

January 22, 2015

ORIGINAL



STEP-TWO PRICE BID

Prepared by:



OHL USA

**OHL USA, Inc.
1920 Main Street, Suite 310
Irvine, CA 92614
949-242-4432**

Submitted to:



Metro

**LA County Metropolitan
Transportation Authority
One Gateway Plaza
Los Angeles, CA 90012-2952**

2.1 BID LETTER

BID LETTER

HONORABLE CHAIRMAN AND MEMBERS OF THE
LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
ONE GATEWAY PLAZA
LOS ANGELES, CA 90012-2952

SUBJECT: INVITATION FOR BIDS FOR CONTRACT NO. (IFB No. C0991)
(DIVISION 16: SOUTHWESTERN YARD)

In response to the above-referenced Invitation For Bids (IFB) and in accordance with the accompanying Instructions to Bidders, the Bidder hereby commits to the Los Angeles County Metropolitan Transportation Authority (Metro) to perform the Work in accordance with the provisions of the Bid Level Contract Documents and any amendment thereto and at the prices stated opposite the respective items set forth in the form entitled SCHEDULE OF QUANTITIES AND PRICES, included and made a part of the Contract.

The Bidder agrees that the Bid constitutes a firm offer that cannot be withdrawn for one-hundred and eighty (180) calendar days from the bid opening or until the Contract for the Work is fully executed between Metro and a third party, whichever is earlier.

If awarded a Contract, the Bidder agrees to execute the Contract and deliver it to Metro within ten (10) calendar days after receiving a Letter of Award together with the necessary Certificates of Insurance, Performance Bond, Payment Bond, and Alcohol and Drug-Free Workplace Program. The Contractor shall proceed with the Work upon receipt of a Notice to Proceed in accordance with Article entitled NOTICE TO PROCEED of the General Conditions.

Attached is a certified check, a cashier's check (in U.S. Dollars), Bid Bond, or a combination thereof in an amount not less than ten percent (10%) of the Total Bid Price. The undersigned agrees that said amount shall be retained by Metro if we fail or refuse to execute the Contract or furnish the required Bonds, Certificates of Insurance, and Alcohol and Drug-Free Workplace Program within the time provided.

In addition to the formal certifications provided in the following, the Bidder certifies that it has:

1. Examined and is fully familiar with all of the provisions of the IFB Documents and any amendment thereto;
2. Satisfied itself as to the requirements of the Contract, the nature and location of the Work, the general and local conditions to be encountered in performance of the Work, and all other matters that can in any way affect the Work and/or the cost thereof;
3. Examined the experience, skill and certification requirements specified in the Statement of Work and that the entities (Bidder, Subcontractor, Supplier) performing the Work under the Contract fulfill the specified requirements; and
4. Carefully reviewed the accuracy of all statements and figures shown in the Bid and attachments hereto.

Therefore, the undersigned hereby agrees that Metro will not be responsible for any errors or omissions in the Bid.

The undersigned acknowledges receipt, understanding and full consideration of the following amendment to the Contract Documents:

Amendment No(s):

Amendment 1

Amendment 2

Amendment 3

Amendment 4

Amendment 5

The Bidder further certifies that:

1. The only persons, firms, corporations, Joint Ventures/partnerships, and/or other parties interested in the Bid as principals are those listed as such in the Bid Forms; and that,
2. The Bid has been prepared without collusion with any other person, firm, corporation, Joint Venture/partnership, and/or other party.

(Joint Ventures/partnerships are to provide a signed copy of their agreement with their bid)

Bidder's Name: OHL USA, Inc.

Business Address: 1920 Main Street, Suite 310

Irvine, CA 92614

Contractor's License No.: 984140

License Expiration Date: 6/30/15

Classification Type: A

Phone: 949-242-4432 Fax: 949-231-1255/56


Signature of Authorized Official

Ahmad Bagheri
Type or Print Name

Executive Vice President
Title

January 20, 2015
Date



Ahmad Bagheri being duly sworn, deposes and says
Name

That he/she is the Executive Vice-President of DHL USA, Inc.
Title Company

and that all statements and information contained in the Proposal and made a part of through attachment and/or reference, are true and correct.

Subscribed and sworn before me before this 20th day of January, 2015

Notary Public:

Deborah Eskenazi

My Commission expires: January 19, 2017



2.2 BID BOND

BID BOND

**KNOW ALL MEN BY THESE PRESENTS:
THAT,**

OHL USA, Inc. as Principal
and,

Travelers Casualty and Surety Company of America as Surety

are held firmly bound unto the LOS ANGELES COUNTY METROPOLITAN
TRANSPORTATION AUTHORITY, hereinafter called Metro,

in the sum of

Ten percent of amount bid

(use words)

_____ DOLLARS

(\$), 10% of amount bid
(figures)

being not less than ten percent (10%) of the Total Bid Price; for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severably, firmly by these presents.

WHEREAS, said Principal has submitted a bid to Metro to perform all Work required under Metro's Invitation For Bids (IFB) Contract No. (IFB No. C0991).

NOW, THEREFORE, if said Principal is awarded a Contract for the Work by Metro and, within the time and in the manner required by the Invitation For Bids (IFB), enters into the written Contract Agreement bound with said IFB and furnishes the required bonds, one to guarantee faithful performance and the other to guarantee payment for labor and materials, and furnishes the required certificate of insurance and Alcohol and Drug-Free Workplace Program, then this obligation shall be null and void; otherwise, it shall remain in full force and effect. In the event suit is brought upon this Bond by Metro and judgment is recovered, said Surety shall pay all costs incurred by Metro in such suit, including reasonable attorneys' fees to be fixed by the court.

SIGNED AND SEALED, this 5th day of January, 20 15

(SEAL)

(SEAL)

OHL USA, Inc.

Principal

Shahid Bagheri
Signature

Travelers Casualty and Surety Company of America

Surety

BY: Anne Potter
Signature Anne Potter, Attorney-in-Fact



PRINCIPAL ACKNOWLEDGMENT

State of California

County of Orange

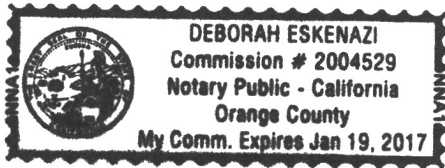
On 20th of January 2015 before me, Deborah Eskenazi, Notary Public, personally appeared Ahmad Baghen who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(seal)

Signature [Handwritten Signature]



SURETY ACKNOWLEDGMENT

State of New York

County of Nassau

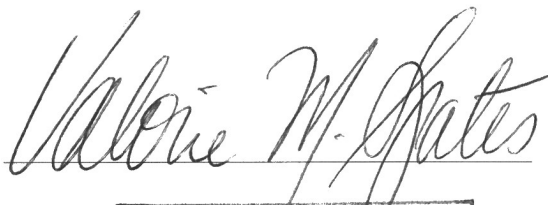
On 5th of January, 2015 before me, Valorie M. Spates, Notary Public, personally appeared Anne Potter who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of New York that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(seal)

Signature



VALORIE M. SPATES
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01SP6135425
Qualified in Queens County
Commission Expires October 17, 2017



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 228071

Certificate No. 005945079

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

David W. Rosehill, Nancy Schnee, Annette Leuschner, Andrea E. Gorbert, Valorie Spates, Beverly A. Woolford, and Anne Potter

of the City of Jericho, State of New York, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 6th day of June, 2014.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut
City of Hartford ss.

By: [Signature]
Robert L. Raney, Senior Vice President

On this the 6th day of June, 2014, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
My Commission expires the 30th day of June, 2016.



[Signature]
Marie C. Tetreault, Notary Public

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2013

CAPITAL STOCK \$ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	\$ 67,799,624	UNEARNED PREMIUMS	\$ 808,717,671
BONDS	3,452,214,898	LOSSES	809,863,176
INVESTMENT INCOME DUE AND ACCRUED	47,758,502	LOSS ADJUSTMENT EXPENSES	460,670,453
OTHER INVESTED ASSETS	265,099,610	COMMISSIONS	31,781,136
PREMIUM BALANCES	190,836,462	TAXES, LICENSES AND FEES	12,482,322
NET DEFERRED TAX ASSET	61,575,098	OTHER EXPENSES	38,437,893
REINSURANCE RECOVERABLE	11,361,414	FUNDS HELD UNDER REINSURANCE TREATIES	94,401,464
SECURITIES LENDING REINVESTED COLLATERAL ASSETS	4,910,772	CURRENT FEDERAL AND FOREIGN INCOME TAXES	18,387,407
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	30,772,481	REMITTANCES AND ITEMS NOT ALLOCATED	13,577,503
STATE SURCHARGES RECEIVABLE	258,771	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	23,615,357
OTHER ASSETS	14,872,822	RETROACTIVE REINSURANCE RESERVE ASSUMED	1,511,674
		POLICYHOLDER DIVIDENDS	6,462,513
		PROVISION FOR REINSURANCE	3,970,484
		ADVANCE PREMIUM	1,078,609
		PAYABLE FOR SECURITIES LENDING	4,910,772
		DERIVATIVES	112,003
		CEDED REINSURANCE NET PREMIUMS PAYABLE	(64,954,254)
		ESCHEAT LIABILITY	471,948
		OTHER ACCRUED EXPENSES AND LIABILITIES	242,236
		TOTAL LIABILITIES	\$ 2,265,740,367
		CAPITAL STOCK	\$ 6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,441,436,327
		TOTAL SURPLUS TO POLICYHOLDERS	\$ 1,881,720,088
TOTAL ASSETS	\$ 4,147,460,454	TOTAL LIABILITIES & SURPLUS	\$ 4,147,460,454

STATE OF CONNECTICUT)
 COUNTY OF HARTFORD) SS.
 CITY OF HARTFORD)

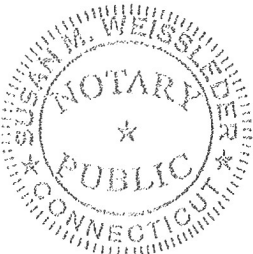
MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS SECOND VICE PRESIDENT, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 31ST DAY OF DECEMBER, 2013.

Michael J. Doody
 SECOND VICE PRESIDENT

Susan M. Weissleder
 NOTARY PUBLIC

SUSAN M. WEISSLEDER
 Notary Public
 My Commission Expires November 30, 2017

SUBSCRIBED AND SWORN TO BEFORE ME THIS
 19TH DAY OF MARCH, 2014



2.3 LIST OF PROPOSED SUBCONTRACTORS/SUPPLIERS (PRO FORM 68)

FORM 1 – PROPOSED LIST OF SUBCONTRACTORS AND SUPPLIERS – DESIGN TO BE COMPLETED BY OFFEROR

Offerors are required to list ALL (DBE and Non-DBE) first-tier subcontractors. Offerors are required to utilize Race Conscious (RC) DBE firms in the performance of this project. RC DBEs are ethnic groups that have been identified as statistically and significantly underutilized. These groups include: African Americans, Asian Pacific Americans, Native Americans, Hispanic Americans, and Subcontinent Asian Americans. ONLY RC DBEs listed in the Offeror's bid or proposal will be counted towards the contract goal. Metro will achieve a percentage of its overall goal utilizing race neutral measures. Race Neutral (RN) DBEs include non-minority women. Completion of this form and Form 4 (Business Data Sheet) fulfills the requirements of the California Subletting and Subcontracting Fair Practices Act.

1. Offeror's Name: Arup North America, Ltd. 2. Project Name: C0991 Southwestern Yard
 3. Total Bid Price: \$11,562,553.25 4. Bid Due Date: Thursday, January 22, 2015

A	B	C	D	E	F	G
NAME OF OFFEROR AND ALL SUBCONTRACTORS (1 ST TIER)	DESCRIPTION OF WORK	SUBCONTRACTORS: C = Consultant Or Contractor S = Supplier ¹ M = Manufacturer B = Broker ¹ T = Trucker	BID PRICE	BID PRICE FOR RC DBE FIRMS (Race Conscious participation)	BID PRICE FOR OTHER DBE FIRMS (Race Neutral Participation)	TOTAL DBE BID PRICE (COL # E + F)
Offeror Arup North America, Ltd	Designbuilder Lead Engineer	Prime's \$ Amount → with its own workforce	\$5,071,654.00			\$
1. HOK	Architecture	C	\$1,509,440.00			
2. LTK	Systems Eng., Systems Equip., & Train Control, track electrification	C	\$1,619,132.00			
3. NBA	MEP	C	\$1,412,396.00		1,412,396.00	1,412,396.00
4. Pac Rim	Structural Engineer	C	\$564,393.00	\$564,393.00		\$564,393.00
5. V&A	Civil Engineer	C	\$1,385,538.25	\$1,385,538.25		\$1,385,538.25
6. Arup North America	Lead Engineer	C	5,071,654			
7. Diaz Yawners		C	240,000	240,000		240,000
9. TOTAL BID PRICE (Should equal Line #3 above)			\$11,562,553.25 1,803,553.25	\$2,189,931.25 1,949,931.25	\$ 1,412,396.00	\$ 3,362,327.25 3,002,327.25

¹If a RC DBE or RN DBE firm listed in column D and E are regular dealers enter 60% of the bid price in column G. If a RC DBE or RN DBE firm listed in column D and E and F are brokers, enter the total amount of the fees and/or commissions charges in column G. If a DBE business is listed to provide materials/supplies, only sixty-percent (60%) of the cost for materials/supplies will be counted toward the DBE.

FORM 2 – DBE AFFIDAVIT – DESIGN
TO BE COMPLETED BY OFFEROR ONLY

Part A: DBE GOAL DECLARATION

RC DBE GOAL ACHIEVED

The Offeror declares to the best of its knowledge, information and belief that by its efforts, it ACHIEVED a level of participation greater than or equal to the goal established for RC DBE participation.

The level achieved is twenty four percent (24 %)

RC DBE GOAL NOT ACHIEVED

The Offeror declares to the best of its knowledge, information and belief that while it made efforts to achieve the RC DBE participation goal, it DID NOT ACHIEVE a level of RC DBE participation greater than or equal to the goal established for RC DBE participation.

The level achieved is _____ percent (_____ %)

While the Offeror did exert efforts to achieve the goal, it was not successful. The Offeror certifies that, if requested, evidence of good faith efforts (GFE) will be submitted within forty-eight (48) hours of Metro's written request.

DO NOT INCLUDE EVIDENCE OF GOOD FAITH EFFORTS WITH BIDS/PROPOSALS

Part B: SIGNATURE

Executed on: January 15, 2015, at, Los Angeles, CA
Date City State

Business Name: Arup North America Ltd

Authorized Signature: 

Printed Name: Tim Corcoran

Title: Principal

E-mail: tim.corcoran@arup.com

Phone: 310 578 4528

FORM 3 - PROPOSED LOWER TIER SUBCONTRACTORS & SUPPLIERS – DESIGN

TO BE COMPLETED BY ALL SUBCONTRACTORS

Project Name: Southwestern Yard Project

IFB/RFP #: C0991

All subcontractors listed on Form 1 that are subcontracting work are requested to list ALL (DBE and Non-DBE) lower tier subcontractors. Offerors are required to utilize Race Conscious (RC) DBE firms in the performance of this project. RC DBEs are ethnic groups that have been identified as statistically and significantly underutilized. These groups include: African Americans, Asian Pacific Americans, Native Americans, Hispanic Americans, and Subcontinent Asian Americans. ONLY RC DBEs listed in the Offeror's bid or proposal will be counted towards the contract goal. Metro will achieve a percentage of its overall goal utilizing race neutral measures. Race Neutral (RN) DBEs include non-minority women.

Completion of this form and Form 4 (Business Data Sheet) fulfills the requirements of the California Subletting and Subcontracting Fair Practices Act.

1. Subcontractor (Sub.): HOK
2. Prime's Name: Arup North America, Ltd.
3. Total Bid Price: \$1,509,440.00

A	B	C	D	E	F	G
NAME OF SUBCONTRACTOR AND ALL LOWER TIER SUBCONTRACTORS	DESCRIPTION OF WORK	SUBCONTRACTORS C = Consultant Or Contractor S = Supplier M = Manufacturer B = Broker T = Trucker Your business' \$ Amount	BID PRICE	BID PRICE FOR RC DBE FIRMS (Race Conscious participation)	BID PRICE FOR RN DBE FIRMS (Race Neutral Participation)	TOTAL DBE BID PRICE (COL # E + F)
Subs			\$	\$	\$	\$
1. HOK	Architecture	C	1,100,000.00			1,100,000.00
2. AHBE	Landscape Design	C	117,000	117,000		117,000
3. Okapi Architecture	Sustainability/LEED/Architectural Specifications	C	175,740	175,740		175,740
4. SKA Design	Signage/Wayfinding	C	58,790	58,790		58,790
5. Finish Hardware	Hardware Design	C	23,450	23,450		23,450
6. Maroko & Shwe	LEED Commissioning	C	109,274	109,274		109,274
7. Mike Amaya	Architectural Rendering	C	15,000	15,000		15,000
8.						
9. TOTAL BID PRICE (Should equal Line #3 above)			\$1,509,440.00	\$409,440.00	\$	\$1,509,440.00

Lower Tier Subcontractors

FORM 3 - PROPOSED LOWER TIER SUBCONTRACTORS & SUPPLIERS - DESIGN
 TO BE COMPLETED BY ALL SUBCONTRACTORS

Project Name: Southwestern Yard Project

IFB/RFP #: C0991

All subcontractors listed on Form 1 that are subcontracting work are requested to list ALL (DBE and Non-DBE) lower tier subcontractors. Offerors are required to utilize Race Conscious (RC) DBE firms in the performance of this project. RC DBEs are ethnic groups that have been identified as statistically and significantly underutilized. These groups include: African Americans, Asian Pacific Americans, Native Americans, Hispanic Americans, and Subcontinent Asian Americans. ONLY RC DBEs listed in the Offeror's bid or proposal will be counted towards the contract goal. Metro will achieve a percentage of its overall goal utilizing race neutral measures. Race Neutral (RN) DBEs include non-minority women.

Completion of this form and Form 4 (Business Data Sheet) fulfills the requirements of the California Subletting and Subcontracting Fair Practices Act.

1. Subcontractor

(Sub.): LTK Engineering Services

2. Prime's Name: Arup North America, Ltd.

3. Total Bid Price: \$1,619,124

	A	B	C	D	E	F	G
	NAME OF SUBCONTRACTOR AND ALL LOWER TIER SUBCONTRACTORS	DESCRIPTION OF WORK	SUBCONTRACTORS C = Consultant Or Contractor S = Supplier M = Manufacturer B = Broker T = Trucker Your business' \$ Amount	BID PRICE	BID PRICE FOR RC DBE FIRMS (Race Conscious participation)	BID PRICE FOR RN DBE FIRMS (Race Neutral Participation)	TOTAL DBE BID PRICE (COL # E + F)
Subs							
1.	LTK Engineering Services	See Attached	C	\$1,476,340			
2.	Colmena Engineering	All CADD Drafting on the project	C	\$142,784	\$142,784		\$142,784
3.							
4.							
5.							
6.							
7.							
8.							
9.	TOTAL BID PRICE (Should equal Line #3 above)			\$ 1,619,124	\$ 142,784	\$	\$ 142,784

Lower Tier Subcontractors

Providing Design Services for Crenshaw Maintenance Facility consisting of Design of Yard and Shop Traction Power Substations, Design of Yard and Shop Overhead Contact System (OCS), Design of Yard Signals and Coordination of Communications Design, and Industrial Engineering Support. During commissioning of the Facility: Inspection and Acceptance of installed machinery and equipment, Witness and Testing of major equipment including Traction Power and OCS System, Yard Signals.

FORM 3 - PROPOSED LOWER TIER SUBCONTRACTORS & SUPPLIERS – DESIGN

TO BE COMPLETED BY ALL SUBCONTRACTORS

Project Name: Southwestern Yard Project

IFB/RFP #: C0991

All subcontractors listed on Form 1 that are subcontracting work are requested to list ALL (DBE and Non-DBE) lower tier subcontractors. Offerors are required to utilize Race Conscious (RC) DBE firms in the performance of this project. RC DBEs are ethnic groups that have been identified as statistically and significantly underutilized. These groups include: African Americans, Asian Pacific Americans, Native Americans, Hispanic Americans, and Subcontinent Asian Americans. ONLY RC DBEs listed in the Offeror's bid or proposal will be counted towards the contract goal. Metro will achieve a percentage of its overall goal utilizing race neutral measures. Race Neutral (RN) DBEs include non-minority women.

Completion of this form and Form 4 (Business Data Sheet) fulfills the requirements of the California Subletting and Subcontracting Fair Practices Act.

1. Subcontractor NBA Engineering Inc.
- (Sub.): \$1,412,396.00
2. Prime's Name: Arup North America, Ltd.
3. Total Bid Price: \$1,412,396.00

A	B	C	D	E	F	G
NAME OF SUBCONTRACTOR AND ALL LOWER TIER SUBCONTRACTORS	DESCRIPTION OF WORK	SUBCONTRACTORS C = Consultant Or Contractor S = Supplier M = Manufacturer B = Broker T = Trucker Your business' \$ Amount	BID PRICE	BID PRICE FOR RC DBE FIRMS (Race Conscious participation)	BID PRICE FOR RN DBE FIRMS (Race Neutral Participation)	TOTAL DBE BID PRICE (COL # E + F)
Subs			\$	\$	\$	\$
1. NBA Engineering Inc.	MEP	C	1,195,256.00		1,195,256.00	1,195,256.00
2. Gant Architects Inc.	MEP	C	217,140.00	217,140.00		217,140.00
3.						
4.						
5.						
6.						
7.						
8.						
9. TOTAL BID PRICE (Should equal Line #3 above)			\$1,412,396.00	\$	\$	\$1,412,396.00

Lower Tier Subcontractors

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

- 1. Business Name: Arup North America, Ltd.
- 2. Business Address: 12777 West Jefferson Boulevard Building D, Suite 100, Los Angeles, CA 90066
Street City State Zip
- 3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
- 4. County (and State) Business is located in: Los Angeles (CA)
State
- 5. Name of Owner: See attachment.
Name Title
- 6. Owner'(s) Ethnicity: See attachment.
- 7. Phone: (310) 578 - 4400
- 9. Email Address: tim.corcoran@arup.com
- 8. Fax: (310) 861 - 9029
- 10. Age of Business: 28 Years _____ Months
- 11. If your business requires a license, complete below:
 - a. License Type City of Los Angeles Business
 - b. License # 000086678-0001-4
 - c. Expires on Does not expire
- 12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

- 13. Is your business currently a DBE? Yes No
- If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____	Yes	No
- 14. Is your business currently participating in a Joint Venture? Yes No
- If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
- 15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

c. Business Name _____
Name of Certifying Agency _____

DBEs must attach a copy of current certification.

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#. C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

Project management, scheduling, quality control, project controls, civil engineering, industrial engineering, trackwork/ rail engineering,

systems engineering, communications, ITS, security, structural engineering, geotechnical, traffic engineering, utilities, mechanical engineering,

electrical engineering, plumbing engineering, LEED and sustainability, visualization and rendering, architectural, landscape, specifications, drafting.

NAICS:

541330 Engineering Services

18. Will your business provide trucking company services on this project? Please mark one: Yes No

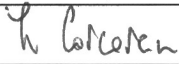
If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? n/a
- b. How many trucks does your company lease? n/a
- c. How many trucks are registered to your company? n/a

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Arup North America, Ltd.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Tim Corcoran

Title: Principal

Date: January 15, 2015

FORM 4 – BUSINESS DATA SHEET - DESIGN**Attachment**

Part A: Business Data

5. Name of Owner

Arup North America Ltd. is a wholly owned subsidiary of Arup Americas Inc. Arup North America Ltd. does not own any subsidiaries. We operate as part of a wholly-independent organization owned in trust on behalf of our staff. With no external shareholders, this independence enables us to shape our own direction with no outside pressure or influence. Our firm is united under a common culture and set of values that can be directly traced to our founder, the Danish engineer and philosopher, Ove Arup.

Key Persons

<i>Directors</i>	<i>Business Address</i>	<i>Date Appointed</i>
Andrew S. Howard	12777 West Jefferson Blvd., Building D, Los Angeles, CA 90066	01 April 2004
Mahadev Raman	77 Water Street, New York, NY 10005	3 February 2011
Gregory Hodkinson	13 Fitzroy Street, London, W1T 4BQ, England	01 April 2014
James Quiter	560 Mission Street, Suite 700, San Francisco, CA 94105	01 April 2004

<i>Officers</i>	<i>Title(s)</i>	<i>Business Address</i>	<i>Date Appointed</i>
Mahadev Raman	President	77 Water Street, New York, NY 10005	3 February 2011
James Quiter	Vice President	560 Mission Street, Suite 700, San Francisco, CA 94105	01 April 2004
Andrew S. Howard	Vice President	12777 West Jefferson Blvd., Building D, Los Angeles, CA 90066	01 April 2004
Matthew Tweedie	Secretary and Treasurer	13 Fitzroy Street, London, W1T 4BQ, England	1 April 2007
Alan Jennat	Assistant Secretary	77 Water Street, New York, NY 10005	01 April 2006
John Eddy	Officer	560 Mission Street, Suite 700, San Francisco, CA 94105	15 December 2011
Shaun Landman	Officer	560 Mission Street, Suite 700, San Francisco, CA 94105	15 December 2011
Edwin K. Shlemon	Managing Agent (for Engineering Only)	12777 West Jefferson Blvd., Building D, Los Angeles, CA 90066	12 April 2013

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: LTK Engineering Services
2. Business Address: 100 West Butler Avenue Ambler PA 19002
Street City State Zip
3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Montgomery (Pennsylvania)
State
5. Name of Owner: _____
Name Title
6. Owner'(s) Ethnicity: _____
7. Phone: () (215) 542 - 0700
9. Email Address: clawlor@ltk.com
8. Fax: () (215) 542 - 7676
10. Age of Business: 93 Years 10 Months
11. If your business requires a license, complete below:
 - a. License Type _____
 - b. License # _____
 - c. Expires on _____
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," **attach a copy of your DBE Certification Letter** and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
14. Is your business currently participating in a Joint Venture? Yes No

If "YES," **a copy of the Joint Venture Agreement must be attached to this Form.**
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

c. Business Name _____
Name of Certifying Agency _____

DBEs must attach a copy of current certification.

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#: C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:
Providing Design Services for Crenshaw Maintenance Facility consisting of design of Yard and Shop Traction Power Substations, Design of Yard and Shop Overhead Contact System (OCS), Design of Yard Signals and Coordination of Communications Design, and Industrial Engineering Support.

During commissioning of the Facility: Inspection and Acceptance of installed machinery and equipment, Witness and Testing of major equipment including Traction Power and OCS System, Yard Signals.

NAICS: 54133


18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? N/A
b. How many trucks does your company lease? N/A
c. How many trucks are registered to your company? N/A

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: LTK Engineering Services
Authorized Signature: 
Printed Name: Christopher M. Lawlor
Title: Senior Vice President - Chief Financial Officer
Date: January 16, 2015

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

- 1. Business Name: Colmena Engineering
 - 2. Business Address: 45 Villanova Lane Oakland CA 94611
Street City State Zip
 - 3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
 - 4. County (and State) Business is located in: Alameda (CA)
State
 - 5. Name of Owner: Beatriz Mendez Lora CEO/President
Name Title
 - 6. Owner'(s) Ethnicity: Hispanic
 - 7. Phone: (510) 239 - 7190
 - 9. Email Address: bmendez@colmena-eng.com
 - 8. Fax: () _____ - _____
 - 10. Age of Business: 19 Years 6 Months
 - 11. If your business requires a license, complete below:
 - 12. Business Annual Gross Receipts:
- | | |
|--|--|
| <ul style="list-style-type: none"> a. License Type _____ b. License # _____ c. Expires on _____ | <ul style="list-style-type: none"> a. <input type="checkbox"/> Less than \$500,000 b. <input type="checkbox"/> \$500,000 to \$1,000,000 c. <input checked="" type="checkbox"/> \$1,000,000 to \$2,000,000 d. <input type="checkbox"/> \$2,000,000 to \$5,000,000 e. <input type="checkbox"/> Over \$5,000,000 |
|--|--|

Part B: DBE CERTIFICATION STATUS

- 13. Is your business currently a DBE? Yes No
 If "YES," **attach a copy of your DBE Certification Letter** and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: <u>Minnesota Unified Certification Program (MNUCP)</u>	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 14. Is your business currently participating in a Joint Venture?
If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
- 15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

c. Business Name _____
Name of Certifying Agency _____

DBEs must attach a copy of current certification.

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#: _____

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

CAD Support

NAICS: 541330; 541690

18. Will your business provide trucking company services on this project? Please mark one: Yes No

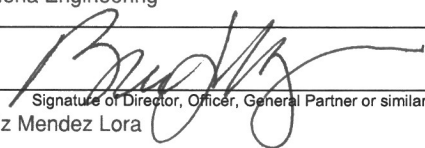
If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? n/a
- b. How many trucks does your company lease? n/a
- c. How many trucks are registered to your company? n/a

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Colmena Engineering

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Beatriz Mendez Lora

Title: CEO/President

Date: January 16, 2015

CALIFORNIA UNIFIED CERTIFICATION PROGRAM DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATE

COLMENA ENGINEERING

410 VINEWOOD LANE N
PLYMOUTH, MN 55441

Owner: BEATRIZ MENDEZ LORA

Business Structure: CORPORATION

This certificate acknowledges that said firm is approved by the California Unified Certification Program (CUCP) as a Disadvantaged Business Enterprise (DBE) as defined by the U.S. Department of Transportation (DOT) CFR 49 Part 26, as may be amended, for the following NAICS codes:

NAICS Code(s) * Indicates primary NAICS code

* 541330 Engineering Services

541690 Other Scientific and Technical Consulting Services

Work Category Code(s)

C8715 CONSULTANT, ENGINEERING

C8740 ELECTRICAL ENGINEERS

Licenses

EE Electrical Engineer

CERTIFYING AGENCY:

DEPARTMENT OF TRANSPORTATION
1823 14TH STREET
SACRAMENTO, CA 95811 0000
(916) 324-1700

UCP Firm Number : 39692


JUCP OFFICER

August 5, 2011

It is CUCP's policy and objective to promote and maintain a level playing field for DBEs in California on Federal-aid contracts. We ensure nondiscrimination in the award and administration of U.S. DOT assisted contracts based on the requirements of 49 CFR Parts 21 and 26.

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: NBA Engineering, Inc.
2. Business Address: 1875 Century Park East, Suite 700 Los Angeles California 90067
Street City State Zip
3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Los Angeles (CA)
State
5. Name of Owner: Natalie Alavi, PE LEED AP President
Name Title
6. Owner(s) Ethnicity: _____
(CUCP DBE) "Other" / LA Metro SBE) "Caucasian"
7. Phone: () 284 - 3236
8. Fax: () 284 - 3235
9. Email Address: natalie@nbaeng.com
10. Age of Business: 20 Years 1 Months
11. If your business requires a license, complete below:
 - a. License Type Mechanical Engineer
 - b. License # M 23485
 - c. Expires on 9/30/2015
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No
 If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____	Yes	No
14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#: C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

Mechanical, electrical and plumbing engineering services

NAICS:

541330 Engineering Services

18. Will your business provide trucking company services on this project? Please mark one: Yes No


If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? N/A
- b. How many trucks does your company lease? N/A
- c. How many trucks are registered to your company? N/A

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: NBA Engineering, Inc.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Natalie Alavi, PE LEED AP

Title: Principal

Date: January 16, 2015

CALIFORNIA UNIFIED CERTIFICATION PROGRAM DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATE

N B A ENGINEERING, INC.

897 HYDE STREET
SAN FRANCISCO, CA 94109

Owner: NATALIE ALAVI
Business Structure: CORPORATION

This certificate acknowledges that said firm is approved by the California Unified Certification Program (CUCP) as a Disadvantaged Business Enterprise (DBE) as defined by the U.S. Department of Transportation (DOT) CFR 49 Part 26, as may be amended, for the following NAICS codes:

NAICS Code(s) * Indicates primary NAICS code

- * 541330 Engineering Services
- 541490 Other Specialized Design Services
- 541618 Other Management Consulting Services

Work Category Code(s)

C8700 CONSULTANT
C8707 FEASIBILITY STUDIES
I8990 SERVICES, NEC

C8705 DESIGN
C8742 MECHANICAL ENGINEERS

Licenses

EM Mechanical Engineer

CERTIFYING AGENCY:

DEPARTMENT OF TRANSPORTATION
1823 14TH STREET, MS 79
SACRAMENTO, CA 95811 0000
(916) 324-1700

UCP Firm Number : 12449


CUCP OFFICER

June 25, 2009

It is CUCP's policy and objective to promote and maintain a level playing field for DBEs in California on Federal-aid contracts. We ensure nondiscrimination in the award and administration of U.S. DOT assisted contracts based on the requirements of 49 CFR Parts 21 and 26.

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

- 1. Business Name: GANT ARCHITECTS INC
- 2. Business Address: 1050 WILSHIRE BLVD #419 LOS ANGELES CA 90017
Street City State Zip
- 3. Mailing Address:
(If different from above) PO. Box or Street Address City State Zip
- 4. County (and State) Business is located in: LOS ANGELES COUNTY (CALIFORNIA)
State
- 5. Name of Owner: JASON R. GANT, AIA PRINCIPAL
Name Title
- 6. Owner'(s) Ethnicity: AFRICAN AMERICAN
- 7. Phone: (310) 598 - 1526
- 8. Fax: () -
- 9. Email Address: JASON@GANT-ARCHITECTS.COM
- 10. Age of Business: ³ _____ Years ¹ _____ Months
- 11. If your business requires a license, complete below:
 a. License Type CALIFORNIA ARCHITECT
 b. License # C 31829
 c. Expires on MAY 31, 2015
- 12. Business Annual Gross Receipts:
 a. Less than \$500,000
 b. \$500,000 to \$1,000,000
 c. \$1,000,000 to \$2,000,000
 d. \$2,000,000 to \$5,000,000
 e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

- 13. Is your business currently a DBE? Yes No
 If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
- 14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
- 15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____ Name of Certifying Agency _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Business Name _____ Name of Certifying Agency _____	<input type="checkbox"/>	<input type="checkbox"/>

c. Business Name _____
Name of Certifying Agency _____

DBEs must attach a copy of current certification.

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#: C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

MEP

NAICS:

541310

18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? N/A
- b. How many trucks does your company lease? N/A
- c. How many trucks are registered to your company? N/A

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name:

GANT ARCHITECTS, INC.

Authorized Signature:



Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name:

JASON R. GANT

Title:

PRINCIPAL

Date:

1/16/2015



Metro

Los Angeles County
Metropolitan Transportation Authority

One Gateway Plaza
Los Angeles, CA 90012-2952

213.922.2000 Tel
metro.net

CALIFORNIA UNIFIED CERTIFICATION PROGRAM



January 8, 2013

CUCP #40368
Metro File # 5950

Jason Gant
Gant Architects, Inc.
2801 Alton Parkway #127
Irvine, CA 92606

RE: Disadvantaged Business Enterprise Certification

Dear Mr. Gant:

We are pleased to advise you that after careful review of your application and supporting documentation, the Los Angeles County Metropolitan Transportation Authority (Metro) has determined that your firm meets the eligibility standards to be certified as a Disadvantaged Business Enterprise (DBE) as required under the U.S. Department of Transportation (U.S. DOT) Regulation 49 CFR Part 26, as amended. This certification will be recognized by all of the U.S. DOT recipients in California. Your firm will be listed in the California Unified Certification Program (CUCP) database of certified DBEs under the following specific areas of expertise that you have identified on the NAICS codes form of the application package:

<u>NAICS (2007)</u>	<u>Description</u>	<u>Size Standard</u>
541310	Architectural Services	\$7.0 million

Your DBE certification applies only for the above codes. You may review your firm's information in the CUCP DBE database which can be accessed at the CUCP website at www.californiaucp.org. Any additions and revisions must be submitted to Metro for review and approval.

In order to assure continuing DBE status, you must submit annually a No Change Declaration form (which will be sent to you) with supporting documentation. Based on your annual submission that no change in ownership and control has occurred, or if changes have occurred, they do not affect your firm's DBE standing, the DBE certification of your firm will continue until or unless it is removed by our agency.

Also, should any changes occur that could affect your certification status prior to receipt of the DBE Declaration, such as changes in your firm's name, business/ mailing address, ownership, management or control, or failure to meet the applicable business size standards or personal net worth standard, please notify Metro immediately.

Metro reserves the right to withdraw this certification if at any time it is determined that it was knowingly obtained by false, misleading, or incorrect information. Your DBE certification is subject to review at any time. The firm thereby consents to the examination of its books, records and documents by Metro.

Congratulations, and thank you for your interest in the DBE program. I wish you every business success and should you have any questions, please contact us at [213-922-2600](tel:213-922-2600). For information on Metro contracting opportunities, please visit our website at www.metro.net.

Sincerely,

Shirley Wong
Certification Representative
Diversity & Economic Opportunity Department

CALIFORNIA UNIFIED CERTIFICATION PROGRAM DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATE

GANT ARCHITECTS, INC.

2801 ALTON PARKWAY #127
IRVINE, CA 92606

Owner: JASON GANT

Business Structure: CORPORATION

This certificate acknowledges that said firm is approved by the California Unified Certification Program (CUCP) as a Disadvantaged Business Enterprise (DBE) as defined by the U.S. Department of Transportation (DOT) CFR 49 Part 26, as may be amended, for the following NAICS codes:

NAICS Code(s) * Indicates primary NAICS code

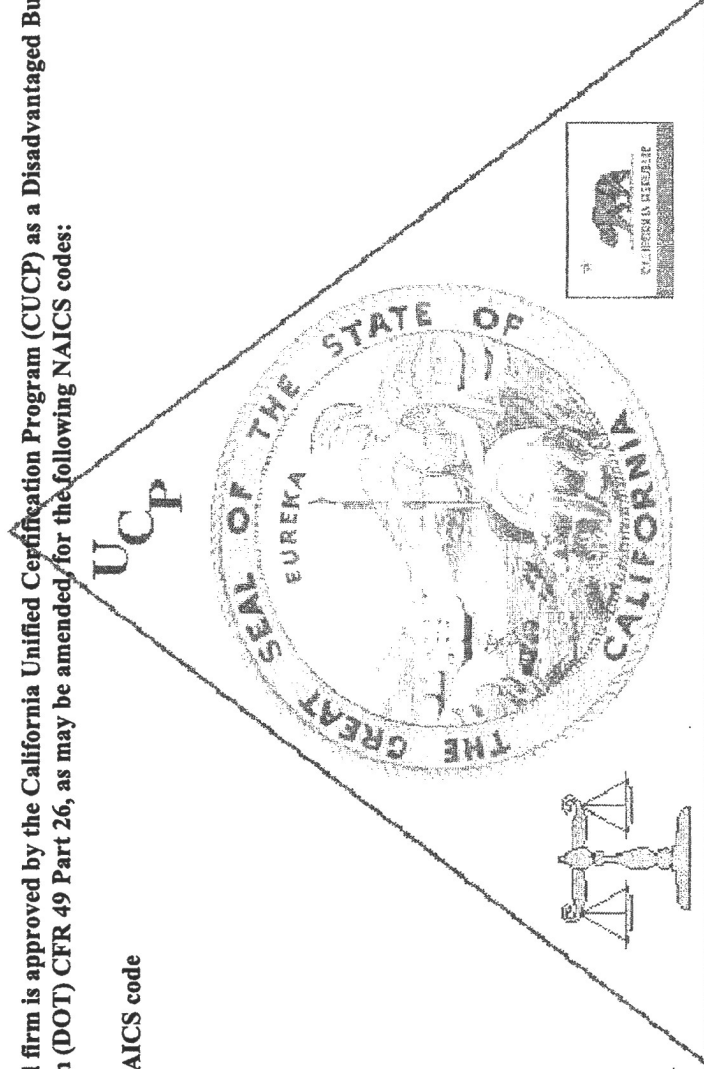
* 541310 Architectural Services

Work Category Code(s)

C8704 ARCHITECT

Licenses

ARC Architect



CERTIFYING AGENCY:

LOS ANGELES COUNTY METRO TRANSPORTATION AUTHORITY (MTA)
ONE GATEWAY PLAZA
LOS ANGELES, CA 90012 0000
(213) 922-2600

UCP Firm Number : 40368


CUCP OFFICER

January 10, 2013

It is CUCP's policy and objective to promote and maintain a level playing field for DBEs in California on Federal-aid contracts. We ensure nondiscrimination in the award and administration of U.S. DOT assisted contracts based on the requirements of 49 CFR Parts 21 and 26.

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

- 1. Business Name: Hellmuth, Obata + Kassabaum (HOK)
- 2. Business Address: 9530 Jefferson Blvd., Culver City, CA 90232
Street City State Zip
- 3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
- 4. County (and State) Business is located in: Los Angeles (CA)
State
- 5. Name of Owner: N/A - HOK is a C-Corporation
Name Title
- 6. Owner(s) Ethnicity: N/A
- 7. Phone: () 310 - 838-9555
- 9. Email Address: albert.kaneshiro@hok.com
- 8. Fax: () _____ - _____
- 10. Age of Business: _____ Years _____ Months
- 11. If your business requires a license, complete below:
 - a. License Type Architect (City of Los Angeles)
 - b. License # 775356-22
 - c. Expires on _____
- 12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

- 13. Is your business currently a DBE? Yes No
 - If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
- 14. Is your business currently participating in a Joint Venture? Yes No
 - If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
- 15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

c. Business Name _____
Name of Certifying Agency _____

DBEs must attach a copy of current certification.

FORM 4 - BUSINESS DATA SHEET – DESIGN (Continued) Page 2 of 2

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#: Southwestern Yard Project - C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

Architectural Design

NAICS:

541310

18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

a. How many trucks does your company own? n/a

b. How many trucks does your company lease? n/a

c. How many trucks are registered to your company? n/a

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name:

Hellmuth, Obata + Kassabaum (HOK)

Authorized Signature:



Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name:

Albert Kaneshiro, AIA, LEED AP

Title:

Vice President

Date:

1/16/15

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: Calvin R. Abe & Assoc., Inc. (DBA: AHBE Landscape Architects)
2. Business Address: 617 West Seventh Street, Suite 304, Los Angeles, CA 90017
Street City State Zip
3. Mailing Address: Same as above
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Los Angeles County (CA)
State
5. Name of Owner: Calvin R. Abe, President
Name Title
6. Owner'(s) Ethnicity: Asian
7. Phone: () 213 - 694-3800
9. Email Address: ldaley@AHBE.com
8. Fax: () 213 - 694-3801
10. Age of Business: 27 Years 3 Months
11. If your business requires a license, complete below:
 - a. License Type S Corporation
 - b. License # 055493
 - c. Expires on 12/31/2015
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No
 If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Name of Certifying Agency: <u>Not Applicable</u>		
14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified-DBE?

	DBE	Non-DBE
a. Business Name <u>Not Applicable</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>Not Applicable</u>		
b. Business Name <u>Not Applicable</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>Not Applicable</u>		

c. Business Name Not Applicable
Name of Certifying Agency Not Applicable

DBEs must attach a copy of current certification.

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#: C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

LANDSCAPE ARCHITECTURE

NAICS:

541320

18. Will your business provide trucking company services on this project? Please mark one: Yes No

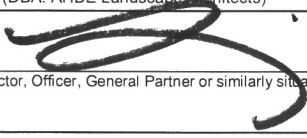
If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? Not Applicable
- b. How many trucks does your company lease? Not Applicable
- c. How many trucks are registered to your company? Not Applicable

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Calvin R. Abe & Assoc., Inc. (DBA: AHBE Landscape Architects)

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Linda Daley

Title: Managing Principal

Date: 1/19/2015

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



January 24, 2014

RECEIVED

FEB 06 2014

AHBE LANDSCAPE ARCHITECTS

Mr. Calvin R Abe
Calvin R. Abe & Associates, Inc. dba ah'bé Landscape Architects
8729 Washington Blvd.
Culver City, CA 90232

RE: DISADVANTAGED BUSINESS ENTERPRISE (DBE) CERTIFICATION APPROVAL
CUCP File No. - 4942

Dear Mr. Abe:

We are pleased to advise you that after careful review of your application and supporting documentation, the City of Los Angeles has determined that your firm meets the eligibility standards to be certified as a **Disadvantaged Business Enterprise (DBE)** as required under the U.S. Department of Transportation (U.S. DOT) Regulation 49 CFR Part 26, as amended.

Your firm will be listed in the California Unified Certification Program (CUCP) database of certified DBEs and the City of Los Angeles DBE/MBE/WBE directory under the following specific area(s) of expertise that you have identified on the business service form for contracting opportunities:

<u>NAICS Code</u>	<u>Description</u>
541320	Landscape architectural services

Your DBE certification applies only for the above code(s). You may review your firm's information in the CUCP DBE database which can be accessed at the California Unified Certification Program's website at <http://californiaucp.org> and the City of Los Angeles DBE/MBE/WBE database at <http://bca.lacity.org>. Any additions and revisions must be submitted to the City of Los Angeles for review and approval.

In order to assure continuing DBE status, you must submit annually a No Change Declaration with supporting documentation, which will be sent to you. Based on your annual submission that no change in ownership and control has occurred, or if changes have occurred, they do not affect your firm's DBE standing, the DBE certification of your firm will continue until or unless it is removed by our agency.

Also, should any changes occur that could affect your certification status prior to receipt of the Declaration, such as changes in your firm's name, business/ mailing address, ownership, management, or control, or failure to meet the applicable business size standards or personal net worth standard, please notify us immediately. DBE certification is subject to review at any time. Failure to submit forms and/or change of information will be deemed as failure to cooperate under Section 26.109 of the Regulations.

Calvin R. Abe & Associates, Inc.
Dba ah'be' Landscape Architects
January 24, 2014
Page 2

Your DBE certification status will be honored by all of the U.S. DOT recipients in California.
For information on City of Los Angeles contracting opportunities, please register at <http://LABAVN.org>.

Should you have any questions, please contact Faye Serafin at (213) 847-2643 or e-mail at faye.serafin@lacity.org.

Sincerely,



HELMUT PEINDL, Certification Manager
Office of Contract Compliance
Bureau of Contract Administration

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business
Name: Okapi Architecture Inc.
2. Business
Address: 1019 Green Lane, La Canada, CA 91011
Street City State Zip
3. Mailing Address:
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Los Angeles (California)
State
5. Name of Owner: Ying Wang, President
Name Title
6. Owner'(s) Ethnicity:
Asian, Chinese
7. Phone: () 818 - 726.4825
9. Email Address: yingwang@okapiarchitecture.com
8. Fax: () 818 - 279.0570
10. Age of Business: 4 Years 4 Months
11. If your business requires a license, complete below:
 a. License Type _____
 b. License # _____
 c. Expires on _____
12. Business Annual Gross Receipts:
 a. Less than \$500,000
 b. \$500,000 to \$1,000,000
 c. \$1,000,000 to \$2,000,000
 d. \$2,000,000 to \$5,000,000
 e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No
 If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

FORM 4 - BUSINESS DATA SHEET – DESIGN (Continued)Page 2 of 2

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#: C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

1. Provide LEED/Sustainability & Energy efficiency service, including technical assistance, review, application to LEED certification.

2. Provide Specification writing and coordination.

NAICS:

541620, 541310

18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? n/a
- b. How many trucks does your company lease? n/a
- c. How many trucks are registered to your company? n/a

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Okapi Architecture Inc.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Ying Wang

Title: President

Date: 1-17-2015

c. Business Name _____
Name of Certifying Agency _____

DBEs must attach a copy of current certification.



Metro

Los Angeles County
Metropolitan Transportation Authority

One Gateway Plaza
Los Angeles, CA 90012-2952

213.922.2000 Tel
metro.net

CALIFORNIA UNIFIED CERTIFICATION PROGRAM



July 6, 2012

CUCP #40604
Metro File # 5769

Ying Wang
Okapi Architecture, Inc.
1019 Green Lane
La Canada, CA 91011

RE: Disadvantaged Business Enterprise Certification

Dear Ms. Wang:

We are pleased to advise you that after careful review of your application and supporting documentation, the Los Angeles County Metropolitan Transportation Authority (Metro) has determined that your firm meets the eligibility standards to be certified as a Disadvantaged Business Enterprise (DBE) as required under the U.S. Department of Transportation (U.S. DOT) Regulation 49 CFR Part 26, as amended. This certification will be recognized by all of the U.S. DOT recipients in California. Your firm will be listed in the California Unified Certification Program (CUCP) database of certified DBEs under the following specific areas of expertise that you have identified on the NAICS codes form of the application package:

<u>NAICS (2007)</u>	<u>Description</u>	<u>Size Standard</u>
541310	Architectural Services	\$7.0 million
541618	Other Management Consulting Services	\$14 million
541620	Environmental Consulting Services	\$14 million

Your DBE certification applies only for the above codes. You may review your firm's information in the CUCP DBE database which can be accessed at the CUCP website at www.californiaucp.com. Any additions and revisions must be submitted to Metro for review and approval.

In order to assure continuing DBE status, you must submit annually a No Change Declaration form (which will be sent to you) with supporting documentation. Based on your annual submission that no change in ownership and control has occurred, or if changes have occurred, they do not affect your firm's DBE standing, the DBE certification of your firm will continue until or unless it is removed by our agency.

Also, should any changes occur that could affect your certification status prior to receipt of the DBE Declaration, such as changes in your firm's name, business/ mailing address, ownership, management or control, or failure to meet the applicable business size standards or personal net worth standard, please notify Metro immediately.

Metro reserves the right to withdraw this certification if at any time it is determined that it was knowingly obtained by false, misleading, or incorrect information. Your DBE certification is subject to review at any time. The firm thereby consents to the examination of its books, records and documents by Metro.

Congratulations, and thank you for your interest in the DBE program. I wish you every business success and should you have any questions, please contact us at [213-922-2600](tel:213-922-2600). For information on Metro contracting opportunities, please visit our website at www.metro.net.

Sincerely,

Shirley Wong
Certification Representative
Diversity & Economic Opportunity Department

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

- 1. Business Name: Sanchez/Kamps Associates Design DBA SKA Design
- 2. Business Address: 900 Palm Avenue, South Pasadena, CA 91030
Street City State Zip
- 3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
- 4. County (and State) Business is located in: Los Angeles County (CA)
State
- 5. Name of Owner: Jon Fimbres, President
Name Title
- 6. Owner(s) Ethnicity: Hispanic
- 7. Phone: (626) 403 - 5870
- 9. Email Address: JFimbres@skadesign.com
- 8. Fax: (626) 403 - 5871
- 10. Age of Business: 49 Years 4 Months
- 11. If your business requires a license, complete below:
 - a. License Type Signage/Graphic Design Services
 - b. License # 27412
 - c. Expires on 07/11/15
- 12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

- 13. Is your business currently a DBE? Yes No
 - If "YES," **attach a copy of your DBE Certification Letter** and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
- 14. Is your business currently participating in a Joint Venture? Yes No
 - If "YES," **a copy of the Joint Venture Agreement must be attached to this Form.**
- 15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

c. Business Name _____
Name of Certifying Agency _____

DBEs must attach a copy of current certification.

FORM 4 - BUSINESS DATA SHEET – DESIGN (Continued) Page 2 of 2

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#: C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

Graphic Design of signage and wayfinding, including contract documents and responding to fabricator RFI's and installation review/punch.

NAICS:

541430 - Graphic Design Services

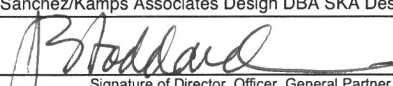
18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? N/A
b. How many trucks does your company lease? N/A
c. How many trucks are registered to your company? N/A

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Sanchez/Kamps Associates Design DBA SKA Design
Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business
Printed Name: Joseph Stoddard
Title: Vice President
Date: 01/19/15



Los Angeles County
Metropolitan Transportation Authority

One Gateway Plaza
Los Angeles, CA 90012-2952

213.922.2000 Tel
metro.net

Metro CALIFORNIA UNIFIED CERTIFICATION PROGRAM



December 3, 2014

CUCP #35058
Metro File # 4569

Jon Fimbres
Sanchez/Kamps Associated Design dba SKA Design
900 Palm Ave.
South Pasadena, CA 91030

RE: Disadvantaged Business Enterprise Certification

Dear Mr. Fimbres:

We are pleased to advise you that after careful review of your application and supporting documentation, the Los Angeles County Metropolitan Transportation Authority (Metro) has determined that your firm meets the eligibility standards to be certified as a Disadvantaged Business Enterprise (DBE) as required under the U.S. Department of Transportation (U.S. DOT) Regulation 49 CFR Part 26, as amended. This certification will be recognized by all of the U.S. DOT recipients in California. Your firm will be listed in the California Unified Certification Program (CUCP) database of certified DBEs under the following specific areas of expertise that you have identified on the NAICS codes form of the application package:

NAICS (2007)	Description
541430	Graphic Design Services

Your DBE certification applies only for the above codes. You may review your firm's information in the CUCP DBE database which can be accessed at the CUCP's website at www.californiaucp.org. Any additions and revisions must be submitted to Metro for review and approval.

In order to ensure your continued DBE status, you are required to submit an annual No Change Declaration Form (which will be sent to you) along with supporting documentation. If no changes are noted, then your DBE status remains current. If there are changes, Metro will review to determine continued DBE eligibility. Please note, your DBE status remains in effect unless Metro notifies you otherwise.

Should any changes occur that could affect your certification status prior to receipt of the No Change Declaration Form, such as changes in your firm's name, business/ mailing address, ownership, management or control, or failure to meet the applicable business size standards or personal net worth standard, please notify Metro immediately. Failure to submit forms and/or change of information will be deemed a failure to cooperate under Section 26.109 of the Regulations.

Metro reserves the right to withdraw this certification if at any time it is determined that it was knowingly obtained by false, misleading, or incorrect information. Your DBE certification is subject to review at any time. The firm thereby consents to the examination of its books, records and documents by Metro.

Congratulations, and thank you for your interest in the DBE program. Should you have any questions, please contact us at [213-922-2600](tel:213-922-2600). For information on Metro contracting opportunities, please visit our website at www.metro.net.

Sincerely,

Tina Giles-Potter
Certification Consultant – SBEUS
Diversity & Economic Opportunity Department

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

- 1. Business Name: Finish Hardware Technology
- 2. Business Address: 7967 Varna Avenue, Panorama City, CA 91402
Street City State Zip
- 3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
- 4. County (and State) Business is located in: Los Angeles (CA)
State
- 5. Name of Owner: Wassana Srisarint, President
Name Title
- 6. Owner'(s) Ethnicity: Thai
- 7. Phone: () 818 - 387-6083
- 9. Email Address: wassana.s@finishhardwaretech.com
- 8. Fax: () _____ - _____
- 10. Age of Business: 27 Years _____ Months
- 11. If your business requires a license, complete below:
 - a. License Type City of Los Angeles Business Tax Registration
 - b. License # 693739-0001-0
 - c. Expires on Current
- 12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

- | | DBE | Non-DBE |
|--|-------------------------------------|--------------------------|
| a. Certified by the California Unified Certification Program (CUCP)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Certified by an organization outside of California? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Name of Certifying Agency: _____ | | |

14. Is your business currently participating in a Joint Venture? Yes No

If "YES," a copy of the Joint Venture Agreement must be attached to this Form.

15. Name of Joint Venture and Partners. Is this business currently a certified DBE?
- | | DBE | Non-DBE |
|---|--------------------------|--------------------------|
| a. Business Name _____
Name of Certifying Agency _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Business Name _____
Name of Certifying Agency _____ | <input type="checkbox"/> | <input type="checkbox"/> |

c. Business Name _____
Name of Certifying Agency _____

DBEs must attach a copy of current certification.

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#: _____

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

Architectural consulting services for Door Hardware, Integrated Door Assemblies, and Automatic Swing Door Operators

NAICS:

541310

18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer “Not Applicable.”

- a. How many trucks does your company own? N/A
- b. How many trucks does your company lease? N/A
- c. How many trucks are registered to your company? N/A

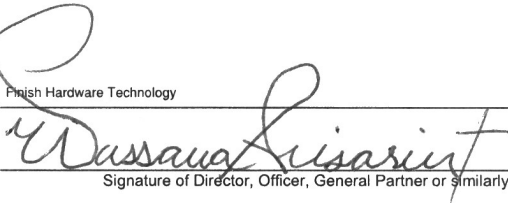
Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name:

Pinjsh Hardware Technology

Authorized Signature:



Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name:

Wassana Srisarint

Title:

President

Date:

January 21, 2015

1/21/2015

Bureau of Contract Administration, City of Los Angeles, California



CITY OF LOS ANGELES
Bureau of Contract Administration

"quality doesn't cost - it pays"



Home	Information	Divisions	Ordinances	Tutorials	Forms	Application
------	-------------	-----------	------------	-----------	-------	-------------

CONSTRUCTION

Inspection

Obtain an Inspector
Special Permits
Final Inspection

Payments

Your Progress Payment

Subcontractors

Approval
Substitution
Approved

Material Control

Lab. Test Results
Shop Inspection
Information

More

"B" Permit Status
Construction Activity
Contractor Responsibility

CONTRACT COMPLIANCE

DBE/MBE/WBE Listing
Small Local Business Listing
Contract Compliance
Subcontractor Outreach
Labor Compliance Manual
Current Living Wage
PLA / Local Hiring

Single Company Information

Company Name:	Srisarint Enterprises		
DBA:	Finish Hardware Technology		
Contact Name:	Srisarint, Wassana		
DMW NAICS Codes:	541690		
DMW NAICS Description:	Other Scientific and Technical Consulting Services		
ACDBE NAICS Codes:			
ACDBE NAICS Description:			
Company Phone:	(818) 387-6083	Company Fax:	(818) 386-8738
Email Address:	wassana.s@finishhardwaretech.com		
Company Address:	7967 Varna Avenue,		
Building:			
City/State/Zip:	<u>Panorama City, CA 91402</u>		
Ethnicity Code:	Asian-pacific American		
Comment:	Approved : 10/19/2009		

DBE Certified:	10/19/2009
MBE Certified:	10/19/2009
WBE Certified:	10/19/2009
ACDBE Certified:	

[Back To Query Form](#)

Search Returned 1 Records

Tue Jan 20 16:52:36 PST 2015

Query Criteria

Firm/DBA Name: Finish Hardware

Firm Type: DBE

Firm ID	32503
Firm/DBA Name	FINISH HARDWARE TECHNOLOGY
Address Line1	7967 VARNA AVENUE,
Address Line2	
City	VAN NUYS
State	CA
Zip Code1	91402
Zip Code2	
Mailing Address Line1	
Mailing Address Line2	
Mailing City	
Mailing State	
Mailing Zip Code1	
Mailing Zip Code2	
Certification Type	DBE
EMail	info@finishhardwaretech.com
Contact Name	WASSANA SRISARINT
Area Code	(818)
Phone Number	982-2102
Fax Area Code	(818)
Fax Phone Number	982-5062
Agency Name	CITY OF LOS ANGELES
Counties	13; 15; 19; 20; 24; 27; 30; 36; 37; 38; 39; 40; 41; 42; 43; 44; 56;
Districts	04; 05; 06; 07; 08; 10; 11; 12;
DBE NAICS	541690;

ACDBE NAICS

Work Codes C8700 CONSULTANT, NON ENGINEERING; C8702 MANAGEMENT INFORMATION SYSTEMS; C9810 SMALL STRUCTURES; C9822 CARPENTRY; C9874 HARDWARE (ROUGH); C9876 HARDWARE (FINISH); I8740 MANAGEMENT & PUBLIC RELATIONS;

Licenses

Trucks

Gender

F

Ethnicity

ASIAN PACIFIC

Firm Type

DBE

[Back To Query Form](#)

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

- 1. Business Name: MICHAEL AMAYA ILLUSTRATION
- 2. Business Address: 4324 Le Bourget Avenue Culver City CA 90232
Street City State Zip
- 3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
- 4. County (and State) Business is located in: LOS ANGELES (CA)
State
- 5. Name of Owner: MICHAEL AMAYA DIRECTOR
Name Title
- 6. Owner(s) Ethnicity: MEXICAN-AMERICAN
- 7. Phone: (310) 592 - 6693
- 9. Email Address: mike@mikeamaya.com
- 8. Fax: (310) 876 - 0479
- 10. Age of Business: 14 Years 1 Months
- 11. If your business requires a license, complete below:
 - a. License Type N/A
 - b. License # N/A
 - c. Expires on N/A
- 12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

- 13. Is your business currently a DBE? Yes No
 If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
- 14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
- 15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

c. Business Name _____
Name of Certifying Agency _____

DBEs must attach a copy of current certification.

Part C: Work Descriptions

16. RFIQ, IFB, or RFP
#: Los Angeles Metro Southwest Yard (Crenshaw Line Maintenance Facility) Project (RFP No. C0991)

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

3d Pre-Visualization services including 3d rendering and animation work of the proposed design providing the Design Team and Client photoreal and illustrative depictions of the unbuilt work.

NAICS:
541430 (Commerical Illustration), 512191 (Motion picture animation/post-production), 541922 Photography

18. Will your business provide trucking company services on this project? Please mark one: Yes No

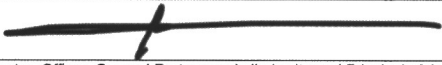
If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? 12
- b. How many trucks does your company lease? 12
- c. How many trucks are registered to your company? 12

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: MICHAEL AMAYA ILLUSTRATION

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: MICHAEL AMAYA

Title: DIRECTOR

Date: JAN 19th 2015



Metro

**CALIFORNIA UNIFIED CERTIFICATION
PROGRAM**



March 3, 2014

**CUCP #41836
Metro File # 6406**

Mr. Michael Amaya
Michael Amaya Illustration
4324 Le Bourget Avenue
Culver City, California 90232

RE: Disadvantaged Business Enterprise Certification

Dear Mr. Michael Amaya :

We are pleased to advise you that after careful review of your application and supporting documentation, the Los Angeles County Metropolitan Transportation Authority (Metro) has determined that your firm meets the eligibility standards to be certified as a Disadvantaged Business Enterprise (DBE) as required under the U.S. Department of Transportation (U.S. DOT) Regulation 49 CFR Part 26, as amended. This certification will be recognized by all of the U.S. DOT recipients in California. Your firm will be listed in the California Unified Certification Program (CUCP) database of certified DBEs under the following specific areas of expertise that you have identified on the NAICS codes form of the application package:

NAICS (2007)	Description
541430	Graphic Design Services (3D Illustration, Animation and Visualization Services)
541512	Computer Systems Design Services (Computer-aided design (CAD) systems integration)
541850	Outdoor Advertising (Outdoor display advertising services)
541922	Commercial (Architectural) Photography
512191	Teleproduction and Other Postproduction Services ((Editing & Post-production facilities, motion picture or video)

Your DBE certification applies only for the above codes. You may review your firm's information in the CUCP DBE database which can be accessed at the CUCP's website at www.californiaucp.org. Any additions and revisions must be submitted to Metro for review and approval.

In order to ensure your continued DBE status, you are required to submit an annual No Change Declaration Form (which will be sent to you) along with supporting documentation. If no changes are noted, then your DBE status remains current. If there are changes, Metro will review to determine continued DBE eligibility. Please note, your DBE status remains in effect unless Metro notifies you otherwise.

Should any changes occur that could affect your certification status prior to receipt of the No Change Declaration Form, such as changes in your firm's name, business/ mailing address, ownership, management or control, or failure to meet the applicable business size standards or personal net worth standard, please notify Metro immediately. Failure to submit forms and/or change of information will be deemed a failure to cooperate under Section 26.109 of the Regulations.

Metro reserves the right to withdraw this certification if at any time it is determined that it was knowingly obtained by false, misleading, or incorrect information. Your DBE certification is subject to review at any time. The firm thereby consents to the examination of its books, records and documents by Metro.

Congratulations, and thank you for your interest in the DBE program. Should you have any questions, please contact us at 213-922-2600. For information on Metro contracting opportunities, please visit our website at www.metro.net.

Sincerely,



Marilyn White
Certification Consultant – HSW Services
Diversity & Economic Opportunity Department

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: Maroko & Shwe, Inc.
2. Business Address: 1106-B W Magnolia Blvd., Burbank CA 91506
Street City State Zip
3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Los Angeles (CA)
State
5. Name of Owner: James H. Shwe President
Name Title
6. Owner(s) Ethnicity: Asian
7. Phone: () 840 - 0280
9. Email Address: msi@marokoshwe.com
8. Fax: () 840 - 0284
10. Age of Business: 54 Years 8 Months
11. If your business requires a license, complete below:
 - a. License Type _____
 - b. License # _____
 - c. Expires on _____
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No
 If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

c. Business Name _____
Name of Certifying Agency _____

DBEs must attach a copy of current certification.

FORM 4 - BUSINESS DATA SHEET – DESIGN (Continued)Page 2 of 2

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#. C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

Commissioning Services for the Building Mechanical and Electrical Systems

NAICS:

541330

18. Will your business provide trucking company services on this project? Please mark one: Yes No


If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? N/A
- b. How many trucks does your company lease? N/A
- c. How many trucks are registered to your company? N/A

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Maroko & Shwe, Inc.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: James H. Shwe

Title: President

Date: January 16, 2015

CALIFORNIA UNIFIED CERTIFICATION PROGRAM DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATE

MAROKO & SHWE, INC

1106-B W. MAGNOLIA BLVD.,
BURBANK, CA 91506 1812

Owner: JAMES H. SHWE

Business Structure: CORPORATION

This certificate acknowledges that said firm is approved by the California Unified Certification Program (CUCP) as a Disadvantaged Business Enterprise (DBE) as defined by the U.S. Department of Transportation (DOT) CFR 49 Part 26, as may be amended, for the following NAICS codes:

NAICS Code(s) * Indicates primary NAICS code

* 541330 Engineering Services

Work Category Code(s)

C8703	TRAFFIC ENGINEER	C8707	FEASIBILITY STUDIES
C8716	ARCHITECTURAL ENGINEER	C8720	CIVIL ENGINEERING
C8730	SAFETY STUDIES	C8742	MECHANICAL ENGINEERS

Licenses

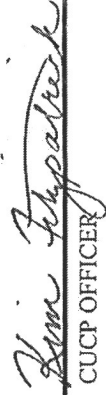
EM Mechanical Engineer

CERTIFYING AGENCY:

CITY OF LOS ANGELES
1149 SOUTH BROADWAY STREET
LOS ANGELES, CA 90015 0000

(213) 847-1922

UCP Firm Number : 34384


CUCP OFFICER

February 4, 2009

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: V&A, Inc.
2. Business Address: 530 South Hewitt St., ste 121 Los Angeles CA 90013
Street City State Zip
3. Mailing Address: same as above
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Los Angeles County (CA)
State
5. Name of Owner: Jose Valle CEO
Name Title
6. Owner(s) Ethnicity: Hispanic
7. Phone: (213) 972 - 9700
9. Email Address: jose.valle@va-incorp.com
8. Fax: (213) 972 - 9707
10. Age of Business: 6 Years 10 Months
11. If your business requires a license, complete below:
 - a. License Type N/A
 - b. License # N/A
 - c. Expires on N/A
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No
 If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: <u>Metro</u>		
14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name <u>Not Applicable</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

c. Business Name _____
Name of Certifying Agency _____

DBEs must attach a copy of current certification.

FORM 4 - BUSINESS DATA SHEET – DESIGN (Continued) Page 2 of 2

Part C: Work Descriptions

16. RFIQ, IFB, or RFP
#: CO991

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

Civil and Traffic Engineering Services

NAICS: 541330, 541340, 541350, 541611, 541618

18. Will your business provide trucking company services on this project? Please mark one: Yes No

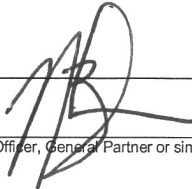
If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? N/A
- b. How many trucks does your company lease? N/A
- c. How many trucks are registered to your company? N/A

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: V&A, Inc.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Noah Busch, P.E.

Title: Senior Vice President

Date: 01/13/2015



Metro

Los Angeles County
Metropolitan Transportation Authority

One Gateway Plaza
Los Angeles, CA 90012-2952

213.922.2000 Tel
metro.net

**CALIFORNIA UNIFIED CERTIFICATION
PROGRAM**



March 12, 2014

**CUCP #37559
Metro File # 5111**

Jose Valle
V & A Inc.
530 S. Hewitt St. #121
Los Angeles, CA 90013

RE: Disadvantaged Business Enterprise Certification

Dear Mr. Valle:

We are pleased to advise you that after careful review of your application and supporting documentation, the Los Angeles County Metropolitan Transportation Authority (Metro) has determined that your firm meets the eligibility standards to be certified as a Disadvantaged Business Enterprise (DBE) as required under the U.S. Department of Transportation (U.S. DOT) Regulation 49 CFR Part 26, as amended. This certification will be recognized by all of the U.S. DOT recipients in California. Your firm will be listed in the California Unified Certification Program (CUCP) database of certified DBEs under the following specific areas of expertise that you have identified on the NAICS codes form of the application package:

NAICS (2007)	Description
541340	Drafting Services
541350	Building Inspection Services
541611	Administrative Management and General Management Consulting Services
541618	Other Management Consulting Services
541330	Engineering Services

Your DBE certification applies only for the above codes. You may review your firm's information in the CUCP DBE database which can be accessed at the CUCP's website at www.californiaucp.org. Any additions and revisions must be submitted to Metro for review and approval.

In order to ensure your continued DBE status, you are required to submit an annual No Change Declaration Form (which will be sent to you) along with supporting documentation. If no changes are noted, then your DBE status remains current. If there are changes, Metro will review to determine continued DBE eligibility. Please note, your DBE status remains in effect unless Metro notifies you otherwise.

Should any changes occur that could affect your certification status prior to receipt of the No Change Declaration Form, such as changes in your firm's name, business/ mailing address, ownership, management or control, or failure to meet the applicable business size standards or personal net worth standard, please notify Metro immediately. Failure to submit forms and/or change of information will be deemed a failure to cooperate under Section 26.109 of the Regulations.

Metro reserves the right to withdraw this certification if at any time it is determined that it was knowingly obtained by false, misleading, or incorrect information. Your DBE certification is subject to review at any time. The firm thereby consents to the examination of its books, records and documents by Metro.

Congratulations, and thank you for your interest in the DBE program. Should you have any questions, please contact us at 213-922-2600. For information on Metro contracting opportunities, please visit our website at www.metro.net.

Sincerely,



Tina Giles-Potter
Certification Consultant – SBEUS
Diversity & Economic Opportunity Department

FORM 4 - BUSINESS DATA SHEET – DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: PacRim Engineering
2. Business Address: 233 W. Cerritos Avenue, Anaheim, CA 92805
Street City State Zip
3. Mailing Address: SAME as business address above
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Orange (California)
State
5. Name of Owner: Peter Liu, President
Name Title
6. Owner(s) Ethnicity: Asian
7. Phone: (714) 683 - 0470
8. Fax: (714) 683 - 0460
9. Email Address: rkim@PacRimEngineering.com
10. Age of Business: 7 Years 9 Months
11. If your business requires a license, complete below:
 - a. License Type Professional Engineering
 - b. License # 48409
 - c. Expires on June 2016
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No
 If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____	Yes	No
14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

c. Business Name _____
Name of Certifying Agency _____

DBEs must attach a copy of current certification.

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#: C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

Structural Engineering Design

NAICS:

541330

18. Will your business provide trucking company services on this project? Please mark one: Yes No

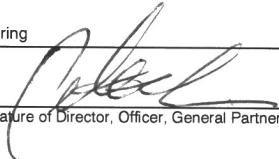
If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? Not Applicable
- b. How many trucks does your company lease? Not Applicable
- c. How many trucks are registered to your company? Not Applicable

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: PacRim Engineering

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Peter Liu

Title: Principal

Date: January 16, 2015

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



January 21, 2014

Ms. Amy G. Kok
PACRIM Engineering, Inc.
233 W. Cerritos Avenue
Anaheim, CA 92805

RE: DISADVANTAGED BUSINESS ENTERPRISE (DBE) CERTIFICATION APPROVAL
CUCP File No. - 36743

Dear Ms. Kok:

We are pleased to advise you that after careful review of your application and supporting documentation, the City of Los Angeles has determined that your firm meets the eligibility standards to be certified as a **Disadvantaged Business Enterprise (DBE)** as required under the U.S. Department of Transportation (U.S. DOT) Regulation 49 CFR Part 26, as amended.

Your firm will be listed in the California Unified Certification Program (CUCP) database of certified DBEs and the City of Los Angeles DBE/MBE/WBE directory under the following specific area(s) of expertise that you have identified on the business service form for contracting opportunities:

<u>NAICS Codes</u>	<u>Description</u>
236220	Commercial and Institutional Building Construction
237110	Water and Sewer Line and Related Structures Construction
237310	Highway, Street, and Bridge Construction
237990	Other Heavy and Civil Engineering Construction
238190	Other Foundation, Structure, and Building Exterior Contractors
541330	Engineering Services
541350	Building Inspection Services
541620	Environmental Consulting Services

Your DBE certification applies only for the above code(s). You may review your firm's information in the CUCP DBE database which can be accessed at the California Unified Certification Program's website at <http://californiaucp.org> and the City of Los Angeles DBE/MBE/WBE database at <http://bca.lacity.org>. Any additions and revisions must be submitted to the City of Los Angeles for review and approval.

In order to assure continuing DBE status, you must submit annually a No Change Declaration with supporting documentation, which will be sent to you. Based on your annual submission that no change in ownership and control has occurred, or if changes have occurred, they do not affect your firm's DBE standing, the DBE certification of your firm will continue until or unless it is removed by our agency.

PACRIM Engineering, Inc.

January 21, 2014

Page 2

Also, should any changes occur that could affect your certification status prior to receipt of the Declaration, such as changes in your firm's name, business/ mailing address, ownership, management, or control, or failure to meet the applicable business size standards or personal net worth standard, please notify us immediately. DBE certification is subject to review at any time. Failure to submit forms and/or change of information will be deemed as failure to cooperate under Section 26.109 of the Regulations.

Your DBE certification status will be honored by all of the U.S. DOT recipients in California.

For information on City of Los Angeles contracting opportunities, please register at <http://LABAVN.org>.

Should you have any questions, please contact Faye Serafin at (213) 847-2643 or e-mail at faye.serafin@lacity.org.

Sincerely,



HELMUT PEINDL, Certification Manager
Office of Contract Compliance
Bureau of Contract Administration

FORM 5 - DBE AFFIRMATION - DESIGN

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

1. RFP/IFB Number: C0991

2. Project Name Southwestern Yard Project

3. Name of the Prime: Arup North America, Ltd.

4. Business Address: 12777 West Jefferson Blvd, Building D, Suite 100 Los Angeles, CA 90066

Street City State Zip

5. Name of Proposed DBE Business: Colmena Engineering

6. Business Address: 45 Villanova Lane Oakland CA 94611

Street City State Zip

7. Total DBE Dollars Committed: \$ 142,784
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)

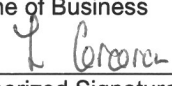
8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <<http://www.census.gov/eos/www/naics/>>

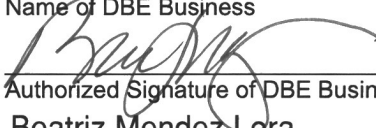
All CAD drafting on project

NAICS: 541330; 541690

Affirmation:

Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

Arup North America, Ltd.
Name of Business

Authorized Signature of Business
Tim Corcoran
Typed or Printed Name of Signee

Colmena Engineering
Name of DBE Business

Authorized Signature of DBE Business
Beatriz Mendez Lora
Typed or Printed Name of Signee

Principal

Title of Signee

+1 310 578 4528

Telephone

tim.corcoran@arup.com

Email

1.19.2015

Date

CEO/President

Title of Signee

510-239-7190

Telephone

bmendez@colmena-eng.com

Email

20-January-2015

Date

FORM 5 - DBE AFFIRMATION - DESIGN

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

1. RFP/IFB Number: C0991

2. Project Name Southwestern Yard Project

3. Name of the Prime: Arup North America, Ltd.

4. Business Address: 12777 West Jefferson Blvd, Building D, Suite 100 Los Angeles, CA 90066

Street City State Zip

5. Name of Proposed DBE Business: NBA Engineering, Inc.

6. Business Address: 1875 Park East Los Angeles CA 90067

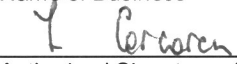
Street City State Zip


7. Total DBE Dollars Committed: \$ \$1,412,396
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)

8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <<http://www.census.gov/eos/www/naics/>>

Mechanical, Electrical, and Plumbing Engineering Design Services
NAICS: 541330 Engineering Services

Affirmation:
Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

Arup North America, Ltd.
Name of Business

Authorized Signature of Business
Tim Corcoran
Typed or Printed Name of Signee

NBA Engineering, Inc.
Name of DBE Business

Authorized Signature of DBE Business
Natalie Alavi
Typed or Printed Name of Signee

FORM 5 - DBE AFFIRMATION - DESIGN

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

1. RFP/IFB Number: C0991

2. Project Name DIVISION 16: SOUTHWESTERN YARD PROJECT

3. Name of the Prime: ARUP

4. Business Address: 12777 WEST JEFFERSON BOULEVARD BUILDING D, L.A., CA 90066
Street City State Zip

5. Name of Proposed DBE Business: GANT ARCHITECTS, INC.

6. Business Address: 1050 WILSHIRE BLVD #419 LOS ANGELES CA 90017
Street City State Zip

7. Total DBE Dollars Committed: \$ 217,140
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)

8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <http://www.census.gov/eos/www/naics/>
MEP
NAICS: 541310

Affirmation:
Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

Arup North America Ltd.
Name of Business
[Signature]
Authorized Signature of Business
Tim Corcoran
Typed or Printed Name of Signee

GANT ARCHITECTS, INC.
Name of DBE Business
[Signature]
Authorized Signature of DBE Business
JASON R. GANT
Typed or Printed Name of Signee
JASON R. GANT

Principal

Title of Signee

310 578 4528

Telephone

tim.corcoran@arup.com

Email

01.19.2015

Date

Principal

Title of Signee

310-598-1526

Telephone

jason@gant-architects.com

Email

01.16.2015

Date

FORM 5 - DBE AFFIRMATION - DESIGN

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

1. RFP/IFB Number: C0991

2. Project Name Metro Crenshaw LAX Southwest Yard Maintenance Facility

3. Name of the Prime: Arup

4. Business Address: 12777 West Jefferson Blvd, Los Angeles, CA 90066

Street City State Zip

5. Name of Proposed DBE Business: Calvin R. Abe & Assoc., Inc. (DBA: AHBE Landscape Architects)

6. Business Address: 617 West Seventh St, Suite 304 Los Angeles CA 90017
Street City State Zip

7. Total DBE Dollars Committed: \$ 117,000
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)

8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <http://www.census.gov/eos/www/naics/>
Landscape Architecture
NAICS: 541320

Affirmation:
Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

Arup North America Ltd
Name of Business
Tim Corcoran
Authorized Signature of Business
Tim Corcoran
Typed or Printed Name of Signee

Calvin R. Abe & Assoc., Inc. (DBA: AHBE Landscape Architects)
Name of DBE Business
[Signature]
Authorized Signature of DBE Business
Linda Daley
Typed or Printed Name of Signee

Principal

Title of Signee
310 578 4528

Telephone
tim.corcoran@arup.com

Email
01.19.2015

Date

Managing Principal

Title of Signee
213-694-3800

Telephone
ldaley@ahbe.com

Email
01.19.2015

Date

FORM 5 - DBE AFFIRMATION - DESIGN

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

1. RFP/IFB Number: C0991

2. Project Name Southwestern Yard

3. Name of the Prime: ARUP North America Ltd

4. Business Address: 12777 West Jefferson Blvd Los Angeles, CA 90066
Street City State Zip

5. Name of Proposed DBE Business: Okapi Architecture Inc

6. Business Address: 1019 Green Lane La Canada CA 91011
Street City State Zip

7. Total DBE Dollars Committed: \$ 175,740
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)

8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <<http://www.census.gov/eos/www/naics/>>

- 1. Provide LEED/Sustainability & Energy efficiency service, including technical assistance, review, application to LEED certification.
- 2. Provide Specification writing and coordination.

NAICS: 541620, 541310

Affirmation:

Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

Arup North America Ltd.
Name of Business
Tim Corcoran
Authorized Signature of Business
Tim Corcoran
Typed or Printed Name of Signee

Okapi Architecture Inc.
Name of DBE Business
Ying Wang
Authorized Signature of DBE Business
Ying Wang
Typed or Printed Name of Signee

Principal

Title of Signee

310 578 4528

Telephone

tim.corcoran@arup.com

Email

01.19.2015

Date

Principal

Title of Signee

818 726 4825

Telephone

yingwang@okapiarchitecture.com

Email

01.17.2015

Date

FORM 5 - DBE AFFIRMATION - DESIGN

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

1. RFP/IFB Number: C0991

2. Project Name Southwestern Yard Project

3. Name of the Prime: Arup North America Ltd

4. Business Address: 12777 West Jefferson Boulevard, Culver City, CA 90066

Street City State Zip
5. Name of Proposed DBE Business: Sanchez/Kamps Associates Design DBA SKA Design

6. Business Address: 900 Palm Avenue, South Pasadena, CA 91030
Street City State Zip

7. Total DBE Dollars Committed: \$ 58,790
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)

8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <http://www.census.gov/eos/www/naics/>

Graphic Design of signage and wayfinding, including contract documents and responding to fabricator RFI's and installation review/punch.

NAICS: 541430 - Graphic Design Services

Affirmation:

Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

Arup North America Ltd.
Name of Business

[Signature]
Authorized Signature of Business

Tim Corcoran
Typed or Printed Name of Signee

Sanchez/Kamps Associates Design DBA SKA Design
Name of DBE Business

[Signature]
Authorized Signature of DBE Business

Joseph Stoddard
Typed or Printed Name of Signee

Vice President

Principal

Title of Signee
310 578 4528

Telephone
tim.corcoran@arup.com

Email
01.19.2015

Date

Title of Signee
626 403 5870 Ext 10

Telephone
jstoddard@skadesign.com

Email
01.20.2015

Date

FORM 5 - DBE AFFIRMATION - DESIGN

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

1. RFP/IFB Number: C0991

2. Project Name Southwestern Yard Project

3. Name of the Prime: Arup North America, Ltd.

4. Business Address: 12777 West Jefferson Boulevard Building D Los Angeles CA 90066

Street City State Zip

5. Name of Proposed DBE Business: Finish Hardware Technology

6. Business Address: 7967 Varna Avenue Panorama City CA 91402

Street City State Zip

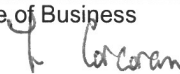
7. Total DBE Dollars Committed: \$ \$23,450
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)

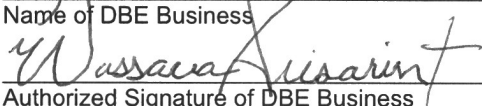
8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <http://www.census.gov/eos/www/naics/>
Architectural consulting services for Door Hardware, Integrated Door Assemblies, and Automatic Swing Door Operators

NAICS: 541310

Affirmation:

Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

Arup North America Ltd.
Name of Business

Authorized Signature of Business
Tim Corcoran
Typed or Printed Name of Signee

Finish Hardware Technology
Name of DBE Business

Authorized Signature of DBE Business
Wassana Srisarint
Typed or Printed Name of Signee

Principal

Title of Signee

310 578 4528

Telephone

tim.corcoran@arup.com

Email

01.19.2015

Date

President

Title of Signee

818-387-6083

Telephone

wassana.s@finishhardwaretech.com

Email

January 21, 2015

Date

FORM 5 - DBE AFFIRMATION - DESIGN

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

1. RFP/IFB Number: C0991

2. Project Name Southwestern Yard Project

3. Name of the Prime: Arup North America, Ltd.

4. Business Address: 12777 West Jefferson Blvd, Building D, Suite 100 Los Angeles, CA 90066

Street City State Zip

5. Name of Proposed DBE Business: **MICHAEL AMAYA ILLUSTRATION**

6. Business Address: **4324 Le Bourget Avenue Culver City CA 90232**

Street City State Zip

7. Total DBE Dollars Committed: \$ **15,000.00**
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)

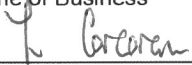
8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <<http://www.census.gov/eos/www/naics/>>


3d Pre-Visualization services including 3d rendering and animation work
of the proposed design providing the Design Team and Client
photoreal and illustrative depictions of the unbuilt work.

NAICS: **541430 (Commerical Illustration), 512191 (Motion picture animation/post-production), 541922 Photography**

Affirmation:

Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

Arup North America, Ltd.
Name of Business

Authorized Signature of Business
Tim Corcoran
Typed or Printed Name of Signee

MICHAEL AMAYA ILLUSTRATION
Name of DBE Business

Authorized Signature of DBE Business
MICHAEL AMAYA
Typed or Printed Name of Signee

Title of Signee
+1 310 578 4528

Telephone
tim.corcoran@arup.com

Email
1.19.2015

Date

Title of Signee
DIRECTOR

Telephone
310 592 6693

Email
mike@mikeamaya.com

Date
Jan 19th 2015

FORM 5 - DBE AFFIRMATION - DESIGN

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

1. RFP/IFB Number: C0991

2. Project Name Los Angeles Metro Southwest Yard Crenshaw Line Maintenance Facility

3. Name of the Prime: Arup North America Ltd

4. Business Address: 2777 West Jefferson Blvd Building D, Los Angeles CA 90066
Street City State Zip

5. Name of Proposed DBE Business: Maroko & Shwe, Inc.

6. Business Address: 1106 B W Magnolia Blvd., Burank CA 91506
Street City State Zip

7. Total DBE Dollars Committed: \$ 109,274.00
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)

8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <http://www.census.gov/eos/www/naics/>
Commissioning Services for the Building Mechanical & Electrical Systems

NAICS: 541330

Affirmation:

Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

Arup North America Ltd.
Name of Business

[Signature]
Authorized Signature of Business

Tim Corcoran
Typed or Printed Name of Signee

Maroko & Shwe, Inc.
Name of DBE Business

[Signature]
Authorized Signature of DBE Business

James H. Shwe
Typed or Printed Name of Signee

Principal

Title of Signee

310 578 4528

Telephone

tim.corcoran@arup.com

Email

01.19.2015

Date

Principal

Title of Signee

818 840 0280

Telephone

jshwe@marokoshwe.com

Email

01.19.2015

Date

FORM 5 - DBE AFFIRMATION - DESIGN

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

1. RFP/IFB Number: CO991

2. Project Name Division 16: Southwestern Yard

3. Name of the Prime: ARUP

4. Business Address: 12777 West Jefferson Boulevard Los Angeles CA 90066
Street City State Zip

5. Name of Proposed DBE Business: V&A, Inc.

6. Business Address: 530 South Hewitt St., Suite 121 Los Angeles CA 90013
Street City State Zip

7. Total DBE Dollars Committed: \$ 1,385,538
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)

8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <http://www.census.gov/eos/www/naics/>
Civil and Traffic Engineering Services

NAICS: 541330, 541340, 541350, 541611, 541618

Affirmation:

Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

Arup North America Ltd.
Name of Business
[Signature]
Authorized Signature of Business
Tim Corcoran
Typed or Printed Name of Signee

V&A, Inc.
Name of DBE Business
[Signature]
Authorized Signature of DBE Business
Noah Busch, P.E.
Typed or Printed Name of Signee
Senior Vice President

Principal

Title of Signee
310 578 4528

Telephone
tim.corcoran@arup.com

Email
01.19.2015

Date

Title of Signee
213 972 9700

Telephone
noah.busch@va-incorp.com

Email
01.13.2015

Date

FORM 5 - DBE AFFIRMATION - DESIGN

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

1. RFP/IFB Number: C0991

2. Project Name Southwestern Yard Project

3. Name of the Prime: Arup North America, Ltd.

4. Business Address: 12777 West Jefferson Boulevard Building D Los Angeles CA 90066

Street City State Zip

5. Name of Proposed DBE Business: PacRim Engineering Inc.

6. Business Address: 233 W. Cerritos Ave Anaheim CA 92805

Street City State Zip

7. Total DBE Dollars Committed: \$ 564,393.00
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)

8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <<http://www.census.gov/eos/www/naics/>>
Structural Engineering Design
NAICS: 541330

Affirmation:
Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

Arup North America, Ltd.
Name of Business
Tim Corcoran
Authorized Signature of Business
Tim Corcoran
Typed or Printed Name of Signee

PacRim Engineering, Inc.
Name of DBE Business
Peter Liu
Authorized Signature of DBE Business
Peter Liu, P.E.
Typed or Printed Name of Signee

Principal

Title of Signee

+1 310 578 4400 ext 20528

Telephone

tim.corcoran@arup.com

Email

January 16, 2015

Date

Principal

Title of Signee

+1 714-683-0470 ext 471

Telephone

pliu@PacRimEngineering.com

Email

January 16, 2015

Date

FORM 1 – PROPOSED LIST OF SUBCONTRACTORS AND SUPPLIERS – CONSTRUCTION TO BE COMPLETED BY OFFEROR

Offerors are required to list ALL (DBE and Non-DBE) first-tier subcontractors. Offerors are required to utilize Race Conscious (RC) DBE firms in the performance of this project. RC DBEs are ethnic groups that have been identified as statistically and significantly underutilized. These groups include: African Americans, Asian Pacific Americans, Native Americans, Hispanic Americans, and Subcontinent Asian Americans. ONLY RC DBEs listed in the Offeror's bid or proposal will be counted towards the contract goal. Metro will achieve a percentage of its overall goal utilizing race neutral measures. Race Neutral (RN) DBEs include non-minority women. Completion of this form and Form 4 (Business Data Sheet) fulfills the requirements of the California Subletting and Subcontracting Fair Practices Act.

1. Offeror's Name: OHL USA, Inc. 2. Project Name: IFB No. C0991 Southwestern Yard
 3. Total Bid Price: 196,082,740.00 4. Bid Due Date: January 22, 2015

A	B	C	D	E	F	G
NAME OF OFFEROR AND ALL SUBCONTRACTORS (1 ST TIER)	DESCRIPTION OF WORK	SUBCONTRACTORS: C = Consultant Or Contractor S = Supplier M = Manufacturer B = Broker T = Trucker	BID PRICE	BID PRICE FOR RC DBE FIRMS (Race Conscious participation)	BID PRICE FOR OTHER DBE FIRMS (Race Neutral Participation)	TOTAL DBE BID PRICE (COL # E + F)
Offeror		Prime's \$ Amount with its own workforce	\$ 84,194,542.87			\$
1. OHL USA, Inc.						
1. Offmans Construction	building const.	C	37,534,620	2,415,440.00		2,415,440
2. Hms Construction	train power, comm. systems	C	35,748,348 --			
3. Highlaint Electric	electrical	C	17,250,000 --	4,600,000		2,760,000
4. H&H Engineering Constrn.	trackwork	C	14,297,946.13			
5. AFC Finishing Systems	Paint systems	C	1,237,451.00			
6. Interchem	Carwash	C	660,431.00			
7. Miranda Logistics	hardware materials	C	3,021,000.00	3,021,000		3,021,000
8. Sequoia Consultants	quality control	C	1,374,520.00	1,374,520		1,374,520
9. TOTAL BID PRICE			\$	\$	\$	\$
(Should equal Line #3 above)						

¹If a RC DBE or RN DBE firm listed in column D and E are regular dealers enter 60% of the bid price in column G. If a RC DBE or RN DBE firm listed in column D and E and F are brokers, enter the total amount of the fees and or commissions charges in column G. If a DBE business is listed to provide materials/supplies, only sixty percent (60%) of the cost for materials/supplies will be counted toward the DBE.

FORM 1 – PROPOSED LIST OF SUBCONTRACTORS AND SUPPLIERS – CONSTRUCTION TO BE COMPLETED BY OFFEROR

Offerors are required to list ALL (DBE and Non-DBE) first-tier subcontractors. Offerors are required to utilize Race Conscious (RC) DBE firms in the performance of this project. RC DBEs are ethnic groups that have been identified as statistically and significantly underutilized. These groups include: African Americans, Asian Pacific Americans, Native Americans, Hispanic Americans, and Subcontinent Asian Americans. ONLY RC DBEs listed in the Offeror's bid or proposal will be counted towards the contract goal. Metro will achieve a percentage of its overall goal utilizing race neutral measures. Race Neutral (RN) DBEs include non-minority women. Completion of this form and Form 4 (Business Data Sheet) fulfills the requirements of the California Subletting and Subcontracting Fair Practices Act.

1. Offeror's Name: OHL USA, Inc. 2. Project Name: IFB No. C0991 Southwestern Yard
 3. Total Bid Price: 196,082,740.00 4. Bid Due Date: January 22, 2015

A	B	C	D	E	F	G
NAME OF OFFEROR AND ALL SUBCONTRACTORS (1 ST TIER)	DESCRIPTION OF WORK	SUBCONTRACTORS: C = Consultant Or Contractor S = Supplier ¹ M = Manufacturer B = Broker T = Trucker	BID PRICE	BID PRICE FOR RC DBE FIRMS (Race Conscious participation)	BID PRICE FOR OTHER DBE FIRMS (Race Neutral Participation)	TOTAL DBE BID PRICE (COL # E + F)
Offeror <u>OHL USA Inc.</u>		Prime's \$ Amount → <u>with its own workforce</u>		\$	\$	\$
1. <u>Precision Eng. Services Survey</u>		<u>C</u>	<u>494,975.00</u>	<u>494,975.00</u>		<u>494,975</u>
2. <u>Diaz - Thompson</u>	<u>geotechnical</u>	<u>C</u>	<u>273,900.00</u>	<u>273,900</u>		<u>273,900</u>
3.						
4.						
5.						
6.						
7.						
8.						
9. TOTAL BID PRICE (Should equal Line #3 above)			<u>\$196,082,740</u>	\$	\$	<u>\$193,391,885.00</u>

¹If a RC DBE or RN DBE firm listed in column D and E are regular dealers enter 60% of the bid price in column G. If a RC DBE or RN DBE firm listed in column D and E and F are brokers, enter the total amount of the fees and or commissions charges in column G. If a DBE business is listed to provide materials/supplies, only sixty-percent (60%) of the cost for materials/supplies will be counted toward the DBE.

FORM 2 – DBE AFFIDAVIT – CONSTRUCTION
TO BE COMPLETED BY OFFEROR ONLY

Part A: DBE GOAL DECLARATION

RC DBE GOAL ACHIEVED

The Offeror shall demonstrate compliance with the DBE goal by achieving a level of DBE participation greater than or equal to the goal established for RC DBE participation.

The level achieved is _____ percent (_____ %)

NOTE: Offeror shall identify additional subcontractors (DBE and non-DBE) on Form 1-PROPOSED SUBCONTRACTORS AND SUPPLIERS – CONSTRUCTION (Pro Form 070), no later than ninety (90) days after design packages are approved by Metro's Contracting Officer.

RC DBE GOAL NOT ACHIEVED

The Offeror declares to the best of its knowledge, information and belief that while it made efforts to achieve the RC DBE participation goal, it DID NOT ACHIEVE a level of RC DBE participation greater than or equal to the goal established for RC DBE participation.

The level achieved is twelve percent (12 %)

While the Offeror did exert efforts to achieve the goal, it was not successful. The Offeror certifies that, if requested, evidence of good faith efforts (GFE) will be submitted within forty-eight (48) hours of Metro's written request.

DO NOT INCLUDE EVIDENCE OF GOOD FAITH EFFORTS WITH BIDS/PROPOSALS

Part B: SIGNATURE

Executed on: 1/22, 20 15, at, Irvine, CA
Date City State

Business Name: OHL USA, Inc.

Authorized Signature: Ahmad Bagheri

Printed Name: Ahmad Bagheri

Title: Executive Vice President

E-mail: tbagheri@ohlusa.com

Phone: 949-242-4432

FORM 3 - PROPOSED LOWER TIER SUBCONTRACTORS & SUPPLIERS – CONSTRUCTION
 TO BE COMPLETED BY ALL SUBCONTRACTORS

Project Name: Southwestern Yard

IFB/RFP #: C0991

All subcontractors listed on Form 1 that are subcontracting work are requested to list ALL (DBE and Non-DBE) lower tier subcontractors. Offerors are required to utilize Race Conscious (RC) DBE firms in the performance of this project. RC DBEs are ethnic groups that have been identified as statistically and significantly underutilized. These groups include: African Americans, Asian Pacific Americans, Native Americans, Hispanic Americans, and Subcontinent Asian Americans. ONLY RC DBEs listed in the Offeror's bid or proposal will be counted towards the contract goal. Metro will achieve a percentage of its overall goal utilizing race neutral measures. Race Neutral (RN) DBEs include non-minority women.

Completion of this form and Form 4 (Business Data Sheet) fulfills the requirements of the California Subletting and Subcontracting Fair Practices Act.

1. Subcontractor (Sub.): Oltmans Construction Co. 2. Prime's Name: OHL USA, Inc.

3. Total Bid Price: \$37,534,626

	A	B	C	D	E	F	G
	NAME OF SUBCONTRACTOR AND ALL LOWER TIER SUBCONTRACTORS	DESCRIPTION OF WORK	SUBCONTRACTORS C = Consultant Or Contractor S = Supplier M = Manufacturer B = Broker T = Trucker	BID PRICE	BID PRICE FOR RC DBE FIRMS (Race Conscious participation)	BID PRICE FOR RN DBE FIRMS (Race Neutral Participation)	TOTAL DBE BID PRICE (COL # E + F)
Subs	Oltmans Construction Co.	General Contractor	Your business' \$ Amount	\$ 28,437,324	\$	\$	\$
1.	Mad Steel	Reinforcing Steel	C	1,398,000	1,398,000		1,398,000
2.	Excelsior Elevator	Elevator Installation	C	1,017,490	1,017,490		1,017,490
3.	Letner Roofing	Roofing/Sheet Metal	C	3,181,934			
4.	Daart Engineering	Fire Sprinklers	C	1,437,735			
5.	DJM Construction	Paint	C	1,329,537			
6.	Karcher Interior	Insulation	C	48,070			
7.	Renegade Flooring	Furnish and install floor covering	C	243,525			
8.	Grani Installation	Acoustical ceiling, wall panels, specialty wood and metal ceilings	C	193,134			
9. TOTAL BID PRICE (Should equal Line #3 above)				\$ 37,534,626	\$ 2,415,490	\$	\$ 2,415,490

Lower Tier Subcontractors

FORM 3 - PROPOSED LOWER TIER SUBCONTRACTORS & SUPPLIERS - CONSTRUCTION
 TO BE COMPLETED BY ALL SUBCONTRACTORS

Project Name: Southwestern Yard

IFB/RFP #: C0991

All subcontractors listed on Form 1 that are subcontracting work are requested to list ALL (DBE and Non-DBE) lower tier subcontractors. Offerors are required to utilize Race Conscious (RC) DBE firms in the performance of this project. RC DBEs are ethnic groups that have been identified as statistically and significantly underutilized. These groups include: African Americans, Asian Pacific Americans, Native Americans, Hispanic Americans, and Subcontinent Asian Americans. ONLY RC DBEs listed in the Offeror's bid or proposal will be counted towards the contract goal. Metro will achieve a percentage of its overall goal utilizing race neutral measures. Race Neutral (RN) DBEs include non-minority women.

Completion of this form and Form 4 (Business Data Sheet) fulfills the requirements of the California Subletting and Subcontracting Fair Practices Act.

1. Subcontractor

(Sub.): HMS Construction, Inc.

2. Prime's Name: OHL USA, Inc.

3. Total Bid Price: \$35,748,348

Subs	A NAME OF SUBCONTRACTOR AND ALL LOWER TIER SUBCONTRACTORS	B DESCRIPTION OF WORK	C SUBCONTRACTORS C = Consultant Or Contractor S = Supplier M = Manufacturer B = Broker T = Trucker Your business' \$ Amount	D BID PRICE	E BID PRICE FOR RC DBE FIRMS (Race Conscious participation)	F BID PRICE FOR RN DBE FIRMS (Race Neutral Participation)	G TOTAL DBE BID PRICE (COL # E + F)
1.	<u>HMS Construction, Inc.</u>	<u>Substation</u>	<u>M</u>	<u>\$ 13,970,288</u>			
2.	<u>Powell Electrical Systems</u>	<u>Substation</u>	<u>S</u>	<u>3,695,804</u>			
3.	<u>TELEBIT INNOVATIONS</u>	<u>DCS MATERIAL</u>	<u>S</u>	<u>537,150.00</u>			
4.	<u>HURLEY WIRE</u>	<u>WIRE/CABLE</u>	<u>S</u>	<u>2,487,531.00</u>			
5.	<u>AT&T B&E TV</u>	<u>Substation</u>	<u>C, S</u>	<u>15,057,575.00</u>			
6.							
7.							
8.							
9. TOTAL BID PRICE				<u>\$ 35,748,348</u>			

(Should equal Line #3 above)

Lower Tier Subcontractors

FORM 3 - PROPOSED LOWER TIER SUBCONTRACTORS & SUPPLIERS - CONSTRUCTION
 TO BE COMPLETED BY ALL SUBCONTRACTORS

Project Name: Division 16: Southwestern Yard Ops & Maint. D/B IFB/RFP #: C0991

All subcontractors listed on Form 1 that are subcontracting work are requested to list ALL (DBE and Non-DBE) lower tier subcontractors. Offerors are required to utilize Race Conscious (RC) DBE firms in the performance of this project. RC DBEs are ethnic groups that have been identified as statistically and significantly underutilized. These groups include: African Americans, Asian Pacific Americans, Native Americans, Hispanic Americans, and Subcontinent Asian Americans. ONLY RC DBEs listed in the Offeror's bid or proposal will be counted towards the contract goal. Metro will achieve a percentage of its overall goal utilizing race neutral measures. Race Neutral (RN) DBEs include non-minority women.

Completion of this form and Form 4 (Business Data Sheet) fulfills the requirements of the California Subletting and Subcontracting Fair Practices Act.

1. Subcontractor (Sub.): H & H ENGINEERING CONSTRUCTION, INC. 2. Prime's Name: OHL USA
3. Total Bid Price: \$14,297,946.13

	A SUBCONTRACTOR AND ALL LOWER TIER SUBCONTRACTORS	B DESCRIPTION OF WORK	C SUBCONTRACTORS C = Consultant Or Contractor S = Supplier M = Manufacturer B = Broker T = Trucker Your business' \$ Amount	D BID PRICE	E BID PRICE FOR RC DBE FIRMS (Race Conscious participation)	F BID PRICE FOR RN DBE FIRMS (Race Neutral Participation)	G TOTAL DBE BID PRICE (COL # E + F)
Subs	H & H ENGINEERING CONSTRUCTION, INC.	RAILROAD TRACK CONSTRUCTION		\$ 14,170,439.13	\$	\$	\$
1.	HOLLAND COMPANY	FLASH BUTT WEIDING	C	\$ 127,507.00			
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9. TOTAL BID PRICE (Should equal Line #3 above)				\$ 14,297,946.13	\$	\$	\$

Lower Tier Subcontractors

FORM 3 - PROPOSED LOWER TIER SUBCONTRACTORS & SUPPLIERS - CONSTRUCTION

TO BE COMPLETED BY ALL SUBCONTRACTORS

Project Name: Southwestern Yard

IFB/RFP #: C0991

All subcontractors listed on Form 1 that are subcontracting work are requested to list ALL (DBE and Non-DBE) lower tier subcontractors. Offerors are required to utilize Race Conscious (RC) DBE firms in the performance of this project. RC DBEs are ethnic groups that have been identified as statistically and significantly underutilized. These groups include: African Americans, Asian Pacific Americans, Native Americans, Hispanic Americans, and Subcontinent Asian Americans. ONLY RC DBEs listed in the Offeror's bid or proposal will be counted towards the contract goal. Metro will achieve a percentage of its overall goal utilizing race neutral measures. Race Neutral (RN) DBEs include non-minority women.

Completion of this form and Form 4 (Business Data Sheet) fulfills the requirements of the California Subletting and Subcontracting Fair Practices Act.

1. Subcontractor

(Sub.): Highlight Electric, Inc.

2. Prime's Name: OHL USA, Inc.

3. Total Bid Price: 17,250,000

	A NAME OF SUBCONTRACTOR AND ALL LOWER TIER SUBCONTRACTORS	B DESCRIPTION OF WORK	C SUBCONTRACTORS C = Consultant Or Contractor S = Supplier M = Manufacturer B = Broker T = Trucker Your business' \$ Amount	D BID PRICE	E BID PRICE FOR RC DBE FIRMS (Race Conscious participation)	F BID PRICE FOR RN DBE FIRMS (Race Neutral Participation)	G TOTAL DBE BID PRICE (COL # E + F)
Subs				\$ 12,650,000	\$	\$	\$
1.	<u>Sergent Lighting, Inc. materials sup</u>	<u>Lighting Electric</u>		<u>4,600,000</u>	<u>4,600,000</u>		<u>2,760,000</u>
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9. TOTAL BID PRICE (Should equal Line #3 above)				\$ <u>17,250,000</u>	\$	\$	\$ <u>2,760,000</u>

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: OHL USA, Inc.
2. Business Address: 1920 Main Street, Suite 310 Irvine CA 92614
Street City State Zip
3. Mailing Address: same as above
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Orange (CA)
State
5. Name of Owner: n/a - corporation
Name Title
6. Owner'(s) Ethnicity: n/a - corporation
7. Phone: (949) 242 - 4432
9. Email Address: tbagheri@ohlusa.com
8. Fax: (949) 231 - 1255
10. Age of Business: 9 Years _____ Months
11. If your business requires a license, complete below:
 - a. License Type A - general engineering
 - b. License # 984140
 - c. Expires on 6/30/15
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: <u>n/a</u>		
14. Is your business currently participating in a Joint Venture? Yes No

If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name <u>n/a</u> Name of Certifying Agency <u>n/a</u>	<input type="checkbox"/>	<input type="checkbox"/>
b. Business Name <u>n/a</u> Name of Certifying Agency <u>n/a</u>	<input type="checkbox"/>	<input type="checkbox"/>
c. Business Name <u>n/a</u> Name of Certifying Agency <u>n/a</u>	<input type="checkbox"/>	<input type="checkbox"/>

Part C: Work Descriptions

16. RFIQ, IFB, or RFP # C0991
#: _____

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:
design-builder/prime contractor

NAICS: 237310

18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? n/a
- b. How many trucks does your company lease? n/a
- c. How many trucks are registered to your company? n/a

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: OHL USA, Inc.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Ahmad Bagheri

Title: Executive Vice President

Date: January 20, 2015

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: Oltmans Construction Co.
2. Business Address: 10005 Mission Mill Road Whittier CA 92683
Street City State Zip
3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Los Angeles (CA)
State
5. Name of Owner: Joseph O. Oltmans II, CEO
Name Title
6. Owner'(s) Ethnicity: Caucasian
7. Phone: (562) 948 - 4242
9. Email Address: JOltmans2@Oltmans.com
8. Fax: (562) 695 - 5299
10. Age of Business: 82 Years _____ Months
11. If your business requires a license, complete below:
 - a. License Type AB
 - b. License # 86393
 - c. Expires on 5/31/2015
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Name of Certifying Agency: _____		
14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____ Name of Certifying Agency _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Business Name _____ Name of Certifying Agency _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Business Name _____ Name of Certifying Agency _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part C: Work Descriptions

16. RFIQ, IFB, or RFP
#: C0991 Crenshaw LAX/Transit Corridor Project Division 16 Southwestern Yard

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

General Construction services for construction of vertical buildings

NAICS:
236220

18. Will your business provide trucking company services on this project? Please mark one: Yes No

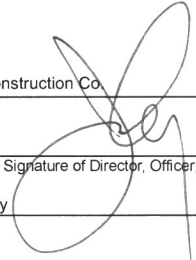
If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? n/a
- b. How many trucks does your company lease? n/a
- c. How many trucks are registered to your company? n/a

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Oltmans Construction Co.

Authorized Signature:  _____
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: John Gormly

Title: President

Date: _____

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: High-Light Electric Inc.
2. Business Address: PO BOX 7339 Riverside, CA 92513-7339
Street City State Zip
3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Riverside (CA)
State
5. Name of Owner: Erwin Mendoza - President
Name Title
6. Owner(s) Ethnicity: Hispanic
7. Phone: (951) 352 - 9646
9. Email Address: estimating@hleincusa.co
8. Fax: (951) 352 - 5595
10. Age of Business: 18 Years 0 Months
11. If your business requires a license, complete below:
 - a. License Type A and C10
 - b. License # 806335
 - c. Expires on 04/30/2016
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
14. Is your business currently participating in a Joint Venture? Yes No

If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name <u>n/a</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>n/a</u>		
b. Business Name <u>n/a</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>n/a</u>		
c. Business Name <u>n/a</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>n/a</u>		

Part C: Work Descriptions

16. RFIQ, IFB, or RFP #: C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

Furnish and install all electrical work except the traction and communication work

NAICS: 238210

18. Will your business provide trucking company services on this project? Please mark one: Yes No

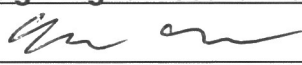
If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? n/a
- b. How many trucks does your company lease? n/a
- c. How many trucks are registered to your company? n/a

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: High-Light Electric Inc.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Erwin Mendoza

Title: President

Date: 01/19/15

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: HMS Construction, Inc.

2. Business Address: 2885 Scott Street, Vista CA 92081
Street City State Zip

3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip

4. County (and State) Business is located in: San Diego (CA)
State

5. Name of Owner: Michael High President
Name Title

6. Owner(s) Ethnicity: _____

7. Phone: 760) 727 - 9808 9. Email Address: _____

8. Fax: 760) 727 - 9808 10. Age of Business: 18 Years _____ Months

11. If your business requires a license, complete below: 12. Business Annual Gross Receipts:

a. License Type A-B-C10-HAZ a. Less than \$500,000

b. License # 765590 b. \$500,000 to \$1,000,000

c. Expires on 7-31-15 c. \$1,000,000 to \$2,000,000

d. \$2,000,000 to \$5,000,000

e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)? <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		

14. Is your business currently participating in a Joint Venture? Yes No

If "YES," a copy of the Joint Venture Agreement must be attached to this Form.

15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>N/A</u>		
b. Business Name <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>N/A</u>		
c. Business Name <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>N/A</u>		

Part C: Work Descriptions

16. RFIQ, IFB, or RFP #: C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

Traction Power substation, traction power, overhead catenary system, signaling, communications

NAICS: 237990, 238210

18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? N/A
- b. How many trucks does your company lease? N/A
- c. How many trucks are registered to your company? N/A

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: HMS Construction, Inc.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Carla Sims
Assistant Secretary

Title: _____

Date: 1-9-15

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: H & H ENGINEERING CONSTRUCTION, INC.
2. Business Address: 212 INDUSTRIAL DR. STOCKTON CA 95206
Street City State Zip
3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: SAN JOAQUIN (CA)
State
5. Name of Owner: SEE LIST
Name Title
6. Owner'(s) Ethnicity: WHITE
7. Phone: (209) 983 - 0708 9. Email Address: LOU@HHENG.COM
8. Fax: (209) 983 - 0715 10. Age of Business: 29 Years 1 Months
11. If your business requires a license, complete below:
 - a. License Type CLASS A GENERAL ENGINEERING
 - b. License # 482767
 - c. Expires on 11/30/2015
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
14. Is your business currently participating in a Joint Venture? Yes No

If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Certifying Agency _____		
c. Business Name _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Certifying Agency _____		

DBEs must attach a copy of current certification.

Part C: Work Descriptions


16. RFIQ, IFB, or RFP
#: C0991 Division 16: Southwestern Yard Operations & Maintenance Facility D/B
17. Provide complete description of scope of work, services, and materials to be performed or furnished²:
Construct approximately 15,000 tf of continuously welded rail track and (44) forty-four
turnouts. Track construction to consist of ballasted concrete tie track, pedestal
embedded track, and concrete crossing panels.
- NAICS: 237990

18. Will your business provide trucking company services on this project? Please mark one: Yes No
- If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."**
- a. How many trucks does your company own? NOT APPLICABLE
- b. How many trucks does your company lease? NOT APPLICABLE
- c. How many trucks are registered to your company? NOT APPLICABLE

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: H & H ENGINEERING CONSTRUCTION, INC.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: ROBERT L. HALLANGER

Title: PRESIDENT

Date: 1/15/15

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: Sequoia Consultants
 2. Business Address: 361 W. Grove Avenue Orange CA 92865
Street City State Zip
 3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
 4. County (and State) Business is located in: Orange County (CA)
State
 5. Name of Owner: Pri Desilva, PE President
Name Title
 6. Owner'(s) Ethnicity: Asian Sub-Continent
 7. Phone: (714) 974 - 6316 9. Email Address: pdesilva@sequoiacon.com
 8. Fax: (714) 974 - 6193 10. Age of Business: 8 Years _____ Months
 11. If your business requires a license, complete below: 12. Business Annual Gross Receipts:
- | | |
|---|--|
| <ol style="list-style-type: none"> a. License Type <u>Professional Engineer</u> b. License # <u>C 63915</u> c. Expires on <u>9/30/2016</u> | <ol style="list-style-type: none"> a. <input type="checkbox"/> Less than \$500,000 b. <input type="checkbox"/> \$500,000 to \$1,000,000 c. <input type="checkbox"/> \$1,000,000 to \$2,000,000 d. <input checked="" type="checkbox"/> \$2,000,000 to \$5,000,000 e. <input type="checkbox"/> Over \$5,000,000 |
|---|--|

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No
 If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Name of Certifying Agency: _____	Yes	No
14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name <u>n/a</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>n/a</u>		
b. Business Name <u>n/a</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>n/a</u>		
c. Business Name <u>n/a</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>n/a</u>		

Part C: Work Descriptions

16. RFIQ, IFB, or RFP
#: C0991 Division 16: Southwestern Yard Operations & Maintenance Facility D/B

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:
Quality Assurance, Quality Control, Materials Testing, Inspection

NAICS: 541380, 541330

18. Will your business provide trucking company services on this project? Please mark one: Yes No

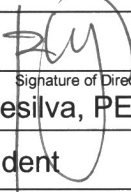
If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? N/A
- b. How many trucks does your company lease? N/A
- c. How many trucks are registered to your company? N/A

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Sequoia Consultants

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Pri Desilva, PE

Title: President

Date: 1/8/2015

[Back To Query Form](#)

Search Returned 1 Records

Fri Dec 05 10:24:05 PST 2014

Query Criteria

Firm ID: 35308

Firm Type: DBE

Firm ID	35308
Firm/DBA Name	SEQUOIA CONSULTANT, INC
Address Line1	361 W. GROVE AVENUE
Address Line2	
City	ORANGE
State	CA
Zip Code1	92865
Zip Code2	
Mailing Address Line1	
Mailing Address Line2	
Mailing City	
Mailing State	
Mailing Zip Code1	
Mailing Zip Code2	
Certification Type	DBE
E-mail	pdesilva@sequoiacon.com
Contact Name	PRIYANGA DESILVA
Area Code	(714)
Phone Number	974-6316
Fax Area Code	(714)
Fax Phone Number	974-6193
Agency Name	DEPARTMENT OF TRANSPORTATION
Counties	00;
Districts	00;
DBE NAICS	541330; 541380;

ACDBE NAICS

Work Codes	C8720 CIVIL ENGINEERING; C8723 MATERIALS TESTING SERVICES; C9810 SMALL STRUCTURES;
Licenses	EC Civil Engineer;
Trucks	
Gender	M
Ethnicity	ASIAN SUBCONTINENT
Firm Type	DBE

[Back To Query Form](#)

Construction

FORM 4 - BUSINESS DATA SHEET - DESIGN

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

- 1. Business Name: Diaz Yourman & Associates
2. Business Address: 1616 E. 17th Street, Santa Ana, CA 92705
3. Mailing Address:
4. County (and State) Business is located in: Orange (CA)
5. Name of Owner: Christopher M. Diaz, President
6. Owner(s) Ethnicity: Hispanic
7. Phone: (714) 245-2920
8. Fax: (714) 245-2950
9. Email Address: chris@diazyourman.com
10. Age of Business: 22 Years
11. License information
12. Business Annual Gross Receipts: \$2,000,000 to \$5,000,000

Part B: DBE CERTIFICATION STATUS

- 13. Is your business currently a DBE? Yes [checked] No []
If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:
a. Certified by the California Unified Certification Program (CUCP)? DBE [x] Non-DBE []
b. Certified by an organization outside of California? DBE [] Non-DBE [x]
c. Name of Certifying Agency:
14. Is your business currently participating in a Joint Venture? Yes [] No [x]
If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?
a. Business Name n/a Name of Certifying Agency n/a
b. Business Name n/a Name of Certifying Agency n/a

c. Business Name n/a
Name of Certifying Agency n/a

DBEs must attach a copy of current certification.

Construction

FORM 4 - BUSINESS DATA SHEET - DESIGN (Continued) Page 2 of 2

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#: C0991 Division 16: Southwestern Yard Design Build

17. Provide complete description of scope of work, services, and materials to be performed or furnished¹:

Geotechnical engineering

NAICS:

541330, 541380, 541620

18. Will your business provide trucking company services on this project? Please mark one: Yes No


If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? Not Applicable
- b. How many trucks does your company lease? Not Applicable
- c. How many trucks are registered to your company? Not Applicable

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Diaz Yourman & Associates

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Christopher M. Diaz, PE, GE

Title: Principal

Date: 1/20/2015

[Back To Query Form](#)

Search Returned 1 Records

Wed Jan 21 11:19:55 PST 2015

Query Criteria

Firm/DBA Name: diaz your

Firm Type: DBE

Firm ID	20160
Firm/DBA Name	DIAZ CONSULTANTS, INC.
Address Line1	1616 EAST 17TH STREET
Address Line2	
City	SANTA ANA
State	CA
Zip Code1	92705
Zip Code2	8509
Mailing Address Line1	
Mailing Address Line2	
Mailing City	
Mailing State	
Mailing Zip Code1	
Mailing Zip Code2	
Certification Type	DBE
EMail	chris@diazyourman.com; nadezh@diazyourman.com
Contact Name	CHRISTOPHER DIAZ
Area Code	(714)
Phone Number	245-2920
Fax Area Code	(714)
Fax Phone Number	245-2950
Agency Name	LOS ANGELES COUNTY METRO TRANSPORTATION AUTHORITY (MTA)
Counties	01; 07; 19; 30; 33; 36; 37; 38;
Districts	04; 07; 08; 11; 12;
DBE NAICS	541330; 541380; 541620;

ACDBE NAICS

Work Codes

C8710 ENGINEERING; C8713 CONSULTANT, ENVIRONMENTAL; C8715 CONSULTANT, ENGINEERING; C8723 MATERIALS TESTING SERVICES; C8733 CONSTRUCTION ENGINEERING & INSPECTION SERVICES; C8780 Engineering - Geotechnical; C8782 Engineering - Seismic; C8784 Engineering - Value; I8734 LABORATORY TESTING AND ANALYSIS; I8750 Market Research & FOCUS Groups; EC Civil Engineer; EGT Geotechnical Engineer;

Licenses

Trucks

Gender

M

Ethnicity

HISPANIC

Firm Type

DBE

[Back To Query Form](#)

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

- 1. Business Name: H & H ENGINEERING CONSTRUCTION, INC.
- 2. Business Address: 212 INDUSTRIAL DR. STOCKTON CA 95206
Street City State Zip
- 3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
- 4. County (and State) Business is located in: SAN JOAQUIN (CA)
State
- 5. Name of Owner: SEE LIST
Name Title
- 6. Owner'(s) Ethnicity: WHITE
- 7. Phone: (209) 983 - 0708
- 9. Email Address: LOU@HHENG.COM
- 8. Fax: (209) 983 - 0715
- 10. Age of Business: 29 Years 1 Months
- 11. If your business requires a license, complete below:
 - a. License Type CLASS A GENERAL ENGINEERING
 - b. License # 482767
 - c. Expires on 11/30/2015
- 12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

- 13. Is your business currently a DBE? Yes No
 - If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:
 - a. Certified by the California Unified Certification Program (CUCP)? DBE Non-DBE
 - b. Certified by an organization outside of California? DBE Non-DBE
 - c. Name of Certifying Agency: _____ Yes No
- 14. Is your business currently participating in a Joint Venture? Yes No
 - If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
- 15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Certifying Agency _____		
c. Business Name _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Certifying Agency _____		

Part C: Work Descriptions

16. RFIQ, IFB, or RFP
#: C0991 Division 16: Southwestern Yard Operations & Maintenance Facility D/B

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:
Construct approximately 15,000 tf of continuously welded rail track and (44) forty-four
turnouts. Track construction to consist of ballasted concrete tie track, pedestal
embedded track, and concrete crossing panels.

NAICS: 237990

18. Will your business provide trucking company services on this project? Please mark one: Yes No


If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? NOT APPLICABLE
- b. How many trucks does your company lease? NOT APPLICABLE
- c. How many trucks are registered to your company? NOT APPLICABLE

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: H & H ENGINEERING CONSTRUCTION, INC.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: ROBERT L. HALLANGER

Title: PRESIDENT

Date: 1/15/15

Part C: Work Descriptions

16. RFIQ, IFB, or RFP
#: C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

Supply of assemblies and components for overhead contact system

NAICS:

18. Will your business provide trucking company services on this project? Please mark one: Yes No


If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? _____
- b. How many trucks does your company lease? _____
- c. How many trucks are registered to your company? _____

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Transit Innovations, LLC

Authorized Signature: 

Printed Name: Matthias Moos

Title: President & Chief Manager

Date: January 20, 2015

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: Powell Electrical Systems Inc
2. Business Address: 8967 Pleasantwood Ave NW North Canton OH 44720
Street City State Zip
3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Stark County (OH)
State
5. Name of Owner: Powell is a publicly traded corporation
Name Title
6. Owner'(s) Ethnicity: N/A
7. Phone: (330) 966 - 1750
9. Email Address: _____
8. Fax: (330) 966 - 1787
10. Age of Business: 47 Years _____ Months
11. If your business requires a license, complete below:
 - a. License Type N/A
 - b. License # _____
 - c. Expires on _____
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
14. Is your business currently participating in a Joint Venture? Yes No

If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
c. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

DBEs must attach a copy of current certification.

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#: _____

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

Supply of traction power substations consisting of AC switchgear, transformers, rectifiers and DC Switchgear. TPSS equipment will be provided in a prefabricated sheetmetal enclosure complete with all necessary ancillary equipment including but not limited to lighting, HVAC and distribution control power equipment.

NAICS: 335313

18. Will your business provide trucking company services on this project? Please mark one: Yes No

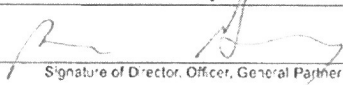
If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? _____
- b. How many trucks does your company lease? _____
- c. How many trucks are registered to your company? _____

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Powell Electrical Systems Inc

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Brian Gerzeny

Title: General Manager, Powell Electrical Systems NCD

Date: 05 December 2014

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: Advanced Transit Solutions, Inc.
2. Business Address: 2885 Scott St., Suite B Vista CA 92081
Street City State Zip
3. Mailing Address: _____
(If different from above) PO, Box or Street Address City State Zip
4. County (and State) Business is located in: San Diego (CA)
State
5. Name of Owner: Michael High President
Name Title
6. Owner(s) Ethnicity: _____
7. Phone: (760) 598 - 2874
9. Email Address: _____
8. Fax: () -
10. Age of Business: 3 Years 3 Months
11. If your business requires a license, complete below:
 - a. License Type _____
 - b. License # _____
 - c. Expires on _____
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
14. Is your business currently participating in a Joint Venture? Yes No

If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name <u>B&C Transit, Inc.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
c. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

Part C: Work Descriptions

16. RFIQ, IFB, or RFP #: C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

Detailed Design, Manufacture, Program, Factory and Field Test of Communications, Yard Control and Train Control

NAICS: 423860

18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own?
- b. How many trucks does your company lease?
- c. How many trucks are registered to your company?

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Advanced Transit Solutions, Inc.

Authorized Signature:



Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name:

Kon Basore

Title:

Vice President

Date:

01/20/2015

JOINT VENTURE AGREEMENT

THIS JOINT VENTURE AGREEMENT ("Agreement") is entered into in San Diego, California, by Advance Transit Solutions, Inc. ("ATSI"), a California corporation, and B&C Transit, Inc. ("B&C"), a Florida corporation. In this Agreement, ATSI and B&C are sometimes referred to collectively as the "Joint Venturers" and singularly as a "Joint Venturer."

RECITALS

- A. ATSI is a transit wire shop specializing in wayside train control and signal bungalows.
- B. B&C specializes in automated train control design, technical engineering, systems installations, field testing, network and standalone control, office monitoring systems, station communications, and design-build engineering.
- C. Pursuant to the terms of this Agreement, the Joint Venturers desire to form a joint venture (the "Joint Venture") to bid, perform, and complete certain mutually agreed upon work of improvement for the Los Angeles County Metropolitan Transportation Authority known as the Crenshaw/LAX Transit Corridor Southwestern Yard (the "Project").
- D. The Joint Venturers desire that their interests in the services, profits, and liabilities for the Joint Venture be defined by this Agreement.

TERMS AND CONDITIONS

NOW, THEREFORE, in exchange for good and valuable consideration, the receipt and sufficiency of which are acknowledged, the Joint Venturers agree as follows:

- 1. Formation of Joint Venture. Upon the terms and conditions in this Agreement, ATSI and B&C constitute themselves as joint venturers for the purpose of bidding, performing, and completing the Project. The Joint Venturers are not making any permanent partnership agreement or joint venture agreement to bid for or undertake any act or commitment other than the Project. Nothing in this Agreement shall be construed as a limitation of the powers or rights of either Joint Venturer to carry on its separate business for its sole benefit. The work to be performed by the Joint Venture is the contract work as a material supplier for the Project, and any change orders or supplemental agreements with the party with whom the Joint Venture may contract in connection with the Project, all of which are referred to in this Agreement as the "Work" and will be performed by the Joint Venture operating under the name "Advance Transit Solutions, Inc./B&C Transit, Inc., a Joint Venture."
- 2. Joint Venture License. If the Joint Venturers determine the Joint Venture is required to hold a California contractor's license, they shall obtain one in the name of the Joint Venture. If so required, ATSI shall apply for and obtain the California contractor's license for the Joint Venture from the CSLB. B&C agrees to perform such further acts and to execute and deliver such further documents as are reasonably necessary to obtain such license.

3. Administration. In order to facilitate the handling of all matters and questions in connection with the bidding and performance of the Project, each Joint Venturer appoints the following representative to act for it in all matters relative to the Joint Venture:

ATSI appoints: Michael High

B&C appoints: Jeffery Steele

Actions and decisions concerning the portion of the Work to be performed by each Joint Venturer will be as mutually agreed upon in writing by the Joint Venturers. Each representative may delegate its powers in writing as they deem necessary or convenient in the best interest of the Joint Venture. If necessary or desirable, each Joint Venturer will execute and deliver to its respective representative such powers of attorney as may be required to enable the representative to properly perform the duties entrusted to them. It is understood and agreed that neither ATSI nor B&C acting alone will have the power to borrow money for, in the name of, or to pledge the credit of the Joint Venture, the other Joint Venturer, or on their joint credit.

In the event that either representative dies or becomes permanently incapacitated or unavailable to act, then a successor shall be named by the Joint Venturer who appointed such representative. Any successor will have every power to act that was possessed by his predecessor under this Agreement. Either Joint Venturer at any time may change its representative by advising the other of such appointment, but until the appointment and notification of the appointment to the other, each Joint Venturer will be bound by the acts and decisions of its representative.

Meetings of the representatives for the transaction of the business of the Joint Venture may be called by either Joint Venturer subject to reasonable notice.

ATSI will be the administrative manager for the Joint Venture and will prepare and process the bid, the contract, all requests for payment, change orders, and other documentation required to be submitted to the party with whom the Joint Venture may contract. ATSI will serve in this capacity without cost to the Joint Venture and without cost to B&C. Each Joint Venturer will receive all of the proceeds of any cost reduction incentive associated with its respective scope of Work.

4. Preparation of Bids. The Joint Venture bid or price quote shall be submitted in the name of "Advanced Transit Solutions, Inc./B&C Transit, Inc., a Joint Venture." The Joint Venture bids will not be submitted unless the Joint Venturers agree to the amount and all terms and provisions of the bid concerning their respective portion of the Work for the Project. Either Joint Venturer may withdraw from this Joint Venture at any time prior to the submission of the bid by notifying the other Joint Venturer in writing. The withdrawal from this Joint Venture prior to a bid being submitted will terminate each Joint Venturer's future obligations under this Agreement; provided, however, the withdrawing Joint Venturer will be precluded from bidding for the Project whether as a material supplier, subcontractor, or joint venturer. No withdrawal from or modification of the Joint Venture will be made or permitted after a bid has been submitted unless consented to in writing by both Joint Venturers. Each Joint Venturer will bear its own estimating and bidding expenses.

5. Scope and Division of Work. For the Project, ATSI and B&C will each perform their respective scopes of work set forth in Exhibit A attached to and made a part of this Agreement. ATSI

ATSI: K.B.
B&C: SJS

and B&C shall have no other duties or obligations with respect to the Project or the Work, except as set forth in this Agreement and Exhibit A. All profits, losses, revenues and expenses with respect to such portion of the Work performed by ATSI will be solely for the account of ATSI. All profits, losses, revenues and expenses with respect to such portion of the Work performed by B&C will be solely for the account of B&C.

Each Joint Venturer will be solely responsible for completing and warranting all Work required of it. To the greatest extent permitted by law, neither Joint Venturer will be jointly or severally liable for the work, liability, or debt of the other. Each Joint Venturer will cooperate fully with the other to complete its obligations under this Agreement in a timely and efficient manner. Neither Joint Venturer will charge the other Joint Venturer for supervision, engineering, overhead, profits or losses. The Joint Venture will have no employees. Each Joint Venturer will use its own employees to perform its obligations under this Agreement.

6. Purchase Orders. Each Joint Venturer may separately contract with suppliers and administer any purchase orders for its portion of the Work. However, each Joint Venturer will provide all information required by the Project documents to the other Joint Venturer for inclusion in the bid and Project file.

7. Project Manager. Each Joint Venturer will appoint and pay for its own project manager who will, under the direction, control, and authority of such Joint Venturer, be responsible for the direction and management of such Joint Venturer's portion of the Work (in accordance with policies and procedures established by the Joint Venturers), coordinate the work on the Project, and be responsible for necessary contracts for the Project.

8. Schedule. B&C, with input from ATSI, shall create a supply schedule for the Project.

9. Record Keeping. Each Joint Venturer will separately maintain books of account with respect to its performance of the Work allocated to it under this Agreement, and will assume, among other things, the payment of all payroll taxes, payroll insurance premiums, property taxes, sales-use taxes, state and federal income taxes, license fees, permits, and other costs that pertain to and arise out of its performance of the Work allocated to it. Each Joint Venturer will be responsible for and file the appropriate reports or returns concerning the performance of its share of the Work, and will report all payments, income, costs, and expenses attributable to such Joint Venturer's performance of the Work on its own federal and state income tax returns. The Joint Venture will not file federal, state, or other tax returns, except as otherwise required by applicable law.

10. Bank Account and Payments. A bank account for the Joint Venture will be opened in a bank selected by the Joint Venturers and all funds received from the Project owners or the party with whom the Joint Venture may contract shall be endorsed by both Joint Venturers and deposited into said account. Payments to ATSI or B&C will be made within ten (10) days of receipt of payment from the Project owners or party with whom the Joint Venture may contract, and any pay estimate on which payment is made will be the basis for payment to the Joint Venturers.

11. Accounting. A separate ledger for the Joint Venture will be kept and maintained by ATSI for the entry of all accounts in connection with the Project. All books of account, records,

vouchers, contracts and data of any character relating to the performance of the Project will be open to examination and copying by either Joint Venturer.

12. Payment of Suppliers. If a supplier is used by a Joint Venturer, that Joint Venturer will pay its suppliers' invoices from funds received for such Joint Venturer's scope of Work. Each Joint Venturer will copy and forward all supplier lien releases to the other Joint Venturer to allow each Joint Venturer to maintain complete job payment records.

13. Punchlist Items. Each Joint Venturer agrees to provide, at its own expense, all requirements of the Project owner in the performance of the Project contract applicable to its portion of the Work, including, but not limited to, repair or replacement of existing facilities, cleanup and punchlist items.

14. Bid, Performance, and Payment Bonds. If any bid, payment, and performance bonds are required of the Joint Venture with respect to the Project, they will be furnished and paid for by ATSI and B&C in proportion to their respective portions of the Work and each Joint Venturer shall defend and indemnify the other for any loss relating to their portion of the Work.

15. Labor Activity. If either Joint Venturer is the target of picketing or handbilling activities by or on behalf of a labor organization, that Joint Venturer will take all reasonable steps, at its own expense, to: (a) halt secondary activity by filing and prosecuting unfair labor practice charges with the National Labor Relations Board; (b) prosecute any trespassers by means of threatening arrest or filing criminal charges; and (c) pursue a court injunction against any mass or violent picketing.

16. Indemnification. Each Joint Venturer assumes full responsibility for the performance of its portion of the Work set forth in this Agreement. To the greatest extent permitted by law, each Joint Venturer will defend, indemnify, and hold harmless the other Joint Venturer, the Joint Venture, and the officers, directors, employees, agents, and successors in interest of the other Joint Venturer, from and against any and all suits, actions, claims, demands, judgments or liabilities for damages, losses, or expenses of any kind whatsoever, including, but not limited to, injuries or death of persons and damage to property and attorneys' fees and costs, arising out of or in connection with: (a) the portion of the Work performed or required to be performed by the indemnifying Joint Venturer under this Agreement; or (b) the indemnifying Joint Venturer's breach, default, or failure to perform or comply with any term, provision, duty, or obligation of or under this Agreement or applicable law. However, nothing in this paragraph purports to indemnify a Joint Venturer against liability for damages for death or bodily injury, damage to property or any other loss, damage, or expense arising from the sole negligence or willful misconduct of such Joint Venturer or its employees, agents, servants, or independent contractors, or for any defects in design furnished by such Joint Venturer, its employees, agents, servants, or independent contractors. The indemnification provided for in this paragraph will continue in full force and effect after the completion of the Project and the dissolution of the Joint Venture.

17. Insurance. Each Joint Venturer shall obtain, maintain, and provide proof of commercial general liability insurance, automobile liability insurance, and workers compensation insurance in the minimum amounts required under the contracts for the Project. Each Joint Venturer shall be solely responsible for the payment of all premiums for the insurance coverage required of it, and will maintain commercial general liability coverage in full force and effect, or provide for similar coverage as under the policy or policies, for a period of not less than ten (10) years from the date of actual or constructive

substantial completion of the Project, as defined in California Code of Civil Procedure section 337.15, subdivision (g). ATSI and B&C will each add the Joint Venture as a named insured under their respective commercial general liability insurance policy to satisfy the requirements of the party with whom the Joint Venture contracts and as required by the respective contract. In addition, ATSI shall name B&C as an additional insured under its general liability insurance policy for purposes of the Joint Venture and B&C shall name ATSI as an additional insured under its general liability policy for purposes of the Joint Venture. ATSI and B&C will each add the Joint Venture and each other as additional insureds on all other specified insurance policies for purposes of the Project. All general liability insurance policies required by this paragraph shall be on occurrence based forms.

18. Liquidated Damages. If a Joint Venturer fails to timely complete its scope of the Work resulting in the assessment of liquidated damages, that Joint Venturer will pay the liquidated damages assessed and will not demand contribution from the other Joint Venturer. If liquidated damages will be backcharged to a supplier by the Joint Venturer using the supplier, the Joint Venturers will agree how the liquidated damages are to be applied before deductions are taken from payment for the Project. If the supply schedule indicates a potential for liquidated damages, then a meeting of the Joint Venturers will be held within two (2) weeks of identification of the schedule delay and a determination of responsibility and/or liability for liquidated damages decided within two (2) weeks of the meeting.

19. Backcharges. Neither Joint Venturer shall have the authority to backcharge the other for defective work or otherwise without a work order signed by each.

20. Taxes and Fees. Each respective Joint Venturer or Joint Venturer's supplier shall pay and/or obtain all permits, fees, licenses, and local taxes as pertain to their items of Work. Any necessary municipality business license fees for the Joint Venture will be paid by ATSI and be charged equally to the Joint Venturers.

21. Term. The relationship between the Joint Venturers is limited to the performance of the agreed upon Project under the terms of this Agreement, and is construed and deemed to be a joint venture only for the performance of the specific Project. This Agreement is not intended and does not make a Joint Venturer into a partner or agent of the other Joint Venturer, or in any manner limit either of the Joint Venturers in the conduct of their respective businesses or activities in the making of other contracts or the performance of other work, or impose any liability except that of performance of the terms, provisions, and conditions of this Agreement. This Agreement will terminate upon completion of the Project, the mutual agreement of the Joint Venturers, or as otherwise provided herein.

22. Project Closeout. On completion of performance of the Project under this Agreement, the Joint Venturers will settle and adjust all accounts in connection with the performance of the Project.

23. Bankruptcy. In the event of the bankruptcy or insolvency of a Joint Venturer, the bankrupt or insolvent Joint Venturer, from and after the date of bankruptcy or insolvency, will cease to have any say or voice in the management of any and the Project, and wherever it is provided in this Agreement that the act, consent, or decision of the Joint Venturers are required, it is deemed to mean the act, consent, or decision of the remaining solvent Joint Venturer. However, the insolvent Joint Venturer will remain liable for its share of any losses and will be entitled to receive its share of the profits, if any, as provided in this Agreement, for the Work performed by the bankrupt or insolvent Joint Venturer.

Should any such insolvency cause damage or extra cost to the other Joint Venturer, such damage or extra cost shall be charged against the interest of the insolvent Joint Venturer.

24. Creditors of Joint Venturers. The rights of any creditor, receiver, trustee, assignee, garnishee, executor, or administrator to assert any claim against the right, title, and interest of either Joint Venturer are limited solely to the right to claim or receive after completion of the Project, and after the closing of the accounts of the Joint Venture, the distributive share of such debtor Joint Venturer, and then only subject to the equities and prior rights of the other Joint Venturer.

25. Arbitration. Any controversy or claim arising out of or relating to this Agreement shall be submitted to binding arbitration in San Diego, California within sixty (60) days of either Joint Venturer's demand. The arbitrator will be mutually agreed upon by the Joint Venturers or appointed by a court. The then current rules of JAMS for Engineering and Construction disputes. Any award rendered by the arbitrator may be entered as a final judgment in any court of competent jurisdiction.

26. Attorneys' Fees. In the event either Joint Venturer (a) commences any action or proceeding against the other by reason of any breach or claimed breach of any provision of this Agreement, (b) commences any action or proceeding in any way connected with this Agreement, or (c) seeks a judicial declaration of rights under this Agreement, the Joint Venturer prevailing in such action or proceeding shall be entitled to recover from the other Joint Venturer, the prevailing Joint Venturer's reasonable attorneys' fees and costs including, but not limited to, expert witness fees, witness fees, and any and all other fees and costs, whether or not the proceeding or action proceeds to judgment.

27. Successors. The foregoing provisions and stipulations of this Agreement bind the Joint Venturers and their respective successors and assigns.

28. No Oral Modifications. Any change to this Agreement must be in writing, signed by the Joint Venturers.

29. Headings. The headings of the paragraphs to this Agreement are for reference purposes only and are not to be used for the purpose of construing the language used in the paragraphs.

30. Authority. Each person signing this Agreement represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Agreement on behalf of the party for which he or she signs. Each Joint Venturer represents and warrants to the other that the execution and delivery of the Agreement and the performance of such Joint Venturer's obligations hereunder have been duly authorized and that the Agreement is a valid and legal agreement binding on such Joint Venturer and enforceable in accordance with its terms.

[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the Joint Venturers have read this Agreement, agree to its terms and conditions, and have executed and delivered this Agreement on the dates set forth below.

ADVANCED TRANSIT SOLUTIONS, INC.,
a California corporation

B&C TRANSIT, INC.,
a Florida corporation

Signature: _____
Michael High, President
Dated: _____

Signature: Jeffery B. Steele
Jeffery B. Steele, Executive Vice President
Dated: 01/20/2015

SIGNATURE: Ken Basore
KEN BASORE, VICE PRESIDENT
DATED: 01.21.2015

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: Precision Engineering Surveyors, Inc.
2. Business Address: 7231 Boulder Ave #531 Highland CA 92346
Street City State Zip
3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: San Bernardino (CA)
State
5. Name of Owner: Fernando Padilla President
Name Title
6. Owner(s) Ethnicity: Hispanic
7. Phone: (909) 862 - 6326
9. Email Address: fpadilla@precisionsurveyor.com
8. Fax: (909) 862 - 6328
10. Age of Business: 11 Years 2 Months
11. If your business requires a license, complete below:
 - a. License Type Land Surveyor
 - b. License # LS3983
 - c. Expires on 06/30/16
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No
 If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
c. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

DBEs must attach a copy of current certification.

CALIFORNIA UNIFIED CERTIFICATION PROGRAM DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATE

PRECISION ENGINEERING SURVEYORS, INC

7445 PALM AVE
HIGHLAND, CA 92346

Owner: FERNANDO PADILLA
Business Structure: CORPORATION

This certificate acknowledges that said firm is approved by the California Unified Certification Program (CUCP) as a Disadvantaged Business Enterprise (DBE) as defined by the U.S. Department of Transportation (DOT) CFR 49 Part 26, as may be amended, for the following NAICS codes:

NAICS Code(s) * Indicates primary NAICS code

* 541340 Drafting Services

Work Category Code(s)

C8765 DRAFTING

Licenses

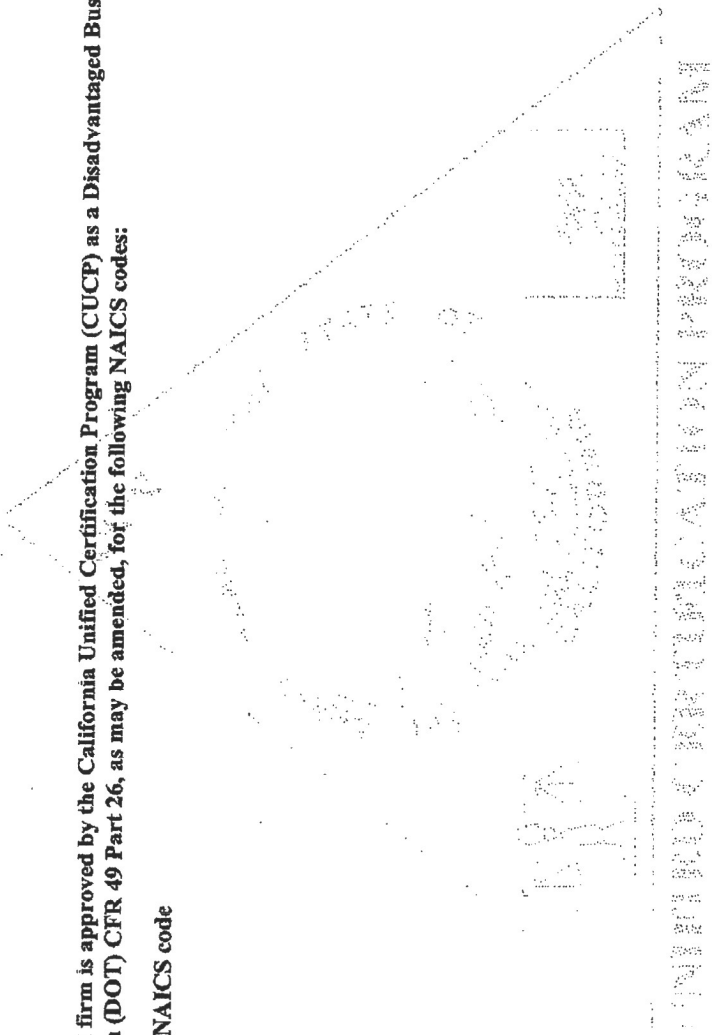
CERTIFYING AGENCY:

DEPARTMENT OF TRANSPORTATION
1823 14TH STREET
SACRAMENTO, CA 95811 0000
(916) 324-1700

UCP Firm Number : 37720

Fernando Padilla
CUCP OFFICER

October 11, 2011



BUSINESS ENTERPRISE CERTIFICATE

PRECISION ENGINEERING SURVEYORS, INC

7231 BOULDER AVE., #531
HIGHLAND, CA 92346

Owner: **FERNANDO PADILLA**

Business Structure: **CORPORATION**

STATE MINORITY BUSINESS ENTERPRISE

This Certification Not Valid For Federal Aid Contracts

This certificate acknowledges that said firm is approved by the California Department of Transportation as a State Minority Business Enterprise or State Women Business Enterprise (or in some cases both) in accordance with Assembly Bill Number 486, Chapter 1329 and the California Public Code, Chapter 2.5 (commencing with Section 2050), for the following NAICS codes:

* 541340 Drafting Services

* Indicates primary NAICS code

CERTIFYING AGENCY:
DEPARTMENT OF TRANSPORTATION
1823 14TH STREET, MS 79
SACRAMENTO, CA 95814 0000
(916) 324-1700

Firm Number: 37720

Renewal Date: November 1, 2015

October 25, 2013


Janice Salays, CERTIFYING AGENCY REPRESENTATIVE

Part C: Work Descriptions

16. RFIQ, IFB, or RFP
#: C0991 Division 16: Southwestern Yard Operations & Maintenance Facility D/B

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:
Construction Staking, Surveying, Topos, and Drafting.

NAICS: 541340 & 541370

18. Will your business provide trucking company services on this project? Please mark one: Yes No

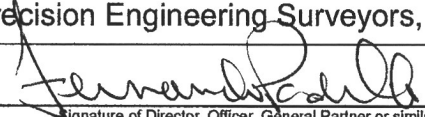
If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? _____
- b. How many trucks does your company lease? _____
- c. How many trucks are registered to your company? _____

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Precision Engineering Surveyors, Inc.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Fernando Padilla

Title: President

Date: 01/16/15

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: Arthur J. Hurley Company, Inc.
2. Business Address: 2500 Washington St., Boston, MA 02119
Street City State Zip
3. Mailing Address: P.O. Box 190550, Boston, MA 02119
(If different from above) PO Box or Street Address City State Zip
4. County (and State) Business is located in: Suffolk (MA)
State
5. Name of Owner: Arthur J. Hurley III President
Name Title
6. Owner(s) Ethnicity: _____
7. Phone: (617) 442 - 9200
9. Email Address: Arthur@hurleywire.com
8. Fax: (617) 427 - 1025
10. Age of Business: 86 Years _____ Months
11. If your business requires a license, complete below:
12. Business Annual Gross Receipts:

a. License Type _____	a. <input type="checkbox"/> Less than \$500,000
b. License # _____	b. <input type="checkbox"/> \$500,000 to \$1,000,000
c. Expires on _____	c. <input type="checkbox"/> \$1,000,000 to \$2,000,000
	d. <input type="checkbox"/> \$2,000,000 to \$5,000,000
	e. <input checked="" type="checkbox"/> Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____	Yes	No
14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
c. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

Part C: Work Descriptions

16. RFIQ, IFB, or RFP

#: C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

Supply wire and cable.

NAICS: 335931

18. Will your business provide trucking company services on this project? Please mark one: Yes No

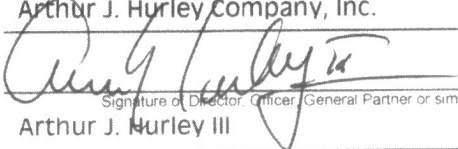
If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? _____
- b. How many trucks does your company lease? _____
- c. How many trucks are registered to your company? _____

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Arthur J. Hurley Company, Inc.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Arthur J. Hurley III

Title: President

Date: January 22, 2015

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

- 1. Business Name: MAD Steel, Inc.
- 2. Business Address: 555 West Allen Avenue #14 San Dimas CA 91773
Street City State Zip
- 3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
- 4. County (and State) Business is located in: Los Angeles (CA)
State
- 5. Name of Owner: Al Dominguez President
Name Title
- 6. Owner'(s) Ethnicity: Hispanic
- 7. Phone: () 909592 - 3443
- 9. Email Address: madsteelinc@aol.com
- 8. Fax: () 909394 - 0724
- 10. Age of Business: 12 Years _____ Months
- 11. If your business requires a license, complete below:
 - a. License Type C50
 - b. License # 823911
 - c. Expires on 09/30/2015
- 12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

- 13. Is your business currently a DBE? Yes No
 If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
- 14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
- 15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
c. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Practices Act.

Part A: Business Data

1. Business Name: Danny Letner Inc. DBA/Letner Roofing Co.
2. Business Address: 1490 N. Glassell St. Orange CA 92867
Street City State Zip
3. Mailing Address: SAME
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Orange (CA)
State
5. Name of Owner: Dennis Olson President
Name Title
6. Owner'(s) Ethnicity: _____
7. Phone: (714) 633 - 0030
9. Email Address: erika.morales@letner.com
8. Fax: (714) 633 - 0280
10. Age of Business: 57 Years 10 Months
11. If your business requires a license, complete below:
 - a. License Type C-39, C-43 & B
 - b. License # 689961
 - c. Expires on 6/30/14
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		
14. Is your business currently participating in a Joint Venture? Yes No

If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
c. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

DBEs must attach a copy of current certification.

Part C: Work Descriptions

16. RFIQ, IFB, or RFP
 #: C0991 Crenshaw LAX/Transit Corridor Project Division 16 Southwestern Yard

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

Roofing, Waterproofing and Sheet Metal

NAICS:
238160 & 332312

18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? 130
- b. How many trucks does your company lease? 0
- c. How many trucks are registered to your company? 130

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Danny Letner Inc. DBA/Letner Roofing Co.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Dennis Olson

Title: President

Date: 12/23/14

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: Daart Engineering Co., Inc
2. Business Address: 1598 N H Street, San Bernardino, CA 92405
Street City State Zip
3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: San Bernardino (CA)
State
5. Name of Owner: Timothy Cantwell / President
Name Title
6. Owner'(s) Ethnicity: Caucasian
7. Phone: (909) 888 - 8696 9. Email Address: tc@daarteng.com
8. Fax: (909) 888 - 9626 10. Age of Business: 38 Years _____ Months
11. If your business requires a license, complete below: 12. Business Annual Gross Receipts:

a. License Type <u>C16</u>	a. <input type="checkbox"/> Less than \$500.000
b. License # <u>372946</u>	b. <input type="checkbox"/> \$500.000 to \$1.000.000
c. Expires on <u>Apr 2015</u>	c. <input type="checkbox"/> \$1.000.000 to \$2.000.000
	d. <input type="checkbox"/> \$2.000.000 to \$5.000.000
	e. <input checked="" type="checkbox"/> Over \$5.000.000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Name of Certifying Agency: _____		
14. Is your business currently participating in a Joint Venture? Yes No

If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
c. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

DBEs must attach a copy of current certification.

Part C: Work Descriptions

16. RFIQ, IFB, or RFP #: _____

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

Design and installation of fire sprinkler systems

NAICS: _____

18. Will your business provide trucking company services on this project? Please mark one: Yes No


If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? _____
- b. How many trucks does your company lease? _____
- c. How many trucks are registered to your company? _____

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Daart Engineering Co., Inc

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Timothy C. Cantwell

Title: President

Date: 1/5/15

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

- 1. Business Name: DJM Construction
- 2. Business Address: 1540 Lewis St Anaheim CA 92805
Street City State Zip
- 3. Mailing Address: Same
(If different from above) PO Box or Street Address City State Zip
- 4. County (and State) Business is located in: Orange County (CA)
State
- 5. Name of Owner: David Morales
Name Title
- 6. Owner'(s) Ethnicity: Hispanic
- 7. Phone: () 714 399 - 3640
- 8. Fax: () 714 399 - 3652
- 9. Email Address: trivera@djmconstruction.com
- 10. Age of Business: 24 Years Months
- 11. If your business requires a license, complete below:
 - a. License Type C
 - b. License # 596355
 - c. Expires on 6/2016
- 12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

- 13. Is your business currently a DBE? Yes No
 - If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 14. Is your business currently participating in a Joint Venture?
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
c. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
- 15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
c. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

DBEs must attach a copy of current certification.

Part C: Work Descriptions

16. RFIQ, IFB, or RFP
#: C0991 Crenshaw LAX/Transit Corridor Project Division 16 Southwestern Yard

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

Interior and Exterior painting. Furnishing all labor and material required to complete the work.

NAICS:
238320

18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? NA
- b. How many trucks does your company lease? NA
- c. How many trucks are registered to your company? NA

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: DJM Construction

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Tom Rivera

Title: VP Estimating

Date: 12/30/2014

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: Karcher Interior Systems Inc.
2. Business Address: 675 North Eckhoff Unit F. Orange CA 92868
Street City State Zip
3. Mailing Address: same
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Orange County, California (ca)
State
5. Name of Owner: Laurie Kelley , President, Karcher Interior Systems Inc. is a California Corporation
Name Title
6. Owner'(s) Ethnicity: Caucasian
7. Phone: () 714 602-1266 - _____ 9. Email Address: lkelly@karcherint.com
8. Fax: () 714 385-1318 - _____ 10. Age of Business: 9 Years 3 Months
11. If your business requires a license, complete below: 12. Business Annual Gross Receipts:

a. License Type <u>Contractors</u> b. License # <u>886264</u> c. Expires on <u>10/31/2016</u>	a. <input type="checkbox"/> Less than \$500,000 b. <input type="checkbox"/> \$500,000 to \$1,000,000 c. <input type="checkbox"/> \$1,000,000 to \$2,000,000 d. <input type="checkbox"/> \$2,000,000 to \$5,000,000 e. <input checked="" type="checkbox"/> Over \$5,000,000
---	--

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No
 If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: <u>County of Los Angeles</u>	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Is your business currently participating in a Joint Venture? Yes No
 If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____ Name of Certifying Agency _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Business Name _____ Name of Certifying Agency _____	<input type="checkbox"/>	<input type="checkbox"/>
c. Business Name _____ Name of Certifying Agency _____	<input type="checkbox"/>	<input type="checkbox"/>

Part C: Work Descriptions

16. RFIQ, IFB, or RFP
#: C0991 Crenshaw LAX/Transit Corridor Project Division 16 Southwestern Yard

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

Insulation

NAICS:
238990

18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? 9
- b. How many trucks does your company lease? 11
- c. How many trucks are registered to your company? 9

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Karcher Interior Systems Inc.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Laurie Kelley

Title: President

Date: 12.31.14

FORM 4 - BUSINESS DATA SHEET – CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: Renegade Flooring, Inc.
2. Business Address: 2999 Overland Avenue, Suite #111, Los Angeles, CA 90064
Street City State Zip
3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: Los Angeles (CA)
State
5. Name of Owner: Mark Sandelson - President
Name Title
6. Owner(s) Ethnicity: Caucasian
7. Phone: () 310 268 - 1800
9. Email Address: walt@renegadeflooring.com
8. Fax: () 310 268 - 1474
10. Age of Business: 15 Years _____ Months
11. If your business requires a license, complete below:
 - a. License Type C15
 - b. License # 785785
 - c. Expires on 10/31/2015
12. Business Annual Gross Receipts:
 - a. Less than \$500,000
 - b. \$500,000 to \$1,000,000
 - c. \$1,000,000 to \$2,000,000
 - d. \$2,000,000 to \$5,000,000
 - e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Is your business currently participating in a Joint Venture? Yes No

If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
b. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		
c. Business Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency _____		

Part C: Work Descriptions

16. RFIQ, IFB, or RFP
#: C0991 Crenshaw LAX/Transit Corridor Project Division 16 Southwestern Yard

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

Furnish and install floor covering.

NAICS:

18. Will your business provide trucking company services on this project? Please mark one: Yes No

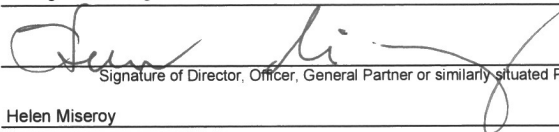
If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? None
- b. How many trucks does your company lease? None
- c. How many trucks are registered to your company? None

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Renegade Flooring, Inc.

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Helen Miseroy

Title: CFO

Date: 01/09/15

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: AFC Finishing Systems

2. Business Address: 250 Airport Parkway Oroville CA 95965
Street City State Zip

3. Mailing Address: _____
(If different from above) PO. Box or Street Address City State Zip

4. County (and State) Business is located in: _____ (_____)
State

5. Name of Owner: _____
Name Title

6. Owner(s) Ethnicity: _____

7. Phone: (530) 533 - 0895 9. Email Address: _____

8. Fax: () _____ - _____ 10. Age of Business: _____ Years _____ Months

11. If your business requires a license, complete below: 12. Business Annual Gross Receipts:

a. License Type _____	a. <input type="checkbox"/> Less than \$500,000
b. License # _____	b. <input type="checkbox"/> \$500,000 to \$1,000,000
c. Expires on _____	c. <input type="checkbox"/> \$1,000,000 to \$2,000,000
	d. <input type="checkbox"/> \$2,000,000 to \$5,000,000
	e. <input type="checkbox"/> Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No

If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:

	DBE	Non-DBE
a. Certified by the California Unified Certification Program (CUCP)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified by an organization outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
c. Name of Certifying Agency: _____		

14. Is your business currently participating in a Joint Venture? Yes No

If "YES," a copy of the Joint Venture Agreement must be attached to this Form.

15. Name of Joint Venture and Partners. Is this business currently a certified DBE?

	DBE	Non-DBE
a. Business Name <u>na</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>na</u>		
b. Business Name <u>na</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>na</u>		
c. Business Name <u>na</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Certifying Agency <u>na</u>		

DBEs must attach a copy of current certification.

Part C: Work Descriptions

16. RFIQ, IFB, or RFP #: C0991

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

Paint Systems

NAICS: _____

18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? None
- b. How many trucks does your company lease? None
- c. How many trucks are registered to your company? None

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: _____

Authorized Signature: _____
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: _____

Title: _____

Date: _____

FORM 5 - DBE AFFIRMATION – CONSTRUCTION

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

- 1. RFP/IFB Number: C0991
- 2. Project Name Division 16: Southwestern Yard Ops. & Maint. D/B
- 3. Name of the Prime: OHL USA
- 4. Business Address: 1920 Main Street St. 310 Irvine CA 92614
Street City State Zip
- 5. Name of Proposed DBE Business: Sequoia Consultants
- 6. Business Address: 361 W. Grove Avenue, Orange CA 92865
Street City State Zip
- 7. Total DBE Dollars Committed: \$ 834,520
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)

8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <<http://www.census.gov/eos/www/naics/>>


Quality Assurance, Quality Control, Material Testing, Inspection

NAICS: 541380, 541330

Affirmation:

Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

OHL USA
Name of Business


Authorized Signature of Business

Ahmad Bagheri
Typed or Printed Name of Signee

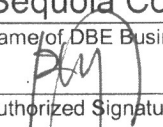
Executive Vice President
Title of Signee

949 242-4432
Telephone

tbagheri@ohlusa.com
Email

January 22, 2015
Date

Sequoia Consultants
Name of DBE Business


Authorized Signature of DBE Business

Pri Desilva, PE
Typed or Printed Name of Signee

President
Title of Signee

714-974-6316
Telephone

pdesilva@sequoiacon.com
Email

1/8/2015
Date

FORM 5 - DBE AFFIRMATION – CONSTRUCTION

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

- 1. RFP/IFB Number: C0991
- 2. Project Name Division 16: Southwestern Yard Ops. & Maint. D/B
- 3. Name of the Prime: _____
- 4. Business Address: _____
Street City State Zip
- 5. Name of Proposed DBE Business: Precision Engineering Surveyors, Inc.
- 6. Business Address: 7231 Boulder Ave #531 Highland CA 92346
Street City State Zip
- 7. Total DBE Dollars Committed: \$ 494,975
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)
- 8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <http://www.census.gov/eos/www/naics/>
Construction Staking, Surveying, Topos, and Drafting.

NAICS: 541340 & 541370

Affirmation:

Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

OTC USA
Name of Business

Ahmad Bagheri
Authorized Signature of Business

Ahmad Bagheri
Typed or Printed Name of Signee

Executive VP
Title of Signee

949 2424432
Telephone

hbagheri@ohlusa.com
Email

1/22/15
Date

Precision Engineering Surveyors, Inc.
Name of DBE Business

Fernando Padilla
Authorized Signature of DBE Business

Fernando Padilla
Typed or Printed Name of Signee

President
Title of Signee

909-862-6326
Telephone

fpadilla@precisionsurveyor.com
Email

01/16/15
Date

FORM 5 - DBE AFFIRMATION - DESIGN

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

1. RFP/IFB Number: C0991

2. Project Name Southwestern Yard Project

3. Name of the Prime: OHL USA

4. Business Address: 1920 Main Street, Suite 310, Irvine, CA 92614

Street City State Zip

5. Name of Proposed DBE Business: Diaz Yourman & Associates

6. Business Address: 1616 E. 17th Street, Santa Ana CA 92705

7. Total DBE Dollars Committed: \$ 273,900
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)

8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <<http://www.census.gov/eos/www/naics/>>
Geotechnical Services

NAICS: 541330, 541380, 541620

Affirmation:
Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

OHL USA, Inc.
Name of Business
Ahmad Bagheri
Authorized Signature of Business
Ahmad Bagheri
Typed or Printed Name of Signee

Diaz Yourman & Associates
Name of DBE Business
Christopher M. Diaz
Authorized Signature of DBE Business
Christopher M. Diaz
Typed or Printed Name of Signee

Executive Vice President

Title of Signee

949 242 4432

Telephone

thagheri@ohlusa.com

Email

1/21/15

Date

President

Title of Signee

714 - 245 - 2920

Telephone

chris@diazyourman.com

Email

1/20/2015

Date

FORM 5 - DBE AFFIRMATION – CONSTRUCTION

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

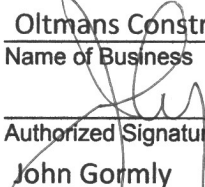
- 1. RFP/IFB Number: C0991
- 2. Project Name Crenshaw LAX/Transit Corridor Project Division 16 Southwestern Yard
- 3. Name of the Prime: Oltmans Construction Co.
- 4. Business Address: 10005 Mission Mill Road Whittier, CA 90601
Street City State Zip
- 5. Name of Proposed DBE Business: MAD Steel, Inc.
- 6. Business Address: 555 West Allen Avenue #14 San Dimas CA 91773
Street City State Zip
- 7. Total DBE Dollars Committed: \$ _____
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)
- 8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <http://www.census.gov/eos/www/naics/>
Reinforcing Steel Material/Installation

NAICS:238120

Affirmation:

Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

Oltmans Construction Co.
Name of Business


Authorized Signature of Business

John Gormly
Typed or Printed Name of Signee

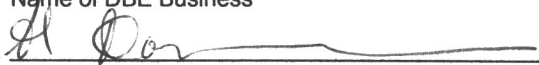
President
Title of Signee

562-948-4242
Telephone

JohnG@Oltmans.com
Email

Date

MAD Steel, Inc.
Name of DBE Business


Authorized Signature of DBE Business

Al Dominguez
Typed or Printed Name of Signee

President
Title of Signee

(909)592-3443
Telephone

madsteelinc@aol.com
Email

12/23/2014
Date

CALIFORNIA UNIFIED CERTIFICATION PROGRAM DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATE

MAD STEEL INC.

277 WEST ALLEN AVENUE
SAN DIMAS, CA 91773

Owner: ALBERT DOMINGUEZ

Business Structure: CORPORATION

This certificate acknowledges that said firm is approved by the California Unified Certification Program (CUCP) as a Disadvantaged Business Enterprise (DBE) as defined by the U.S. Department of Transportation (DOT) CFR 49 Part 26, as may be amended, for the following NAICS codes:

NAICS Code(s) * Indicates primary NAICS code

* 238120 Structural Steel and Precast Concrete Contractors

238990 All Other Specialty Trade Contractors

Work Category Code(s)

C0652 REINFORCING BAR SECTION
C5201 REINFORCING STEEL

C5180 SOUND WALL (MASONRY BLOCK - CONCR
C9829 RETAINER WALLS

Licenses

C50 Reinforcing Steel Contractor

CERTIFYING AGENCY:

CITY OF LOS ANGELES
1149 SOUTH BROADWAY STREET
LOS ANGELES, CA 90015 0000

(213) 847-1922

UCP Firm Number : 34508


CUCP OFFICER

July 30, 2010

FORM 5 - DBE AFFIRMATION – CONSTRUCTION

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

Offeror and DBE subcontractors, at any tier level, are required to complete this form and affirm that DBEs subcontractors will be utilized consistent with the level of participation referenced on the Form 1 (Proposed List of Subcontractors & Suppliers) and Form 3 (DBE Proposed Lower Tier Subcontractors & Suppliers). Offeror and DBE subcontractors must sign this form attesting to the accuracy of the information provided.

- 1. RFP/IFB Number: C0991
- 2. Project Name Crenshaw LAX/Transit Corridor Project Division 16 Southwestern Yard
- 3. Name of the Prime: Oltmans Construction Co.
- 4. Business Address: 10005 Mission Mill Road Whittier, CA 90601
Street City State Zip
- 5. Name of Proposed DBE Business: Karcher Interior Systems Inc
- 6. Business Address: 675 North Eckhoff Unit F Orange, CA 92868
Street City State Zip
- 7. Total DBE Dollars Committed: \$ _____
(Amount should match \$ Amount listed for this business on Form 1 or Form 3)
- 8. Identify the scope of work to be performed by DBE subcontractor and provide applicable Northern America Industry Classification System (NAICS) code(s): <http://www.census.gov/eos/www/naics/>
Insulation

NAICS: 238990

Affirmation:

Signatures of the authorized representatives of the Offeror and the DBE business below, represents the commitment by both parties. A formal subcontract agreement between the Offeror and the DBE subcontractor shall include the scope(s) of work and monetary commitment referenced above. DBE commitments in this document shall be a condition of contract award.

Oltmans Construction Co.
Name of Business

Authorized Signature of Business
John Gormly
Typed or Printed Name of Signee

President
Title of Signee

562-948-4242
Telephone

JohnG@Oltmans.com
Email

Date

Karcher Interior Systems Inc.
Name of DBE Business


Authorized Signature of DBE Business

Laurie Kelley
Typed or Printed Name of Signee

President
Title of Signee

714 602-1266
Telephone

lkelly@karcherint.com
Email

12/31/2014
Date



[Home](#)
[Search](#)
[Bids](#)
[Orders](#)
[Tools](#)
[CRM](#)
[Agency List](#)
[Support](#)
[Logout](#)

CALIFORNIA PROFILE			
BidSync Supplier Name	Karcher Interior Systems Inc	Supplier Number	1018100
Legal Business Name	Karcher Interior Systems Inc	DBA Business Name	Karcher Interior Systems Inc
Address	675 N Eckhoff Street Ste F ORANGE, CA 92868	Phone	(714) 602-1266
		FAX	(714) 385-1318
Email	lkelly@karcherint.com		
Web Page	http://www.karcherint.com		
Number of Employees	35		
Business Types	Construction		
Service Areas	Los Angeles, Orange, San Bernardino, San Diego, Ventura,		
Keywords	Firestop - Specialty construction Insulation Siesmic Expansion Joint		
Construction License Types	C-02 - Insulation and Acoustical D-12 - Synthetic Products		
Classifications	301415 - Thermal insulation 301416 - Specialty insulation 301417 - Insulation sealing layers 721110 - Single family dwelling construction services 721111 - Multiple unit dwelling construction services 721211 - Commercial and office building construction services 721214 - Specialized public building construction services		
View Options	View Application		
Edit Options	Amend Application Register as Disabled Veteran Business Enterprise (DVBE)		

Active Certifications

[Register as Disabled Veteran Business Enterprise \(DVBE\)](#)

TYPE	STATUS	STATUS DATE	FROM	TO	ACTIONS
SB	Approved	Mar 26, 2014	Jun 11, 2013	Jun 30, 2016	

Certification History

TYPE	STATUS	STATUS DATE	FROM	TO
SB	Expired	Jun 11, 2013	Aug 30, 2012	Aug 31, 2013
SB	Expired	Aug 30, 2012	Sep 27, 2011	Sep 30, 2012
SB	Expired	Sep 1, 2011	Aug 10, 2010	Aug 31, 2011

[Home](#)
[Bid Search](#)
[Bids](#)
[Orders](#)
[My account](#)
[Privacy Terms](#)
[Logout](#)

Customer Support - vendorsupport@bidsync.com or 800-990-9339

Copyright © 1999-2014 - BidSync - All rights reserved.

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

1. Business Name: INTERCLEAN EQUIPMENT, INC
2. Business Address: 709 JAMES L. HART PLANY YPSILANTI MI 48197
Street City State Zip
3. Mailing Address: _____
(if different from above) PO. Box or Street Address City State Zip
4. County (and State) Business is located in: WASHTENAW (MI)
State
5. Name of Owner: TAMMERMATIC GROUP, OY
Name Title
6. Owner(s) Ethnicity: NA
7. Phone: (734) 961 - 3300 9. Email Address: SALES@INTERCLEAN.COM
8. Fax: (734) 961 - 0092 10. Age of Business: 25 Years 5 Months
11. If your business requires a license, complete below: 12. Business Annual Gross Receipts:
- a. License Type CLASS B a. Less than \$500,000
- b. License # 782381 b. \$500,000 to \$1,000,000
- c. Expires on 8-31-2016 c. \$1,000,000 to \$2,000,000
- d. \$2,000,000 to \$5,000,000
- e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

13. Is your business currently a DBE? Yes No
- If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:
- | | | |
|--|--------------------------|-------------------------------------|
| | DBE | Non-DBE |
| a. Certified by the California Unified Certification Program (CUCP)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Certified by an organization outside of California? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Name of Certifying Agency: _____ | | |
14. Is your business currently participating in a Joint Venture? Yes No
- If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?
- | | | |
|---------------------------------|--------------------------|-------------------------------------|
| | DBE | Non-DBE |
| a. Business Name _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Name of Certifying Agency _____ | | |
| b. Business Name _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Name of Certifying Agency _____ | | |
| c. Business Name _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Name of Certifying Agency _____ | | |

Part C: Work Descriptions

16. RFIF, IFB, or RFP # IFB No. C0991 Div. 16: Southwestern Yard

17. Provide complete description of scope of work, services, and materials to be performed or furnished:

PROVIDE TRAINWASH EQUIPMENT #3860. SECTION 11 11 26

NAICS: 333319

18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? NA
- b. How many trucks does your company lease? NA
- c. How many trucks are registered to your company? NA

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: INTERLEAN EQUIPMENT, INC

Authorized Signature: [Signature]
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Juha Soutolahti

Title: CEO

Date: JANUARY 19, 2015

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION

TO BE COMPLETED BY OFFERORS AND ALL SUBCONTRACTORS LISTED ON FORM 1 AND FORM 3

Completion of this form, Form 1, and Form 3 fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

Part A: Business Data

- 1. Business Name: Miranda Logistics Enterprise LLC
2. Business Address: 2202 S Figueroa St. #437, Los Angeles, CA 90007
3. Mailing Address:
4. County (and State) Business is located in: Los Angeles (CA)
5. Name of Owner: Marco A. Miranda President
6. Owner(s) Ethnicity: Hispanic
7. Phone: (424) 800-3831
9. Email Address: miranda@miranda-logistics.com
8. Fax: (424) 800-3831
10. Age of Business: 3 Years 6 Months
11. If your business requires a license, complete below:
12. Business Annual Gross Receipts:
a. License Type Not Applicable
a. Less than \$500,000
b. License #
b. \$500,000 to \$1,000,000
c. Expires on
c. \$1,000,000 to \$2,000,000
d. \$2,000,000 to \$5,000,000
e. Over \$5,000,000

Part B: DBE CERTIFICATION STATUS

- 13. Is your business currently a DBE? Yes [X] No []
If "YES," attach a copy of your DBE Certification Letter and check all appropriate boxes below:
a. Certified by the California Unified Certification Program (CUCP)? DBE [X] Non-DBE []
b. Certified by an organization outside of California? DBE [] Non-DBE []
c. Name of Certifying Agency:
14. Is your business currently participating in a Joint Venture? Yes [] No [X]
If "YES," a copy of the Joint Venture Agreement must be attached to this Form.
15. Name of Joint Venture and Partners. Is this business currently a certified DBE?
a. Business Name Name of Certifying Agency DBE [] Non-DBE []
b. Business Name Name of Certifying Agency DBE [] Non-DBE []
c. Business Name Name of Certifying Agency DBE [] Non-DBE []

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION (Continued)

Part C: Work Descriptions

16. RFQ, IFB, or RFP

#: C0991 - Crenshaw/LAX Transit Corridor Project Division 16: Southwestern yard

17. Provide complete description of scope of work, services, and materials to be performed or furnished²:

Trucking Services: Rental Equipment, Dump Truck Rental Equipment
Hazardous & Non Hazardous licensed transporters

NAICS: 488510, 484110, 484220, 562111, 562112

18. Will your business provide trucking company services on this project? Please mark one: Yes No

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? 17
- b. How many trucks does your company lease? 180
- c. How many trucks are registered to your company? 34

Part C: Signature

The authorized signer declares that the information on this form and any attachments, are current, complete and accurate.

Business Name: Miranda Logistics Enterprise

Authorized Signature: 
Signature of Director, Officer, General Partner or similarly situated Principal of the Business

Printed Name: Marco A. Miranda

Title: President

Date: 01/13/15



Metro

CALIFORNIA UNIFIED CERTIFICATION PROGRAM



February 19, 2013

**CUCP #39978
Metro File # 5770**

Marco Miranda Sr.
Miranda Logistics Enterprise, LLC
2202 S. Figueroa St. #437
Los Angeles, CA 90007

RE: Disadvantaged Business Enterprise Certification

Dear Mr. Miranda:

We are pleased to advise you that after careful review of your application and supporting documentation, the Los Angeles County Metropolitan Transportation Authority (Metro) has determined that your firm meets the eligibility standards to be certified as a Disadvantaged Business Enterprise (DBE) as required under the U.S. Department of Transportation (U.S. DOT) Regulation 49 CFR Part 26, as amended. This certification will be recognized by all of the U.S. DOT recipients in California. Your firm will be listed in the California Unified Certification Program (CUCP) database of certified DBEs under the following specific areas of expertise that you have identified on the NAICS codes form of the application package:

<u>NAICS (2007)</u>	<u>Description</u>	<u>Size Standard</u>
488510	Freight Transportation Arrangement	\$14.0 million
484110	General Freight Trucking, Local	\$22.41 million
484220	Specialized Freight Trucking, Local	\$22.41 million
562111	Solid Waste Collection	\$12.5 million
562112	Hazardous Waste Collection	\$12.5 million

Your DBE certification applies only for the above codes. You may review your firm's information in the CUCP DBE database which can be accessed at the CUCP website at www.californiaucp.org. Any additions and revisions must be submitted to Metro for review and approval.

In order to assure continuing DBE status, you must submit annually a No Change Declaration form (which will be sent to you) with supporting documentation. Based on your annual submission that no change in ownership and control has occurred, or if changes have occurred, they do not affect your firm's DBE standing, the DBE certification of your firm will continue until or unless it is removed by our agency.

Also, should any changes occur that could affect your certification status prior to receipt of the DBE Declaration, such as changes in your firm's name, business/mailling address, ownership, management or control, or failure to meet the applicable business size standards or personal net worth standard, please notify Metro immediately.

Metro reserves the right to withdraw this certification if at any time it is determined that it was knowingly obtained by false, misleading, or incorrect information. Your DBE certification is subject to review at any time. The firm thereby consents to the examination of its books, records and documents by Metro.

Congratulations, and thank you for your interest in the DBE program. I wish you every business success and should you have any questions, please contact us at [213-922-2600](tel:213-922-2600). For information on Metro contracting opportunities, please visit our website at www.metro.net.

Sincerely,

Shirley Wong
Certification Representative
Diversity & Economic Opportunity Department

C:\Documents and Settings\garcia\My Documents\CERTIFICATION\Cart-Word\00 - Shirley Wong\M Firm\Miranda Logistics Enterprise, LLC DBE.doc

151872

DBE Contracting Plan

OHL USA, Inc. is committed to achieving LACMTA’s Race Conscious Disadvantaged Business Enterprise (RC DBE) Program requirements of 20% of the total contract price for Design cost and 16% of the total contract price for construction cost. Our proposed DBE Contracting Plan is consistent with LACMTA’s policies and goals of creating a fair and level playing field where small and disadvantaged business enterprises can compete for work and receive adequate support to be successful.

Our DBE Liaison Officer is Deborah Eskenazi and the following is her contact information:

Deborah Eskenazi
 1920 Main Street, Suite 310, Irvine, CA 92614
 Tel: (949) 242-4432 | Fax: (949) 231-1255
deskenazi@ohlusa.com

1. Estimated Monetary Subcontractor Commitments

OHL USA and Arup are committed to the twenty percent (20%) of the total contract price for design cost sixteen percent (16%) of the total contract price for construction cost. Our estimated monetary subcontractor commitments are indicated on Form 1 Proposed List of Subcontractors & Suppliers (Design and Construction) and Form 3 Proposed Lower Tier Subcontractors & Suppliers (Design and Construction), which are included as part of this submittal.

2. Identification of the Scopes of Work for all DBE Subcontractors Commitment on Design; and all Known DBE Subcontractor for Construction

Our DBE opportunities for design and construction includes:

Design	Construction
Civil Engineering	Clearing and grubbing
Structural Engineering	Trucking
Traffic Engineering	Striping
Utilities	Traffic Control
Mechanical Engineering	Reinforcing steel
Electrical Engineering	Rebar
Plumbing Engineering	Quality control
LEED and Sustainability	Fencing
Visualization and Rendering	Insulation
Architectural Hardware Specifications	Materials for reinforcing steel
Landscape	Plumbing
Specifications	
Drafting	

3. Identification of Scopes of Work Committed and/or Anticipated for Award to DBE Firms

We anticipate that we will receive competitive quotes from subcontractors and scopes of work committed and/or anticipated to DBE firms include the following:

Scope of Work Committed/Anticipated to DBE Firms			
Clearing and grubbing	Metal Stairs	Misc. Concrete	Insulation
Security	Finish Carpentry	Railings	Painting
Striping	Painting	Plumbing	Signage
Traffic Control	Built up Roofing	Road Signs	Fencing
Pre-stressing	Skylights	Engineering Design	Electrical
Rebar	Waterproofing	Concrete Barriers	CIDH
Ready-mix Suppliers	Metal Wall Panels	Epoxy Flooring	
Masonry	Caulking and Sealants	Toilet Partitions	
Structural Steel	Ceramic Tiles	Metal Decking	

4. Work Breakdown Structure (WBS) Submitted Monthly

A monthly WBS will be submitted in compliance with IFB No. C0991 contract documents.

5. Monthly Provisional Sum Work Status Report (Include Provisional Sum Items, Request and Approvals) Reflecting DBE Subcontract Performance and Payment

A monthly provisional sum work status report will be submitted to reflect DBE contract performance payment and comply with IFB No. C0991 contract documents.

6. Document Efforts Used to Meet or Exceed Race Conscious and/or Race-Neutral DBE Commitments

Our efforts to meet or exceed the RC DBE goal is evidenced by our advertisements in www.goodfaithefforts.com, email solicitations and follow up phone calls. We have provided our good faith effort documents as part of this submittal. We will continue to employ and document all good faith effort solicitations and DBE contract performance.

OHL USA standard deliver for subcontract will comply with a competitive process approved by LACMTA. Additionally, all of our subcontractors will be required to comply with the established PLA as a standard practice to any award. Our team will work hand-in-hand with the local community and LACMTA to meet or exceed the DBE goal set forth in this contract.

2.4 PRICE BID

BIDDER/PROPOSER: OTL USA, Inc.

**CONTRACT NO. (IFB No. C0991)
DIVISION 16: SOUTHWESTERN YARD
SCHEDULE OF QUANTITIES AND PRICES FORM**

SCHEDULE OF QUANTITIES AND PRICES - SCHEDULE 'A' BASE WORK						
ITEM NO.	STANDARD COST CATEGORY	DESCRIPTION	EST. QTY.	UNIT	UNIT PRICE	TOTAL PRICE
SCHEDULE 'A' BASE WORK						
Support Facilities: Yards, Shops, Administration Buildings (SCC 30)						
1	30.03	Supporting Shops/Offices/Employee Facilities (1st & 2nd Flr.) Bldg. - (B-01) and Equipment	1	LS	N/A	\$46,000,000. ⁰⁰
2	30.03	Truck/Car Repair/S&I/Blow-Down/Wheel True Pit (1st Flr.) Bldg. (B-02) and Equipment	1	LS	N/A	\$21,300,000. ⁰⁰
3	30.03	Control Tower (3rd Flr.) Bldg. (B-03) Including Console	1	LS	N/A	\$5,100,000. ⁰⁰ -
4	30.04	Carwash Bldg. (B-04) Including Equipment	1	LS	N/A	\$6,700,000. ⁰⁰
5	30.04	Material Storage Bldg. (B-06) Including Equipment	1	LS	N/A	\$6,500,000. ⁰⁰
6	30.04	Cleaning Platform Area (B-07) Including Equipment	1	LS	N/A	\$3,160,000. ⁰⁰
7	30.04	Paint and Body Shop Bldg. (B-08) and (B-09) Including Equipment	1	LS	N/A	\$4,200,000. ⁰⁰
8	30.05	Yard and Yard Track	1	LS	N/A	\$20,300,000. ⁰⁰

Sitework & Special Conditions (SCC 40):						
9	40.01	Demolition, Clearing and Earthwork	1	LS	N/A	\$ 1,427,000. 00
10	40.02	Site Utilities, Utility Relocation	1	LS	N/A	\$ 1,815,000. 00
11	40.05	Guard House & Main Entrance Gate (B-11)	1	LS	N/A	\$ 230,000. 00
12	40.06	Landscape / Hardscape	1	LS	N/A	\$ 530,000. 00
13	40.08	Mobilization - Construction	1	LS	N/A	\$ 10,000,000. 00
14	40.08	General Requirements	1	LS	N/A	\$ 3,450,000. 00
15	40.08	120 Day Schedule, Baseline Schedule and Current Schedule Update	1	LS	N/A	\$ 185,000. 00
16	40.08	Quality Insurance and Quality Control	1	LS	N/A	\$ 1,600,000. 00
17	40.08	Approval of As-built Drawings	1	LS	N/A	\$ 800,000
18	40.08	Insurance Liability	1	LS	N/A	\$ 600,000. 00
Systems (SCC 50):						
19	50.01	Train Control System & Signals - Bldgs. (B-13) and (B-14)	1	LS	N/A	\$ 15,050,000. 00
20	50.03	Traction Power System Substation (TPSS) - Bldg. (B-05)	1	LS	N/A	\$ 7,100,000. 00
21	50.04	Traction Power Distribution (TPD) Catenary - Emergency Generator and Pad - (B-10)	1	LS	N/A	\$ 9,050,000. 00
22	50.04	Traction Power Distribution (TPD) Catenary - DWP Service Site with Metering - (B-12) and (East Service)	1	LS	N/A	\$ 3,135,000. 00
23	50.05	Communications	1	LS	N/A	\$ 10,900,000. 00

Professional Service Systems (SCC 80):						
24	80.02	Mobilization - Design	1	LS	N/A	\$ 1,160,000.00 -
25	80.02	Final Design	1	LS	N/A	\$ 17,000,000.00 -
					SCHEDULE 'A' - SUBTOTAL	\$ 197,432,000.00
The items in Schedule 'A' are included by LACMTA as part of the Total Contract Price and contract award to cover specified Work.						

Legend: CY=Cubic Yard, CD=Calendar Day, EA=Each, LF=Linear Foot, HR=Hours, LS=Lump Sum, SY=Square Yard, TF=Track Foot, PS=Provisional Sum, SF=Square Foot, TONS=Tons, SHIFT=Shifts, MO=Month, NTE=Not to Exceed.

SCHEDULE OF QUANTITIES AND PRICES - SCHEDULE 'B' OPTIONS						
ITEM NO.	STANDARD COST CATEGORY	DESCRIPTION	EST. QTY.	UNIT	UNIT PRICE	TOTAL PRICE
SCHEDULE 'B' OPTIONS						
3.3.1	10.12	Optional Test Track	1	LS	N/A	\$ 1,775,000. ⁰⁰ / ₋
3.3.2	30.03	Optional Wheel Truing Machine	1	LS	N/A	\$ 1,310,000. ⁰⁰ / ₋
3.3.3	30.04	Optional Cleaning Platform Canopy				
		A) - Base Platform Canopy – 200 Foot Length	1	LS	N/A	\$ 477,000. ⁰⁰ / ₋
		B) - Full Platform Canopy – Additional 100 Foot Length	1	LS	N/A	\$ 243,000. ⁰⁰ / ₋
3.3.4	30.04	Optional Cleaning Platform – Full Length (Additional 100 Feet)	1	LS	N/A	\$ 274,000. ⁰⁰ / ₋
3.3.5	30.04	Optional Full Build-Out of Storage Tracks	1	LS	N/A	\$ 2,152,000. ⁰⁰ / ₋
3.3.6	30.04	Deductive Option, Paint and Body Shop	1	LS	N/A	(\$ 3,700,000. ⁰⁰ / ₋)
			SCHEDULE 'B' - TOTAL			\$ 2,531,000.⁰⁰/₋
The items in Schedule 'B' are included by LACMTA and will be evaluated with the total price, but will not be part of the contract award unless the option(s) are exercised. LACMTA will determine if any or all of the options will be exercised at award of this contract.						

Legend: CY=Cubic Yard, CD=Calendar Day, EA=Each, LF=Linear Foot, HR=Hours, LS=Lump Sum, SY=Square Yard, TF=Track Foot, PS=Provisional Sum, SF=Square Foot, TONS=Tons, SHIFT=Shifts, MO=Month, NTE=Not to Exceed.

SCHEDULE OF QUANTITIES AND PRICES - SCHEDULE 'C' PROVISIONAL SUMS						
ITEM NO.	STANDARD COST CATEGORY	DESCRIPTION	EST. QTY.	UNIT	UNIT PRICE	TOTAL PRICE
SCHEDULE 'C' PROVISIONAL SUMS						
1	40.03	Hazardous Material / Contaminated Soil Removal	1	PS	LS	\$ 2,000,000
2	40.08	Safety's First Incentive Program SP-24	1	PS	LS	\$ 180,000
3	40.08	Partnering SP-30	1	PS	LS	\$ 240,000
4	40.08	Disputes Review Board SP-58	1	PS	LS	\$ 160,000
5	40.08	Support of Special Events	1	PS	LS	\$ 80,000
6	40.08	Requests from Third Parties	1	PS	LS	\$ 975,000
7	40.08	Incremental Community Improvement	1	PS	LS	\$ 260,000
8	60.01	Approved Removal of Unknown Right-of-Way Encroachments Determined by Design-Build Survey	2	PS	\$40,000	\$ 80,000
9	50.05	Repair or Replacement of Metro Furnished Goods Damaged on or Before Furnishing to the Design-Builder	1	PS	LS	\$ 50,000
10	50.05	Allowance for Spare Parts, Special Tools and Materials	1	PS	LS	\$ 240,000

11	50.05	Miscellaneous Materials and Equipment for Systems Integration and Testing as Directed by LACMTA	1	PS	LS	\$	75,000	
SCHEDULE 'C' - SUBTOTAL							\$	4,340,000

The Provisional Sums in Schedule 'C' are amounts included by LACMTA as part of the Total Contract Price and contract award to compensate contractor for such work that may be necessary during performance of the Work. In the event that the programs or Work contemplated by the line items in Schedule 'C' are not fully implemented, the Contract Price will be reduced by the unused amount in each line item. Contractor shall not be paid any of the Schedule 'C' amounts, except for amounts authorized and released by LACMTA in writing, in accordance with the Special Provisions Article entitled Provisional Sums.

Legend: CY=Cubic Yard, CD=Calendar Day, EA=Each, LF=Linear Foot, HR=Hours, LS=Lump Sum, SY=Square Yard, TF=Track Foot, PS=Provisional Sum, SF=Square Foot, TONS=Tons, SHIFT=Shifts, MO=Month, NTE=Not to Exceed.

11	50.05	Miscellaneous Materials and Equipment for Systems Integration and Testing as Directed by LACMTA	1	PS	LS	\$	75,000	
12	40.08	Document 2-1 Supplemental Work	1	PS	LS	\$	50,000	
SCHEDULE 'C' - SUBTOTAL							\$	4,390,000

The Provisional Sums in Schedule 'C' are amounts included by LACMTA as part of the Total Contract Price and contract award to compensate contractor for such work that may be necessary during performance of the Work. In the event that the programs or Work contemplated by the line items in Schedule 'C' are not fully implemented, the Contract Price will be reduced by the unused amount in each line item. Contractor shall not be paid any of the Schedule 'C' amounts, except for amounts authorized and released by LACMTA in writing, in accordance with the Special Provisions Article entitled Provisional Sums.

Legend: CY=Cubic Yard, CD=Calendar Day, EA=Each, LF=Linear Foot, HR=Hours, LS=Lump Sum, SY=Square Yard, TF=Track Foot, PS=Provisional Sum, SF=Square Foot, TONS=Tons, SHIFT=Shifts, MO=Month, NTE=Not to Exceed.

SCHEDULE OF QUANTITIES AND PRICES - SCHEDULE 'D' OVERHEAD COMPENSATION

ITEM NO.	STANDARD COST CATEGORY	DESCRIPTION	EST. QTY.	UNIT	UNIT PRICE	TOTAL PRICE
SCHEDULE 'D' OVERHEAD COMPENSATION						
1	40.08	Daily rate for a delay that is both Excusable and Compensable, as defined by the General Conditions Article EXTENSION OF TIME, that occurs between Notice to Proceed and the first 420 calendar days.	60	CD	\$ 18,000.00 - KAT 17,800.00 17,800.00	\$ 360,000.00 - 1,068,000.00
2	40.08	Daily rate for a delay that is both Excusable and Compensable, as defined by the General Conditions Article EXTENSION OF TIME, that occurs between calendar day 421 and calendar day 1,311.	90	CD	\$ 20,300.00 -	\$ 1,827,000.00 -
					SCHEDULE 'D' - SUBTOTAL	\$ 2,895,000.00 -

The items in Schedule 'D' will be evaluated with the total price, but will not be part of the contract award. Contractor shall not be paid any or all of the Schedule 'D' amount, except for amounts released by LACMTA through Contract Modifications for Excusable and Compensable Delays.

Legend: CY=Cubic Yard, CD=Calendar Day, EA=Each, LF=Linear Foot, HR=Hours, LS=Lump Sum, SY=Square Yard, TF=Track Foot, PS=Provisional Sum, SF=Square Foot, TONS=Tons, SHIFT=Shifts, MO=Month, NTE=Not to Exceed.

SCHEDULE OF QUANTITIES AND PRICES - SCHEDULE 'E' UNIT PRICES

ITEM NO.	STANDARD COST CATEGORY	DESCRIPTION	EST. QTY.	UNIT	UNIT PRICE	TOTAL PRICE
SCHEDULE 'E' UNIT PRICES						
1	40.08	Daily Standby	20	Day	\$ -	\$ -
2	40.03	Incremental Costs for Segregation of Potentially Contaminated Soils.	1,000	TONS	\$ -	\$ -
3	40.03	Incremental Costs for Hauling and Disposing RCRA Hazardous Waste Soils (1 to 1,000 tons).	1,000	TONS	\$ -	\$ -
4	40.03	Incremental Costs for Hauling and Disposing RCRA Hazardous Waste Soils (1,001 to 10,000 tons).	9,000	TONS	\$ -	\$ -
5	40.03	Incremental Costs for Hauling and Disposing Non-RCRA, California Hazardous Waste Soils (1 to 1,000 tons).	1,000	TONS	\$ -	\$ -
6	40.03	Incremental Costs for Hauling and Disposing Non-RCRA, California Hazardous Waste Soils (1,001 to 10,000 tons).	9,000	TONS	\$ -	\$ -
7	40.03	Incremental Costs for Hauling and Disposing Non-Hazardous Waste Soils (1 to 1,000 tons).	1,000	TONS	\$ -	\$ -
8	40.03	Incremental Costs for Hauling and Disposing Non-Hazardous Waste Soils (1,001 to 10,000 tons).	9,000	TONS	\$ -	\$ -
9	40.03	Cost for Investigation, Permitting, Cleaning, Removal, Transportation, and Disposal of Underground Storage Tanks, Including Cost for Collection and Analysis Required Soil Sampling and Closure Reports.	4	EA	\$ -	\$ -

SCHEDULE OF QUANTITIES AND PRICES - SCHEDULE 'E' UNIT PRICES

ITEM NO.	STANDARD COST CATEGORY	DESCRIPTION	EST. QTY.	UNIT	UNIT PRICE	TOTAL PRICE
SCHEDULE 'E' UNIT PRICES						
1	40.08	Daily Standby	20	Day	\$ 18,000. ⁰⁰ -	\$ 360,000. ⁰⁰ -
2	40.03	Incremental Costs for Segregation of Potentially Contaminated Soils.	1,000	TONS	\$ 30. ⁰⁰ -	\$ 30,000. ⁰⁰ -
3	40.03	Incremental Costs for Hauling and Disposing RCRA Hazardous Waste Soils (1 to 1,000 tons).	1,000	TONS	\$ 171. ⁰⁰ -	\$ 171,000. ⁰⁰ -
4	40.03	Incremental Costs for Hauling and Disposing RCRA Hazardous Waste Soils (1,001 to 10,000 tons).	9,000	TONS	\$ 171. ⁰⁰ -	\$ 1,539,000. ⁰⁰ -
5	40.03	Incremental Costs for Hauling and Disposing Non-RCRA, California Hazardous Waste Soils (1 to 1,000 tons).	1,000	TONS	\$ 137. ⁰⁰ -	\$ 137,000. ⁰⁰ -
6	40.03	Incremental Costs for Hauling and Disposing Non-RCRA, California Hazardous Waste Soils (1,001 to 10,000 tons).	9,000	TONS	\$ 137. ⁰⁰ -	\$ 1,233,000. ⁰⁰ -
7	40.03	Incremental Costs for Hauling and Disposing Non-Hazardous Waste Soils (1 to 1,000 tons).	1,000	TONS	\$ 62. ⁰⁰ -	\$ 62,000. ⁰⁰ -
8	40.03	Incremental Costs for Hauling and Disposing Non-Hazardous Waste Soils (1,001 to 10,000 tons).	9,000	TONS	\$ 60. ⁰⁰ -	\$ 540,000. ⁰⁰ -
9	40.03	Cost for Investigation, Permitting, Cleaning, Removal, Transportation, and Disposal of Underground Storage Tanks, Including Cost for Collection and Analysis Required Soil Sampling and Closure Reports.	3	EA	\$ 86,000. ⁰⁰ -	\$ 349,000. ⁰⁰ -

10	40.03	Abandon Existing Groundwater/Soil Evaporation Monitoring Wells	8	EA	\$ 3,800.00 -	\$ 30,400.00 -
11	40.03	Relocate Existing Groundwater/Soil Evaporation Monitoring Wells	8	EA	\$ 8,320.00 -	\$ 66,560.00 -
12	40.03	Modify Existing Groundwater/Soil Evaporation Monitoring Wells	6	EA	\$ 3,100.00 -	\$ 18,600.00 -
13	40.03	Install New Groundwater/Soil Evaporation Monitoring Wells	4	EA	\$ 8,320.00 -	\$ 66,560.00 33,280.00 -
14	40.02	Utility Investigation Potholes	60	EA	\$ 1,610.00 -	\$ 96,600.00 -
15	40.03	Combined Utility/Environmental Investigation Potholes	20	EA	\$ 2,000.00 -	\$ 40,000.00 -
16	40.07	Additional Concrete Curb, Type A	300	LF	\$ 38.00 -	\$ 11,400.00 -
17	40.07	Additional Concrete Integral Curb and Gutter, Type C	300	LF	\$ 35.00 -	\$ 10,500.00 -
18	40.07	Additional Concrete Sidewalk (Three Inch Thickness)	300	SY	\$ 42.00 -	\$ 12,600.00 -
19	40.07	Additional Concrete Driveway (Six Inch Thickness)	400	SY	\$ 45.00 -	\$ 18,000.00 -
20	40.07	Grind and overlay to City Standards (Normal work hours between Monday - Friday)	1,400	TONS	\$ 144.00 -	\$ 201,600.00 -
21	40.07	Grind and overlay to City Standards (After normal work hours and/or weekends)	1,500	TONS	\$ 148.00 -	\$ 222,000.00 -
22	40.08	Special Events - Incidental Traffic Control or Site Modifications	20	SHIFT	\$ 1,300.00 -	\$ 26,000.00 -
23	40.08	Special Events - Additional Security Guard Services	1,000	HR	\$ 22.00 -	\$ 22,000.00 -
24	40.08	Street Vacuum Sweeper with Operator	100	HR	\$ 108,000.00 108,800.00 -	\$ 10,800.00 -

KAH

KAH

25	40.08	Special Events - Portable Toilets (3)	6	MO	\$ 4,800. ⁰⁰ -	\$ 28,800. ⁰⁰ -
26	50.05	Traction Power Technician	800 (NTE)	HR	\$ 260. ⁰⁰ -	\$ 208,000. ⁰⁰ -
27	50.05	Radio Technician	800 (NTE)	HR	\$ 165. ⁰⁰ -	\$ 132,000. ⁰⁰ -
28	50.05	Electrician - Eight-hour shift 6:00 AM to 6:00 PM	800 (NTE)	HR	\$ 102. ⁰⁰ -	\$ 81,600. ⁰⁰ -
29	50.05	Electrician - Eight-hour shift 6:00 PM to 6:00 AM	800 (NTE)	HR	\$ 102. ⁰⁰ -	\$ 81,600. ⁰⁰ -
30	50.05	Electrician - Two-hour overtime 6:00 AM to 6:00 PM	800 (NTE)	HR	\$ 133. ⁰⁰ -	\$ 106,400. ⁰⁰ -
31	50.05	Electrician - Two-hour overtime 6:00 PM to 6:00 AM	800 (NTE)	HR	\$ 133. ⁰⁰ -	\$ 106,400. ⁰⁰ -
32	50.05	Electrician Eight-hour shift on Saturday above normal work week 6:00 AM to 6:00 PM	800 (NTE)	HR	\$ 170. ⁰⁰ -	\$ 136,000. ⁰⁰ -
33	50.05	Communications Technician - Eight-hour 6:00 AM to 6:00 PM	800 (NTE)	HR	\$ 134. ⁰⁰ -	\$ 107,200. ⁰⁰ -
34	50.05	Communications Technician - Eight-hour 6:00 PM to 6:00 AM	800 (NTE)	HR	\$ 149. ⁰⁰ -	\$ 119,200. ⁰⁰ -
35	50.05	Communication Technician - Two-hour overtime 6:00 AM to 6:00 PM	800 (NTE)	HR	\$ 140. ⁰⁰ -	\$ 112,000. ⁰⁰ -
36	50.05	Communication Technician - Two-hour overtime 6:00 PM to 6:00 AM	800 (NTE)	HR	\$ 154. ⁰⁰ -	\$ 123,200. ⁰⁰ -
37	50.05	Communications Technician Eight-hour shift on Saturday above normal work week 6:00 AM to 6:00 PM	800 (NTE)	HR	\$ 171. ⁰⁰ -	\$ 136,800. ⁰⁰ -
38	50.05	Technical Support - Provide Assistance to LACMTA in integration testing from LACMTA's Rail Operations Center	800	HR	\$ 149. ⁰⁰ -	\$ 119,200. ⁰⁰ -

39	50.05	Technical Support - Rail Activation	1,000	HR	\$ 160. 00 -	\$ 160,000. 00 -
SCHEDULE 'E' - SUBTOTAL						\$ 6,994,740. 00

The total price for the line items in Schedule 'E' are not part of the Total Contract Price award. The contractor shall not be paid any of the amounts in Schedule 'E'. The unit prices are fixed for the duration of the contract and will be used to price Changes and Provisional Sum Authorizations under the contract. The unit prices are complete and fully burdened and are not subject to any mark up when pricing changes for Provisional Sum authorizations. The Total Prices for the line items in Schedule E shall be included in contractor's total price in accordance with the IFB.

Legend: CY=Cubic Yard, CD=Calendar Day, EA=Each, LF=Linear Foot, HR=Hours, LS=Lump Sum, SY=Square Yard, TF=Track Foot, PS=Provisional Sum, SF=Square Foot, TONS=Tons, SHIFT=Shifts, MO=Month, NTE=Not to Exceed.

SCHEDULE OF QUANTITIES AND PRICES - SCHEDULES 'A', 'B', 'C', 'D', 'E' AND 'E' TOTALS

TOTAL SCHEDULE 'A' BASE WORK = \$ _____

TOTAL SCHEDULE 'B' OPTIONS = \$ _____

TOTAL SCHEDULE 'C' PROVISIONAL SUMS = \$ 4,340,000

TOTAL SCHEDULE 'D' OVERHEAD COMPENSATION = \$ _____

TOTAL SCHEDULE 'E' UNIT PRICES = \$ _____

TOTAL SCHEDULES A, B, C, D and E = \$ _____

IN WORDS - TOTAL
BID:

US DOLLARS

END OF SCHEDULE OF QUANTITIES AND PRICES

SCHEDULE OF QUANTITIES AND PRICES - SCHEDULES 'A', 'B', 'C', 'D' AND 'E' TOTALS

TOTAL SCHEDULE 'A' BASE WORK = \$ 197,432,000.⁰⁰ -

TOTAL SCHEDULE 'B' OPTIONS = \$ 2,831,600.⁰⁰ -

TOTAL SCHEDULE 'C' PROVISIONAL SUMS = \$ 4,390,000

TOTAL SCHEDULE 'D' OVERHEAD COMPENSATION = \$ 2,895,000.⁰⁰ -

TOTAL SCHEDULE 'E' UNIT PRICES = \$ 6,994,740.⁰⁰ -

TOTAL SCHEDULES A, B, C, D and E = \$ 214,242,740.⁰⁰ -

IN WORDS - TOTAL
BID:

Two one four two four two seven four zero and zero
hundreds

US DOLLARS

END OF SCHEDULE OF QUANTITIES AND PRICES

