Backfill	1	Lump Sum	320,000	320,000
B-4	03 20 00	Hayward Main Shop Structural Work - Reinforcing Steel	1	Lump Sum	190,000	190,000
B-5	03 30 00	Hayward Main Shop Structural Work - Cast-in-Place Concrete	1	Lump Sum	875,000	875,000
B-6	05 12 00	Hayward Main Shop Structural Work - Structural Steel Framing	1	Lump Sum	255,000	255,000
B-7	08 11 00 08 35 13 08 37 30 09 10 00	Hayward Main Shop Architectural Work	1	Lump Sum	235,000	235,000
B-8	Division 22	Hayward Main Shop Mechanical Work - Plumbing	1	Lump Sum	500,000	500,000
B-9	Division 26	Hayward Main Shop Electrical Work	1	Lump Sum	5,175,000	5,175,000
B-10	22 14 01	Hayward Main Shop Site Work - Drainage	1	Lump Sum	770,000	770,000
B-11	32 17 23 32 12 16	Hayward Main Shop Site Work - AC Paving	1	Lump Sum	40,000	40,000
B-12	32 13 13 32 16 21	Hayward Main Shop Site Work - PCC Paving	1	Lump Sum	685,000	685,000

ITEM	SPEC SEC	DESCRIPTION (Refer to Contract Specifications Section 01 20 00 for Bid Item Scope Descriptions)	EST. QTY.	UNIT	UNIT PRICE	ITEM TOTAL
Group B – Hayward Main Shop Improvements (Items B-1 through B-12) – SUBTOTAL =					XXXXX	10,155,000
Group C – Retaining Wall						
C-1	31 05 00	Retaining Wall - Structure Excavation	1	Lump Sum	55,000	55,000
C-2	31 05 00	Retaining Wall - Structure Backfill	1	Lump Sum	75,000	75,000
C-3	03 20 00	Retaining Wall - Reinforcing Steel	1	Lump Sum	25,000	25,000
C-4	03 30 00	Retaining Wall - Cast-in-Place Concrete	1	Lump Sum	200,000	200,000
Group C – Retaining Wall (Items C-1 through C-4) – SUBTOTAL =					XXXXX	355,000
Group D – Hayward Main Shop Equipment						
D-1	14 50 00	Hayward Main Shop - Car Lift and Body Stand Equipment System	1	Lump Sum	5,300,000	5,300,000
D-2	14 70 00	Hayward Main Shop - Turntables	1	Lump Sum	80,000	80,000
Group D Main Shop Equipment (Item D-1 through D-2) – SUBTOTAL =					XXXXX	5,380,000
Group E - Component Repair Shop						
E-1	02 41 00	Component Repair Shop - Existing Building 3 Demolition	1	Lump Sum	675,000	675,000
E-2	31 05 00	Component Repair Shop Structural Work - Structure Excavation	1	Lump Sum	865,000	865,000
E-3	31 05 00	Component Repair Shop Structural Work - Structure Backfill	1	Lump Sum	620,000	620,000
E-4	03 20 00	Component Repair Shop Structural Work - Reinforcing Steel	1	Lump Sum	1,185,000 JE 1,185,000	1,185,000
E-5	03 30 00	Component Repair Shop Structural Work - Cast-in-Place Concrete	1	Lump Sum	7,125,000	7,125,000
E-6	05 12 00	Component Repair Shop Structural Work - Structural Steel Framing	1	Lump Sum	9,095,000	9,095,000
7	Divisions 4 through 10 with the	Component Repair Shop - Architectural Work	1	Lump Sum	12,850,000	12,850,000

ITEM	SPEC SEC	DESCRIPTION (Refer to Contract Specifications Section 01 20 00 for Bid Item Scope Descriptions)	EST. QTY.	UNIT	UNIT PRICE	ITEM TOTAL
	exception of 09 10 00					
E-8	Division 23	Component Repair Shop - Mechanical Work - HVAC	1	Lump Sum	3,600,000	3,600,000
E-9	Division 22	Component Repair Shop - Mechanical Work - Plumbing	1	Lump Sum	6,635,000	6,635,000
E-10	Division 21	Component Repair Shop Mechanical Work - Fire Suppression	1	Lump Sum	1,100,000	1,100,000
E-11	Division 26	Component Repair Shop - Electrical Work	1	Lump Sum	9,400,000	9,400,000
E-12	Division 27	Component Repair Shop - Communications Work	1	Lump Sum	1,150,000	1,150,000
E-13	Division 28	Component Repair Shop - Electronic Safety and Security	1	Lump Sum	940,000	940,000
E-14	14 24 00	Component Repair Shop - Elevators	1	Lump Sum	1,075,000	1,075,000
E-15	32 12 16 32 13 13	Component Repair Shop Site Work - AC Paving	1	Lump Sum	110,000	110,000
E-16	32 16 21	Component Repair Shop Site Work - Concrete Curbs and Gutters	1	Lump Sum	5,000	5,000
E-17	32 17 23	Component Repair Shop Site Work - Pavement Marking	1	Lump Sum	35,000	35,000
E-18	32 11 24 33 31 00	Component Repair Shop Site Work - Storm Drainage and Sanitary Sewer.	1	Lump Sum	485,000	485,000
E-19	32 31 13	Component Repair Shop Site Work - Chain Link Fence	1	Lump Sum	135,000	135,000
Group E Component Repair Shop (Item E-1 through E-19) - SUBTOTAL =					XXXXX	57,025,000
Group F - Component Repair Shop Equipment						
F-1	41 36 26	Component Repair Shop - Double Ended Wheel Presses	1	Lump Sum	3,850,000	3,850,000
F-2	14 63 00 14 65 00	Component Repair Shop - Bridge Cranes and Jib Cranes	1	Lump Sum	3,400,000	3,400,000

ITEM	SPEC SEC	DESCRIPTION (Refer to Contract Specifications Section 01 20 00 for Bid Item Scope Descriptions)	EST. QTY.	UNIT	UNIT PRICE	ITEM TOTAL
F-3	14 50 01 14 50 02 14 50 05	Component Repair Shop - Hoist Equipment	1	Lump Sum	2,050,000	2,050,000
F-4	41 33 39	Component Repair Shop - Vertical Railroad Wheel Lathe	1	Lump Sum	665,000	665,000
F-5	14 71 11	Rail Car Truck Turntables	1	Lump Sum	245,000	245,000
F-6	41 67 26 41 67 26.13 41 67 27 41 67 28 41 67 29 41 67 29.01	Component Repair Shop - Component Washing, Cleaning, and Preparation Equipment	1	Lump Sum	1,600,000	1,600,000
F-7	14 40 00 41 62 23	Component Repair Shop - Forklifts and Scissor Lifts	1	Lump Sum	325,000	325,000 325,000-JE
F-8	41 53 13 45 49 01 43 11 23	Component Repair Shop - Work Tables, Stands, Shelving and Cabinets	1	Lump Sum	575,000	575,000
F-9	42 15 13	Component Repair Shop - Ovens	1	Lump Sum	315,000	315,000
F-10	14 40 10 14 83 16 14 83 17	Component Repair Shop - Conveying Equipment	1	Lump Sum	1,150,000	1,150,000
F-11	41 33 00	Component Repair Shop - Machining Equipment	1	Lump Sum	125,000	125,000
F-12	23 82 26	Component Repair Shop - Induction Heater	1	Lump Sum	30,000	30,000
F-13	Divisions 11, 12, 13, 33 52 23, and 41 12 13.26 41 24 25 41 33 76 41 34 23.33 41 34 23.34 41 34 23.35 41 34 23.36 41 36 23.23 41 43 23 43 22 36.01 45 51 00	Component Repair Shop - Miscellaneous Equipment	1	Lump Sum	1,150,000	1,150,000
14	41 36 23	Double-Ended Wheel Press Spare Parts	1	Allowance	XXXXX	\$50,000

ITEM	SPEC SEC	DESCRIPTION (Refer to Contract Specifications Section 01 20 00 for Bid Item Scope Descriptions)	EST. QTY.	UNIT	UNIT PRICE	ITEM TOTAL
Group F Component Repair Shop Equipment (Item F-1 through F-14) – SUBTOTAL =					XXXXX	15,530,000
Group G Trackwork and Special Trackwork						
G-1	34 05 17 34 11 23 34 11 27 34 11 30 34 11 31 34 11 93	Trackwork and Special Trackwork	1	Lump Sum	1,650,000	1,650,000
G-2	34 21 50 34 21 80 34 22 23 34 24 13	Traction Power Work	1	Lump Sum	1,260,000	1,260,000
G-3	34 05 42 34 42 16 34 42 25	Train Control	1	Lump Sum	1,470,000	1,470,000
Group G Trackwork and Special Trackwork (Item G-1 through G-3): SUBTOTAL =					XXXXX	4,380,000
Group H Sandoval Way Overlay						
H-1	32 12 16	Sandoval Way Overlay	1	Lump Sum	170,000	170,000
Group H Sandoval Way Overlay (Item H-1) – SUBTOTAL =					XXXXX	170,000
Group I Component Repair Shop Canopy						
I-1	05 12 00	Component Repair Shop Canopy - Architectural and Structural Work	1	Lump Sum	225,000	225,000
I-2	Division 21	Component Repair Shop Canopy - Mechanical Work	1	Lump Sum	70,000	70,000
I-3	Division 26	Component Repair Shop Canopy - Electrical Work	1	Lump Sum	100,000	100,000
Group I Trackwork (Item I-1 through I-3) – SUBTOTAL =					XXXXX	395,000 395,000 JE

TOTAL AMOUNT BID FOR GROUPS A +B +C+D+E+F+G+H +I INCLUSIVE = 93,400,000

The above item totals for all Bid Items in: Group A (A-1 through A-6), Group B (B-1 through B-12), Group C (Item C-1 through C-4), Group D (D-1 through D-2), Group E (E-1 through E-19), Group F (F-1 through F-14), Group G (G-1 through G-3), Group H (H-1) and Group I (I-1 through I-3) are submitted by the Bidder for the convenience of the District. The District will calculate the Total Amount Bid Price based on the unit prices or lump sum prices bid, as

applicable. In the event of a discrepancy between the District's calculations and the item totals for all Bid Items as submitted by the Bidder, the District's calculations shall govern.

The District reserves the right, in its sole discretion, to make no Award, or to make an Award to the lowest responsible Bidder.

hereby certifies that:

(A) Bidder is aware of the provisions of Supplementary Conditions Article SC7.1 regarding the District's Disadvantaged Business Enterprise and Small Business Entity participation policy for the Contract and the requirements for submission of DBE and SBE information; and

(B) Bidder has read the Contract Book, understands its requirements, including those for keeping records, and has asked for explanations of anything it did not understand.

(2) Bidder holds California Contractor's license No. B39892, Classification B.A.. The license expiration date is 6/30/16. Bidder's current DIR Contractor's Registration Number is 100001822. If the Bidder is a joint venture, list the California Contractor's license numbers, classifications and expiration dates and DIR Contractor's Registration Numbers for each joint venturer as follows:

(3)	Name of Joint Venturer	Contractor's License	Classification	Expiration Date	DIR Contractor's Registration
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____

Failure to provide any joint venturer's information as required above may render the Bid non-responsive.

As described in Instructions to Bidders Paragraph 7.K, if Bidder or any Subcontractor is a certified qualified conveyance company as described in California Labor Code Section 7311.1.(a), such company shall execute the Certification of Status as Qualified Conveyance Company and submit a copy of its Certification issued by the State of California, Division of Occupational Safety and Health included in this Bid Form.

Bidder declares under penalty of perjury that the foregoing is true and correct.

CLARK CONSTRUCTION GROUP-CALIFORNIA, LP

(4) Name of Bidder

Peter S. Bryan

(4) Signature of Bidder

(5)

(6) PETER BRYAN, VICE PRESIDENT AND ASSISTANT

Print Name and Title of Person Signing

SECRETARY OF CLARK CONSTRUCTION GROUP-CALIFORNIA, INC,
THE GENERAL PARTNER

Dated MARCH 31, 2015

NOTES:

- (1) Insert the words "cash," "cashier's check," "certified check," or "Bidder's Bond," as the case may be.
- (2) If the Bidder is joint venture the Bidder may submit its valid State Contractor's license number, classification and expiration date with the Bid, but shall submit such information no later than 2:00 p.m. on Friday of the week following the date of Bid opening to the Contract Administrator at the address indicated in the Instructions to Bidders
- (3) If the joint venture consists of more than three joint ventures, add additional lines as needed.
- (4) If the Bidder is a joint venture, the name of the Bidder and the signature shall match the name of the joint venture and the signature as provided in the joint venture agreement and conform with the requirements in the Instructions to Bidders.
- (5) If the Bidder in its Bid furnished anything not called for by these Contract Documents (a cover letter, Bidder's own form, or a notation on the Bid Form not called for by this form, for example), the Bidder is cautioned that it runs the risk that it has submitted a Bid which does not conform to the District's Contract Documents, and therefore must be rejected.
- (6) Bids shall be presented under sealed cover as provided in the Instructions to Bidders.

DESIGNATION OF SUBCONTRACTORS, DBEs, AND SBEs FORM

All FIRST-TIER DBEs to be used must be listed on this form regardless of dollar value of each transaction. If SBEs are to be utilized, such SBEs should also be listed on this form

To comply with the requirements of the California Subletting and Subcontracting Fair Practices Act (California Public Contract Code Section 4100 et seq.), Bidder shall list in Part I on this form the name and address of each Subcontractor to whom Bidder proposes to subcontract more than 1/2 of 1% of the Work, description of portion of work or services subcontracted, total dollar amount of the portions of the work or services subcontracted, whether the Subcontractor is a DBE and/or an SBE, and the California contractor license number of the Subcontractor. An inadvertent error in listing a Subcontractor's California contractor license number may be corrected by Bidder within twenty four (24) hours after the Bid opening provided the corrected contractor's license corresponds to the submitted name and location for that Subcontractor. The above list of information shall be submitted with the Bid. Other information required in Part I herein may be submitted up to 24 hours after the designated time to submit the Bid. Bidder's attention is directed to General Conditions Article GC5.7.1.

In the column provided for SBE designation, indicate if the Subcontractor listed is a Small Business Entity as defined in the Supplementary Conditions Article SC7.

In addition, in Part II of this form, list all first-tier DBEs and SBEs not subject to the requirements of General Conditions Article GC5.7.1.

Pursuant to Section 1725.5 and Section 1771.1 of the State Labor Code, all Contractors and Subcontractors must be registered with the California Department of Industrial Relations (DIR) in order to be qualified to bid on this Contract or to be listed as a Subcontractor. An inadvertent error in listing a Subcontractor who is not registered pursuant to Section 1725.5 in a Bid, may be corrected by the Bidder within twenty four (24) hours after the Bid opening if the Subcontractor registers and pays the penalty registration fee described in Section 1725.5 of the State Labor Code. Alternatively, the Subcontractor may be replaced with a registered Subcontractor pursuant to Section 4107 of the Public Contract Code.

Note that only Certified DBEs that are either located in the four counties of Alameda, Contra Costa, San Francisco and San Mateo (BART Market Area) or that have done business or attempted to do business in the BART Market Area within two years prior to the Contract advertisement date will be counted towards meeting the DBE goal. See Instructions to Bidders Paragraph 6.B.4 for requirements related to Non Residence Certification.

Note that only SBEs that are currently in the District's SBE Database or DBEs certified under the CUCP will be counted as SBEs.

Attach additional copies of this form if more space is needed and paginate the forms (i.e., Page ___ of ___)

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1				
Name: <u>SANTANO DEMOLITION</u> Address: <u>35500 S. WELTING ROAD</u> <u>VERNALIS, CA 95385</u> California Contractor License No. <u>905631</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	DEMOLITION	\$630,000

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check If DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1				
Name: <u>R & W CONCRETE CONTRACTORS</u> Address: <u>360 BEACH ROAD</u> <u>BURLINGAME, CA 94010</u> California Contractor License No. <u>306552</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	CAST-IN-PLACE Concrete	\$6,600,000

Name and Address	DBE (Check If DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1	✓			
Name: <u>KWAN WO IRONWORKS INC</u> Address: <u>31628 HAYMAN ST.</u> <u>HAYWARD, CA 94544 94544</u> California Contractor License No. <u>6A3621</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. <u>27205</u>	SBE Cert. No. _____	Steel Framing & MISC. METALS	\$8,750,000

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1	✓			
Name: <u>QUALITY DIRECTORS & CONSTRUCTION</u> <u>CO., INC.</u> Address: <u>3130 BAYSHORE ROAD</u> <u>BENICIA, CA 94510</u> California Contractor License No. <u>502136</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. <u>33891</u>	SBE Cert. No. _____	METAL PANELS	\$1,951,000

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C6.7.1	✓			
Name: <u>ABSOLUTE URETHANE</u> Address: <u>6614 SOUTH ELM</u> <u>PRESNO, CA 93706</u> California Contractor License No. <u>971744</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. <u>37118</u>	SBE Cert. No. _____	<u>ROOFING</u>	<u>\$1,233,000</u>

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1	✓	✓ cc		
Name: <u>IRONWOOD</u> Address: <u>201 IRONWOOD CT.</u> <u>PLEASANTHILL, CA 94523</u> California Contractor License No. <u>895364</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. <u>38338</u>	SBE Cert. No. _____	<u>DRY WALL</u>	<u>\$2,300,000</u>

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

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Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1				
Name: <u>TERA LITE INC.</u> Address: <u>1631 S 10TH</u> <u>SAN JOSE, CA 95112</u> California Contractor License No. <u>363562</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	RESINOUS RESINENT cc Flooring	\$700,000

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
1 All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1				
Name: <u>ROMANO'S PAINTING & PAPER HANGING</u> Address: <u>23462 BERNHARDT ST HAYWARD, CA 94545</u> California Contractor License No. <u>676067</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	Coating cc PAINTING	\$1,140,000

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1	✓			
Name: <u>VOBECKY ENTERPRISES, INC.</u> Address: <u>2001 E. FINANCIAL WAY SUITE 604</u> <u>GLENDORA, CA 91741</u> California Contractor License No. <u>939311</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. <u>10997</u>	SBE Cert. No. _____	Repair Shop- Misc Equipment FINISH AND INSTALL MISC EQUIPMENT	\$6,500,000

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check If DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1				
Name: KONE CRANES MP Address: 5315 BAYVIEW DRIVE NEWARK, CA California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check If DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: <u>KONE CRANES, INC</u> Address: <u>4751 PELL DRIVE NO-1</u> <u>SACRAMENTO, CA 95838</u> California Contractor License No. <u>730136</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	<u>BRIDGE CRANE</u>	<u>\$2,930,000.00</u>
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1				
Name: <u>ALLIED FIRE PROTECTION</u> Address: <u>555 HIGH STREET</u> <u>OAKLAND, CA 94601</u> California Contractor License No. <u>251700</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	FIRE Suppression	\$1,050,000.00

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C6.7.1				
Name: <u>RAY L. HELWIG ^{N.P.} PLUMBING & HEATING, INC.</u> <u>PLUMBING + HEATING, INC.</u> Address: <u>1301 LAKELWOOD ROAD</u> <u>STANA CLAY, CA 95054</u> California Contractor License No. <u>616780</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	<u>PLUMBING</u> \$8,065,000.00 <u>\$8,000,000.00</u>	

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1				
Name: <u>MONTGOMERY MECHANICAL CO</u> Address: <u>8275 SAN LEANDRO ST</u> <u>OAKLAND, CA 94621</u> California Contractor License No. <u>388361</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	MECHANICAL	\$3,375,000.00

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C6.7.1				
Name: SECRET ^{MP} <u>COATI CORPORATION</u> Address: <u>2401 N. PALM DRIVE</u> <u>SIGNAL HILL CA 90755</u> California Contractor License No. <u>922588</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	ELECTRICAL	\$14,250,000.00

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check If DBE) and Insert DBE Cert. No.	SBE (Check If SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C6.7.1				
Name: <u>PROVEN MANAGEMENT</u> Address: <u>2000 FIFTH STREET</u> <u>BERKELEY, CA 94710</u> California Contractor License No. <u>799370</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	EXCAVATION, DUCT BANK, SITE UTILITIES	\$3,750,000. ⁰⁰

Name and Address	DBE (Check If DBE) and Insert DBE Cert. No.	SBE (Check If SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1				
Name: <u>ALORIOUR ELECTRIC, INC</u> Address: <u>844 EAST ROCKWOOD ROAD</u> <u>LIBERTYVILLE, IL 60048</u> California Contractor License No. <u>855841</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	Handwritten <u>+ WP</u> Handwritten <u>TRAM CABLE</u> <u>+ TRACTION</u> <u>POWER</u>	2,538,000.00

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

16 APR 20

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1				
Name: <u>RAILWORKS TRACK SERVICE</u> Address: <u>127408 LAKELAND ROAD</u> <u>SANTA FE SPRINGS CA 90670</u> California Contractor License No. <u>987265</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	TRACKWORK	\$1,100,000.00

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1				
Name: <u>HARRIS REBAR, INC</u> Address: <u>355 SOUTH VASCO RD</u> <u>LIVERMORE, CA 94550</u> California Contractor License No. <u>695035</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	REBAR FURNISH + INSTALL	\$1,218,000. ⁰⁰

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1				
Name: <u>PACIFIC ERECTORs, INC</u> Address: <u>4460 YANKEE HILLROAD</u> <u>ROCKLIN, CA 95677</u> California Contractor License No. <u>567932</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____	METAL DECKING	\$1,399,000 CC \$1,365,000

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) subject to the requirements of General Conditions Article C5.7.1	✓			
Name: <u>EXCELSIOR ELEVATOR CORPORATION</u> Address: <u>1961 BLAIR AVE</u> <u>SANTA ANA, CA 92705</u> California Contractor License No. <u>733976</u> DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. <u>33783</u>	SBE Cert. No. _____	ELEVATORS	\$1,000,000 cc \$960,000

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____				
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
II. All Subcontractors (first-tier DBEs, Non-DBEs and SBEs) not subject to the requirements of General Conditions Article GC5.7.1.				
Name: _____ Address: _____ _____ _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Address: _____ _____ _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____				
Name: _____ Address: _____ _____ _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
III. All first-tier DBE and SBE SUPPLIERS: Manufacturers (100% credit)				
Name: _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No.	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
IV. All first-tier DBE and SBE SUPPLIERS: Regular Dealers (60% credit) See Supplementary Conditions Article SC7.1.3D.4 for definition of Regular Dealer.				
Name: _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		

Name and Address	DBE (Check if DBE) and insert DBE Cert. No.	SBE (Check if SBE) and insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name and Address	DBE (Check if DBE) and insert DBE Cert. No.	SBE (Check if SBE) and insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
V. All other first-tier DBEs and SBEs: See Supplementary Conditions Article SC7.1.3.D.5 for Available Credit.	✓			
Name: <u>INSPECTION SERVICES, INC</u> <u>WILSON, MP.</u> Address: <u>1798 UNIVERSITY AVENUE</u> <u>BERKELEY, CA 94703</u> Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. <u>32109</u>	SBE Cert. No. _____	<u>TESTING</u> + <u>INSPECTION</u>	<u>\$290,000.00</u>

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name and Address	DBE (Check if DBE) and Insert DBE Cert. No	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
V. All other first-tier DBEs and SBEs: See Supplementary Conditions Article SC7.1.3.D.5 for Available Credit.	<input checked="" type="checkbox"/>			
Name: <u>TELAMON, INC.</u> _____ Address: <u>855 FOLSOM STREET</u> <u>SUITE 142, SAN FRANCISCO, CA</u> <u>94107</u> Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. <u>21160</u>	SBE Cert. No. _____	<u>LAYOUT</u> <u>+</u> <u>SURVEY</u>	<u>\$50,000.00</u>

Name and Address	DBE (Check if DBE) and Insert DBE Cert. No	SBE (Check if SBE) and Insert SBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of last Tax Year: \$ _____	DBE Cert. No. _____	SBE Cert. No. _____		

BIDDER'S DBE AND SBE QUESTIONNAIRE

Is Bidder a DBE? YES NO
(See Supplementary Conditions Article SC7.1.1 for definition of DBE)

CUCP Certified? YES NO

If YES, enter Certification Date: _____

Is Bidder a BART certified SBE? YES NO
(See Supplementary Conditions Article SC7.1.1 for definition of SBE)

If YES, enter Certification Date: _____

Is Bidder a joint venture with DBE or SBE partners? ² YES NO

If YES, are Joint Venture Forms attached? YES NO

Percentage (%) of DBE or SBE participation in joint venture: N/A %

Age of Firm: 109 years

Annual Gross Receipts as of last Tax Year: \$ 3,601,537,710

² If the Bidder is a joint venture, only the portion of the total dollar value of the Contract equal to the distinct, clearly defined portion of the work that is performed solely by the DBE'S or SBE's own forces can be counted toward DBE or SBE participation respectively. If the work is not clearly delineated between the DBE or SBE and the joint venture partner, only the portion of the work equal to the DBE's or SBE's percentage ownership interest in the joint venture will be counted. See Supplementary Conditions Article SC7.1.3D.1.

(Attention is directed to Instructions to Bidders Paragraph 7.B.4, Non Residence Certification make additional copies if needed.)

NON RESIDENCE CERTIFICATION

TO THE SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT

I _____ on behalf of _____ certify as follows:
Insert Name of DBE Firm

- a. I am a certified DBE listed in the California Unified Certification Program (CUCP) database; and
- b. I am located outside of the four counties of Alameda, Contra Costa, San Francisco and San Mateo (BART Market Area); and
- c. I have done business or attempted to do business in the BART Market Area within two years prior to the Contract advertisement date.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct, is within my personal knowledge and if called upon to testify, I could testify competently thereto.

Executed on _____ at _____

Signature of DBE Firm Representative

Title

(Attention is directed to Instructions to Bidders Paragraph 7.6.4, Non Residence Certification, make additional copies if needed.)

NON-RESIDENCE CERTIFICATION

TO THE SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT

I HECTOR DOMINGUEZ on behalf of EXALO TECHNOLOGIES CORP certify as follows
Insert Name of DBE Firm

- a. I am a certified DBE listed in the California Unified Certification Program (CUCP) database; and
- b. I am located outside of the four counties of Alameda, Contra Costa, San Francisco and San Mateo (BART Market Area); and
- c. I have done business or attempted to do business in the BART Market Area within two years prior to the Contract advertisement date

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct, is within my personal knowledge and if called upon to testify, I could testify competently thereto.

Executed on 3/30/15 at 1031 BAYSHORE HWY, BURLINGAME


Signature of DBE Firm Representative

PRESIDENT

Title