

# Second Bidder

09-20-24 P01:04 RCVD

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

## CERTIFIED SMALL BUSINESS LISTING FOR THE NON-SMALL BUSINESS PREFERENCE

DOT OCR-0011 (REV 01/2024)

BIDDER NAME CALPROMAX ENGINEERING, INC.

CONTRACT NO. 07\_351114

List the description of work, name, telephone number, certification number, and dollar amount of each certified small business who will be used for non-small business preference on this project. Failure to submit a completed Certified Small Business Listing for the Non-Small Business Preference form by 4 p.m. on the 4th business day after bid opening will result in a nonresponsive bid. Attach additional sheets if necessary.

Submit to:  
MS 43  
OFFICE ENGINEER  
DEPARTMENT OF TRANSPORTATION 1727 30TH STREET  
SACRAMENTO, CA 95818-7005

Bid Item Number	Description of Work, Service, or Materials	Certified Small Business (Name, Telephone No., and Certification No.)	\$ Amount
6, 7, 8, 14, 20, 21, 22 (P)	Signage, Traffic Control, Demo, Excavation, Concrete, Electrical work	Calpromax Engineering, Inc. (714) 573-4599 SB Cert # 2001551	\$3,225,800.00
21, 22 (P)	Camera Systems CCTV Cabinet with Corbin locks only	Dusty Diamond Enterprise, Inc. (818) 288-4943 #2024888	\$413,263.00
13, 15, 17, 18, 19	Fencing / Guardrail	Ace Fence Company (626) 333-0727 #683	\$40,570.00

<b>Total Claimed Participation for Non-Small Business Preference \$</b>	
<b>Total Claimed Participation for Non-Small Business Preference %</b>	
<b>Non-Small Business Preference-Certification</b>	
As an authorized representative of the bidder, if the bidder is awarded the contract, the bidder is committed to use the small businesses shown on this form to meet the non-small business preference. The work to be performed in fulfillment of the contract requirements will be Commercially Useful Function (CUF) constant in accordance with the requirements in Government Code section 14837, subdivision(d)(4). I certify under penalty of the perjury that the foregoing is true and correct.	

Bidder's Authorized Representative (Please Type or Print)

Name  
**MARIA ARMOGEDA**

Email Address  
**calpromax@gmail.com**

Bidder's Authorized Representative Signature

DATE

*Maria Armogeda* 09/18/2024

ADA Note: For individuals with sensory disabilities, this document is available in alternate formats. For alternate format information, contact the Forms Management Unit at (916) 445-1233, TTY 711, or write to Records and Forms Management, 1720 N Street, MS-99, Sacramento, CA 95814.