

# Low Bidder


STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**CERTIFIED DVBE SUMMARY - PAGE 1 of 2**  
 DES-OE-0102.5 (REV 3/2008)

DISTRICT-COUNTY-ROUTE: 03 - 612, COL, NEV-5 - 80-VAR  
 CONTRACT NO.: 03-2H5504  
 TOTAL BID: \$1,378,192.64  
 BID OPENING DATE: 8/28/19  
 BIDDER'S NAME: SHARITA SERVICES, INC. DBA TIMBERWORKS  
 DVBE PRIME CONTRACTOR CERTIFICATION <sup>1</sup> \_\_\_\_\_

Bid Item Number	Description of Work to Be Subcontracted to DVBE or Materials to Be Supplied by DVBE <sup>2</sup>	For Caltrans Only	DVBE (Name, Telephone No., and Certification No.)	\$ Amount	
2	TRAFFIC CONTROL SYSTEM		Roll 'n Rock CONSTRUCTION (530) 925-1408 DVBE #1750745  ↓	\$12,500.-	
3	PORTABLE CHANGEABLE MESSAGE SIGN			4,800.-	
8	REMOVE ROADSIDE SIGN			200.-	
9	FURNISH ALUMINUM SIGN			211.50	
10	FURNISH ALUMINUM SIGN			564.-	
11	RETROREFLECTIVE SHEETING			504.-	
12	INSTALL SIGNS			1,420.-	
13	INSTALL ROADSIDE SIGNS			2,000.-	
14	LOCATE UNDERGROUND FACILITIES			23,800.-	
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.				<b>Total Claimed Participation</b> \$ <u>55,309.50</u> <u>4</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

 8/29/19  
 Signature of Bidder Date

530) 926-4093  
 (Area Code) Telephone Number

DAVID MAURO  
 Contact Person (Type or Print)

90:21 Wd 4E 90V 610Z

# DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

**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: Roll'N Rock Construction, INC. DVBE Ref. Number: 1750745

Description (materials/supplies/services/equipment proposed): Traffic Control/Labor

Solicitation/Contract Number: 03-2H5504 SCPRS 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>Bonnie Heile</u> (Printed Name of DV Owner/Manager)	<u>Bonnie Heile</u> (Signature of DV Owner/ Manager)	<u>8/27/19</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: \_\_\_\_\_  
(If more than one firm, list on extra sheets.) (Print or Type Name)

Firm/Principal Phone: \_\_\_\_\_ Address: \_\_\_\_\_

## 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):

<u>Bonnie Heile</u> (Printed Name)	<u>Bonnie Heile</u> (Signature)	<u>8/27/19</u> (Date Signed)
<u>5527 Truck Village Drive, Mount Shasta, CA 96067</u> (Address of Owner)	<u>530.925.1408</u> (Telephone)	<u>45-4466518</u> (Tax Identification Number of Owner)

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

_____ (Printed Name of DV Manager)	_____ (Signature of DV Manager)	_____ (Date Signed)
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00009

00052

**FedEx** Package  
Express US Airbill

FedEx  
Tracking  
Number

8033 9958 5957

**1 From**

Date 8/30/17

Sender's Name STACK MILLER

Phone 530 926-4093

Company TIMBER WORKS

Address 509 S MOUNT SHASTA BLVD

Dept./Floor/Suite/Room

City MOUNT SHASTA

State CA ZIP 96067-2529

**2 Your Internal Billing Reference**

**3 To**

Recipient's Name MISC 43 OFFICE ENG Phone 916) 227-6284

Company CALIF DEPT OF TRANSPORTATION

Address 1727 30TH ST.

Dept./Floor/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City SACRAMENTO

State CA ZIP 95816-7005

HOLD Weekday  
FedEx location address  
REQUIRED. NOT available for  
FedEx First Overnight.

HOLD Saturday  
FedEx location address  
REQUIRED. Available ONLY for  
FedEx Priority Overnight and  
FedEx 2Day to select locations.

0108537206



8033 9958 5957

fedex.com 1.800.GoFedEx 1.800.463.3339

fedex.com 1.800.GoFedEx 1.800.463.3339

Form  
ID No.

0215

Recipient's Copy

**4 Express Package Service** \* To most locations.  
NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs.  
For packages over 150 lbs., see the  
FedEx Express Freight US Airbill.

**Next Business Day**

- FedEx First Overnight**  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Priority Overnight**  
Next business morning.\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Standard Overnight**  
Next business afternoon.\* Saturday Delivery NOT available.

**2 or 3 Business Days**

- FedEx 2Day A.M.**  
Second business morning.\* Saturday Delivery NOT available.
- FedEx 2Day**  
Second business afternoon.\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Express Saver**  
Third business day.\* Saturday Delivery NOT available.

**5 Packaging** \* Declared value limit \$500.

- FedEx Envelope\***
- FedEx Pak\***
- FedEx Box**
- FedEx Tube**
- Other**

**6 Special Handling and Delivery Signature Options**

- SATURDAY Delivery**  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
- No Signature Required**  
Package may be left without obtaining a signature for delivery.
- Direct Signature**  
Someone at recipient's address may sign for delivery. **Fee applies.**
- Indirect Signature**  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. **Fee applies.**

**Does this shipment contain dangerous goods?**

- One box must be checked.
- No**
  - Yes**  
As per attached Shipper's Declaration.
  - Yes**  
Shipper's Declaration not required.
  - Dry Ice**  
Dry Ice, 3, UN 1845 \_\_\_\_\_ x \_\_\_\_\_ kg
  - Cargo Aircraft Only**
- Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

**7 Payment Bill to:**

- Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No.
- Sender Acct. No. in Section I will be billed.**
  - Recipient**
  - Third Party**
  - Credit Card**
  - Cash/Check**

Total Packages

Total Weight

Credit Card Auth.

\*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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