

Low Bidder

DISTRICT-COUNTY-ROUTE: 04 - ALA - 5785

06-30-14A11:46 RCVD

CONTRACT NO.: 04-014104

TOTAL BID: 14,234,058.00

BID OPENING DATE: 6/24/2014

BIDDER'S NAME: Taber Construction Inc.

DVBE PRIME CONTRACTOR CERTIFICATION ¹ _____

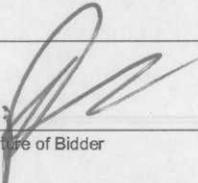
Bid Item Number	Description of Work to Be Subcontracted to DVBE or Materials to Be Supplied by DVBE ²	For Caltrans Only	DVBE (Name, Telephone No., and Certification No.)	\$ Amount
56	Compressed Air Equipment (supply)		United Synergy Corporation 530-273-1639 1568820	247,032.00
56	Lighting (supplier) (supplier to Roadway Engineering Works)		Conrad Supply 916-712-0733 1146220	273,458.64
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>520,490.64</u> <u>3.66</u> %

1. 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).

2. 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: 6/27/14
925-682-6133
 (Area Code) Telephone Number

Bret Taber
 Contact Person (Type or Print)



LETTER OF TRANSMITTAL

Date: June 27, 2014

To: MSC 43 - Office Engineer
Department of Transportation
 1727 30th Street
 Sacramento CA 95816-7005

Project: 04-014104
 Subject: Certified DVBE Summary
 Project No:

VIA: Regular Mail Certified Mail Express Mail Courier Fax

WE ARE SENDING YOU:

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|---|---|---|
| <input type="checkbox"/> DOCUMENTS | <input type="checkbox"/> PLANS | <input type="checkbox"/> BILLING |
| <input type="checkbox"/> CONTRACTS | <input type="checkbox"/> SPECIFICATIONS | <input type="checkbox"/> REQUESTS |
| <input type="checkbox"/> CHANGE ORDER | <input type="checkbox"/> SHOP DRAWINGS | <input type="checkbox"/> CERTIFIED PAYROLLS |
| <input type="checkbox"/> COPY OF LETTER | <input type="checkbox"/> SAMPLES | <input type="checkbox"/> OTHER _____ |

COPIES	DATE	NO.	DESCRIPTION
1			04-014104 Certified DVBE Summary

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| <input checked="" type="checkbox"/> For your use / information | <input type="checkbox"/> Returned for correction(s) | <input type="checkbox"/> Please complete and return |
| <input type="checkbox"/> For bids due: _____ | <input type="checkbox"/> Revised as noted | <input type="checkbox"/> Other: _____ |

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06-30-14A11:46 RCVD

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