

2nd (In Bid Book)

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

Second Bidder

DISTRICT-COUNTY-ROUTE: 08 RIV 10-R135.0
CONTRACT NO.: 08-OF3604
TOTAL BID: 638,800.00
BID OPENING DATE: 1-24-13
BIDDER'S NAME: DRP NATIONAL 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
7	Materials Supply		DRAVES PIPELINE (760) 728-7094 CERT. # 45	32,500

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.

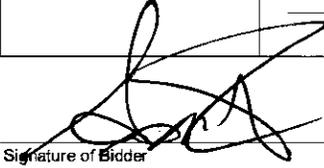
Total Claimed Participation	\$ <u>32,500</u> <u>5</u> %
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1. DVBE prime contractors must enter their DVBE reference number or their DBA name as listed with Department of General Services (DVBE prime contractors are credited with 100 percent DVBE participation 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

 1-24-13
Signature of Bidder Date
(626) 959-1088
(Area Code) Telephone Number
SERGE M. PERUSSE
Contact Person (Type or Print)

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CERTIFIED SMALL BUSINESS LISTING FOR THE NON-SMALL BUSINESS PREFERENCE

DES-OE-0102.8 (REV 2/2011)

BIDDER NAME DRP NATIONAL INC

CONTRACT NO. 08 - OF3604

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	

Person to Contact _____ (Please Type or Print)

Total Claimed Participation

\$ _____

(Area Code) Telephone Number _____

_____ % of Contract

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