

Low bidder was in bid book
AMTEK CONSTRUCTION

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

Low Bidder

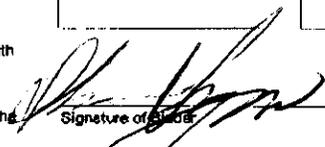
DISTRICT-COUNTY-ROUTE: 08 - SBd - 5712
 CONTRACT NO.: 08-0M0204
 TOTAL BID: \$591,435.00
 BID OPENING DATE: March 14, 2013
 BIDDER'S NAME: AMTEK CONSTRUCTION
 DVBE PRIME CONTRACTOR CERTIFICATION # 21796

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
#1	Materials/Electrical		Browns Electrical Gary Gene Brown 1673 E Alvin Ave Santa Maria, CA 93454 Certification # 21796	\$56,019.35
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>56,019.35</u> <u>5.68</u> %

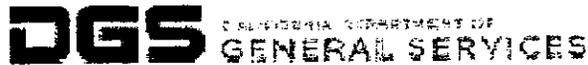
- DVBE prime contractors must enter their DVBE reference number or their DBA name as listed with Department of General Services (DVBE prime contractors are credited with 100 percent DVBE participation and need not complete the above table).
- If 100% of an item is not performed or supplied by the DVBEs, 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: 3/14/2013
 (562) 896-7111
 (Area Code) Telephone Number
 Steven A. Sayce
 Contact Person (Type or Print)

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 854-6410 or TDD (916) 854-3680 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.



Governor Edmund G. Brown Jr.

Sep 5, 2012

DVBE APP

Supplier #21796
BROWNS ELECTRICAL
1673 E ALVIN AVE
SANTA MARIA CA 93454

Dear Business Person:

Congratulations on your Disabled Veteran Business Enterprise (DVBE) certification with the State of California. Your business is now entitled to compete in the State's goal to spend three percent of its annual contracting dollars with DVBE businesses. For more information or to verify certification status, visit www.eprocure.dgs.ca.gov

Certification Period

From Sep 5, 2012 to Sep 30, 2014

Business Types

Service
Non-Manufacturer

Conflict of Interest for Current and Former State Employees

Prior to contract award, agencies will assure the vendor is in compliance with Public Contract Code, Section 10410 et seq. addressing conflict of interest for State employees or former employees.

Annual Submission Requirement

Submit copies of the ENTIRE federal tax return to the Office of Small Business and DVBE Services (OSDS). In addition to the business tax returns, each partner of a partnership business must also submit individual federal tax returns. Businesses that rent equipment to the State must submit individual federal tax returns for each disabled veteran owner within 90 days of the individual's tax return filing due date. If you have been granted a tax filing extension with the Internal Revenue Service, submit a copy of the extension form and annual financial statements; then, submit a copy of the tax return once filed.

Maintaining Your Online Certified Firm Profile

Visit www.eprocure.dgs.ca.gov/default.htm to update your certification profile. You may report changes to the following: mailing and principal office address; contact information; keywords and service areas; United Nations Standard Products and Services Codes, North American Industry Classification System (applicable only to Manufacturers). This certification may be impacted if you update information beyond the aforementioned. To report changes by mail, complete a "Certification Information Change" form located at www.documents.dgs.ca.gov/pd/smallbus/certchange.pdf

PROCUREMENT DIVISION - Small Business & DVBE Services | State of California | State Consumer Services Agency
707 3rd Street, 1st Floor, Room 400 | West Sacramento, CA 95605 | t 916.375.4940 f 916.375.4950

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION
DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2008)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE: GARY BROWN DVBE Ref. Number: 21796
Description (materials/supplies/services/equipment proposed): ELECTRICAL
Solicitation/Contract Number: 08-0M0204 SPCRS Ref. Number: _____ (FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

- I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.
- Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

<u>GARY BROWN</u> (Printed Name of DV Owner/Manager)	<u>Gary Brown</u> (Signature of DV Owned Manager)	<u>3/13/2013</u> (Date Signed)
_____ (Printed Name of DV Owner/Manager)	_____ (Signature of DV Owner/Manager)	_____ (Date Signed)

Firm/Principal for whom the DVBE is acting as a broker or agent: _____ (Print or Type Name)
(If more than one firm, list on extra sheets.)

Firm/Principal Phone: 805-714-7647 Address: 1673 E ALVIN SANTA ANITA CA 93454

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

- Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.
- The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in Military and Veterans Code 999.2, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

_____ (Printed Name)	_____ (Signature)	_____ (Date Signed)
_____ (Address of Owner)	_____ (Telephone)	_____ (Tax Identification Number of Owner)

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

CERTIFIED SMALL BUSINESS LISTING FOR THE NON-SMALL BUSINESS PREFERENCE

DES-OE-0102.8 (REV 2/2011)

BIDDER NAME AMTEK CONSTRUCTION

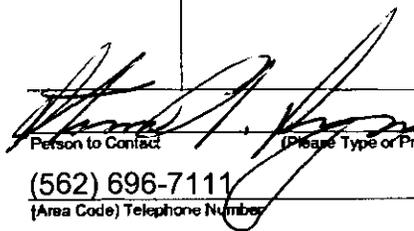
CONTRACT NO. 08 . 0M0204

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
		Amtek Construction (562) 696-7111 Certification No. 1104	
		Amtek requests small business preference <u>NOT</u> non-small business preference	


Person to Contact
(Area Code) Telephone Number

Steven A. Sayce

\$ _____

Total Claimed Participation

_____ % of Contract

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