January 22, 2015

ORIGINAL



STEP-TWO PRICE BID

Prepared by:



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



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The Bidder agrees that the Bid constitutes a firm offer that cannot be withdrawn for one-hundred and eighty (180) calendar days from the bid opening or until the Contract for the Work is fully executed between Metro and a third party,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

OHL USA, Inc. Bidder's Name: 1920 Main Street, Suite 310 **Business Address:** Irvine, CA 92614 Contractor's License No.: 984140 License Expiration Date: 6/30/15 Classification Type: Fax: _949-231-1255/56 Phone: 949-242-4432 Signature of Authorized Official Ahmad Bagheri Type or Print Name **Executive Vice President** Title



Ahmad Bachen being duly sworn, deposes and says
That he/sphe is the Executive Vice-President of OHLUSA, 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
Notary Public: Deborah Eskenazi
My Commission expires: <u>January</u> 19, 2017
DEBORAH ESKENAZI Commission # 2004529 Notary Public - California Orange County My Comm. Expires Jan 19, 2017

2.2 BID BOND

BID BOND

KNOW ALL MEN BY THESE PRESENTHAT,	S:
	as Principal
OHL USA, Inc. and,	as i illicipal
Travelers Casualty and Surety Company of Amer	as Surety
are held firmly bound unto the LOS AND TRANSPORTATION AUTHORITY, here	
in the sum of Ten percent of amount bid	
(use words)	
	DOLLARS
(\$),10% of amount bid	
(figures)	
	the Total Bid Price; for the payment of which sum well our heirs, executors, administrators, successors, and hese presents.
WHEREAS, said Principal has submitte Metro's Invitation For Bids (IFB) Contract	d a bid to Metro to perform all Work required under t No. (IFB No. C0991).
the time and in the manner required by the Contract Agreement bound with said IFE faithful performance and the other to gut the required certificate of insurance and obligation shall be null and void; otherwisuit is brought upon this Bond by Metro	awarded a Contract for the Work by Metro and, within the Invitation For Bids (IFB), enters into the written and furnishes the required bonds, one to guarantee the arantee payment for labor and materials, and furnishes Alcohol and Drug-Free Workplace Program, then this see, it shall remain in full force and effect. In the event and judgment is recovered, said Surety shall pay all uding reasonable attorneys' fees to be fixed by the
SIGNED AND SEALED, this5th	day of
(SEAL)	(SEAL)
OHL USA, Inc. Principal Signature	Surety BY: Signature Anne Potter, Attorney-in-Fact
MEJRO GA14- 8	BID BOND
NO. C0993) ISSUED: DR 2: 14	5-22 PRO FORM 056 REVISION DATE: 07 01 09

PRINCIPAL ACKNOWLEDGMENT

State of California
County of Orange
On Job of Sanvary 2015 before me, Deboral Eskencia, Notary Public, personally appeared Annad Bagneria 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/their 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 Signature
DEBORAH ESKENAZI Commission # 2004529

SURETY ACKNOWLEDGMENT

State of New York

County of Nassau

On 5^{th} 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 <u>New York</u> that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(seal)

Signature

VALORIE^{*}M. SPA^{*}DÉS
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01SP6135425
Qualified in Queens County
Commission Expires October 17, 20



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 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				
other writings obligatory in the nature thereof on behalf of the				the performance of
contracts and executing or guaranteeing bonds and undertakings	s required or permitted	I in any actions or proceedings	allowed by law.	
IN WITNESS WHEREOF, the Companies have caused this in	strument to be signed	and their corporate seals to be	hereto affixed, this	6th
IN WITNESS WHEREOF, the Companies have caused this in day of,	istrament to be signed	and their corporate seals to se	noroto uninea, uno	
,				
Farmington Casualty Com	ipany	St. Paul Me	ercury Insurance Company	
Fidelity and Guaranty Ins			Casualty and Surety Company	•
Fidelity and Guaranty Ins			Casualty and Surety Compan	•
St. Paul Fire and Marine I St. Paul Guardian Insuran		United State	es Fidelity and Guaranty Co	ompany
St. 1 auf Guai uian fiisuf an	ice Company			
1982 1977 8 1951 1951	SE AL	SEAL S	RTFORD, CONN. CONN.	MICHEROPHIES E 1896
State of Connecticut City of Hartford ss.		By: Rob	bert L. Raney, Senior Vice Presider	nt
On this the	Fidelity and Guaranty nce Company, St. Paul Fidelity and Guaranty	, before me personally appears Insurance Company, Fidelity a Mercury Insurance Company, Company, and that he, as such,	and Guaranty Insurance Under Travelers Casualty and Surety , being authorized so to do, ex	writers, Inc., St. Paul Company, Travelers
In Witness Whereof, I hereunto set my hand and official seal. My Commission expires the 30th day of June, 2016.	SECTETARY E		Marie C. Tetreault, Notar	theault ry Public

58440-8-12 Printed in U.S.A.

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 80NDS INVESTMENT INCOME DUE AND ACCRUED OTHER INVESTED ASSETS PREMIUM BALANCES NET DEFERRED TAX ASSET REINSURANCE RECOVERABLE SECURITIES LENDING REINVESTED COLLATERAL ASSETS RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES STATE SURCHARGES RECEIVABLE OTHER ASSETS	\$ 67,799,624 3,452,214,898 47,758,502 265,099,610 190,836,462 61,575,098 11,361,414 4,910,772 30,772,481 258,771 14,872,822	UNEARNED PREMIUMS LOSSES LOSS ADJUSTMENT EXPENSES COMMISSIONS TAXES, LICENSES AND FEES OTHER EXPENSES FUNDS HELD UNDER REINSURANCE TREATIES CURRENT FEDERAL AND FOREIGN INCOME TAXES REMITTANCES AND ITEMS NOT ALLOCATED AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS RETROACTIVE REINSURANCE RESERVE ASSUMED POLICYHOLDER DIVIDENDS PROVISION FOR REINSURANCE ADVANCE PREMIUM PAYABLE FOR SECURITIES LENDING DERIVATIVES CEDED REINSURANCE NET PREMIUMS PAYABLE ESCHEAT LIABILITY OTHER ACCRUED EXPENSES AND LIABILITIES TOTAL LIABILITIES CAPITAL STOCK PAID IN SURPLUS OTHER SURPLUS TOTAL SURPLUS TO POLICYHOLDERS	\$ 808,717,671 809,863,176 460,670,453 31,781,136 12,482,322 38,437,893 94,401,464 18,387,407 13,577,503 23,615,357 1,511,674 6,462,513 3,970,484 1,078,609 4,910,772 112,003 (64,954,254) 471,948 242,236 \$ 2,265,740,367 \$ 6,480,000 433,803,760 1,441,436,327 \$ 1,881,720,088		
TOTAL ASSETS	\$ 4,147,460,454	TOTAL LIABILITIES & SURPLUS	\$ 4,147,460,454		

STATE OF CONNECTICUT

T)

COUNTY OF HARTFORD

) SS.

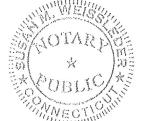
CITY OF HARTFORD

)

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.

SECOND VICE PRESIDENT

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



NOTARY PUBLIC

SUSAN M. WEISSLEDER

Notary Public

My Commission Expires November 30, 2017

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 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 DBEs are ethnic groups that have been identified as statistically and significantly underutilized. These groups include: African Americans, Asian Pacific Americans, Native 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.

C0991 Southwestern Yard

Project Name:

7

Arup North America, Ltd.

1. Offeror's Name:

3. T	3. Total Bid Price: (311,562,553.25	SS		ate:	Thursday, January 22, 2015	, 2015	
	A	מ	ر	٥	u	L	פ
	NAME OF OFFEROR AND ALL SUBCONTRACTORS	DESCRIPTION	SUBCONTRACTORS C = Consultant Or Contractor S = Supplier	BID PRICE	BID PRICE FOR RC DBE FIRMS	BID PRICE FOR OTHER DBE FIRMS	TOTAL DBE BID PRICE
		WORK Rejear (OU)	<pre>M= Manufacturer B = Broker¹ T = Trucker</pre>		(Race Conscious participation)	(Race Neutral Participation)	(COL # E + F)
Offeror	Arup North America, Ltd	Tead Engineer	Prime's \$ Amount → with its own workforce	\$5,071,654.00		\$	₩.
+,	у нок	Architecture	Э	\$1,509,440.00			
2.	LTK	Systems Engr., Systems Equip., & Train Control, track electrification	С	\$1,619,132.00			
ა.	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	С	\$1,385,538.25	\$1,385,538.25		\$1,385,538.25
9.	Arwo North Americal	TO lead enclosed	J	5,071,1654			
7.	Dies Lawner	Ò	J	346,000	240,000		
œ				,			340,000
9. (Sho	9. TOTAL BID PRICE (Should equal Line #3 above)			\$ 11,562,553.25 \$ 1	189,931, 25 949,931,25	\$ 1,412,396.00	\$ 3,362,327.25
		The state of the s					X TO TO TO TO

If 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 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.

AND FORMS DESIGN/BUILD (RC-FTA) PRO FORM 068A REV. DATE: 06.26.13 DBE INSTR TO BIDDERS/PROPOSERS

(IFB NO. C0991) AMENDMENT #2 ISSUED: 08.29.14 / 10.24.14

LACMTA GA14-98

3-46

FORM 2 - DBE AFFIDAVIT - DESIGN

TO BE COMPLETED BY OFFEROR ONLY

Part A	: DBE GOA	AL DECLARATION	NC		
RC	DBE GOAL	_ ACHIEVED			
ACI				information and belief th equal to the goal establi	
The	e level achiev	ved is twenty 1	four	percent (<u>2</u>	4 %)
RC	DBE GOAL	NOT ACHIEVED			
ach	ieve the RC		goal, it DID NO	T ACHIEVE a level of RO	at while it made efforts to C DBE participation greater
The	e level achiev	ved is		percent (%)
if re Met	equested, ev tro's written	idence of good fair request.	th efforts (GFE)	will be submitted within for	il. The Offeror certifies that, orty-eight (48) hours of
34.6	SIGNATUR		n Wasan and Area		
Execute	_{ed on:} <u>Jan</u>	uary 15 Date	, 20_15	, at, Los Angeles	, CA State
Busines Name:_	AIIII	North America	a Ltd		
Authoriz Signatu	zed /	Corcoren			
Printed Name:_	Tim Cor	coran			
	rincipal				
E-mail:	tim.corc	oran@arup.	com		_
Phone:	310 578	8 4528			

FORM 3 - PROPOSED LOWER TIER SUBCONTRACTORS & SUPPLIERS - DESIGN

TO BE COMPLETED BY ALL SUBCONTRACTORS

Project Name: Southwestern Yard Project

IFB/RFP #: C0991

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 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 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 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

\$1,509,440.00 3. Total Bid Price: (Snb.):

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

	A	В	O	0	Ш	L	ŋ
	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			Your business' \$ Amount	\$	\$	\$	\$
-	НОК	Architecture	O	1,100,000.00			1,100,000.00
2.	AHBE	Landscape Design	O	117,000	117,000		117,000
3.	Okapi Architecture	Sustainability/LEED/Architectural Specifications	O	175,740	175,740		175,740
4	SKA Design	Signage/Wayfinding	C	58,790	58,790		58,790
5.	Finish Hardware	Hardware Design	S	23,450	23,450		23,450
9	Maroko & Shwe	LEED Commissioning	C	109,274	109,274		109,274
7.	Mike Amaya	Architectural Rendering	O	15,000	15,000		15,000
ω.							
9. T (Shou	9. TOTAL BID PRICE (Should equal Line #3 above)		1	\$1,509,440.00	\$409,440.00	€9:	\$1,509,440.00

Lower Tier Subcontractors

LACMTA GA14-98 (IFB NO. C0991) ISSUED: 08.29.14

AND FORMS DESIGN/BUILD (RC-FTA) PRO FORM 068A REV. DATE: 06.26.13 DBE INSTR TO BIDDERS/PROPOSERS

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

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 3. Total Bid Price:

\$1,619,124

2. Prime's Name:

Arup North America, Ltd.

	A	В	O	٥	В	ш	O
	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			Your business' \$ Amount	<i>6</i>	\$	*	89
+	LTK Engineering Services	See Attached	С	\$1,476,340			
2.	Colmena Engineering	All CADD Drafting	C	\$142,784	\$142,784		\$142,784
<u>ښ</u>		on the project					
4							4
5.							
9.							
7.							
œ.							
9. T	9. TOTAL BID PRICE (Should equal Line #3 above)			1,619,124	\$ 142,784	*	\$ 142,784

Lower Tier Subcontractors

LACMTA GA14-98 (IFB NO. C0991) ISSUED: 08.29.14

DBE INSTR TO BIDDERS/PROPOSERS AND FORMS DESIGN/BUILD (RC-FTA) PRO FORM 068A REV. DATE: 06.26.13

3-48

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

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 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 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

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

1. Subcontractor (Snb.):

NBA Engineering Inc.

\$1,412,396.00

3. Total Bid Price:

Prime's Name: ۲i

Arup North America, Ltd.

DBE BID PRICE 1,195,256.00 217,140.00 \$ 1,412,396.00 (COL # E + F) TOTAL O **BID PRICE FOR** 1,195,256.00 Race Neutral Participation) **RN DBE** FIRMS 4 **BID PRICE FOR** (Race Conscious 217,140.00 participation) RC DBE FIRMS ш 1,195,256.00 217,140.00 **BID PRICE** \$1,412,396.00 SUBCONTRACTORS Or Contractor M= Manufacturer C = Consultant 'our business' S = Supplier **B** = Broker¹ T = Trucker C 0 Amount DESCRIPTION WORK MEP MEP ω SUBCONTRACTOR AND ALL NBA Engineering Inc. Gant Architects Inc. SUBCONTRACTORS (Should equal Line #3 above) **LOWER TIER** NAME OF 9. TOTAL BID PRICE 4 Subs 4. ri 5 6 œ. က

Lower Tier Subcontractors

LACMTA GA14-98 (IFB NO. C0991) ISSUED: 08.29.14

Page 1 of 2

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

Pa	rt A: Business Data					
1.	Business Name: Arup North America, Ltd.					
2.	Business Address: 12777 West Jefferson Boulevard Buildin					_
3.	Mailing Address:	Street	City	State	Zip	
	(If different from above)	PO. Box or Street Address	City	State	- Zip	
4.	County (and State)Business is local	ted in: Los Angele	s		(<u>CA</u>)
5.	Name of Owner: See attachment.	lame	Title		State	
6.	Owner'(s) Ethnicity: See attachment.					
7.	Phone: (310) 578 - 440	00	9. Email Address:	tim.corcoran@arup.c	com	
8.	Fax: (310) 861 - 90	29	10. Age of Business: 28	Years _		Months
11.	. If your business requires a license,	complete below:	12. Business Annual Gro	ss Receipts:		
	a. License Type City of Los Angeles Busine	ess	a. Less than \$			
	b. License #000086678-0001-4		c. 🔲 \$1,000,000	o \$1,000,000 to \$2,000,000		
	c. Expires on		d.	to \$5,000,000 0,000		
Pai	Part B: DBE CERTIFICATION STATUS					
13.	Is your business currently a DBE ?			Yes N	o 🔳	
	If "YES," attach a copy of your DE	BE Certification	Letter and check all appro	priate boxes be	elow:	
				DBE N	on-DBE	
	a. Certified by the California Unified	Certification Pro	gram (CUCP)?			
	b. Certified by an organization outsi			Ш		
	c. Name of Certifying Agency:			Yes	No	
14.	Is your business currently participate If "YES," a copy of the Joint Vent			Form.	х	
15.	Name of Joint Venture and Partners					
			•		on <u>-D</u> BE	
	a.Business Name Name of Certifying Agency					
	b.Business Name					
	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

Par	t C: Work Descriptions				
16.	RFIQ, IFB, or RFP #: C0991				
17.	Provide complete description of scope of work, services, and materials to be performed or furnished ¹ :				
	Project management, scheduling, quality control, pr	roject controls, civil engineering, industrial engineering, trackwork/ rail engineering,			
	systems engineering, communications, ITS, securit	y, 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.	8. 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?				
Par	t C: Signature				
	e authorized signer declares the rent, complete and accurate.	at the information on this form and any attachments, are			
	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			

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

Directors	Business Address	Date Appointed
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

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

Page 1 of 2

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

Par	rt A: Business Da	ıta									
1.	Business Name: LTK Engineering	services									
2.	Business Address:	100 W	est Butler Avenue			Ambler		PA	190		_
3.	Mailing Address:		Street			City		State	Zi	ip	
	(If different from above)		PO. Box or Str	reet Address		City		State	Zi	ip	
4.	County (and State	e)Business is lo	ocated in:	Montgome	ry					(Pe	nnsylvania)
5.	Name of Owner:_		Name			Title					
6.	Owner'(s) Ethnicit	y:									
7.	Phone: ()	(215) 542	0700		9. E	mail Address:	clawlor@ltk.c	om			
8.	Fax: ()	(215) 542	7676		10.	Age of Business	s: <u>93</u>	Years		10	Months
11.	If your business rea. License Type b. License # c. Expires on	equires a licens			12.	a. Less t b. \$500,0 c. \$1,000	than \$500 000 to \$1 0,000 to \$ 0,000 to \$	0,000 ,000,000 \$2,000,00 \$5,000,00			
Par	t B: DBE CERTIF	ICATION STA	ATUS								
13.	Is your business of	currently a DB	≣?				Ye	s	No [
	If "YES," attach a	California Uni	fied Certific	ation Pro			appropria		belov Non-		Ē.
	b. Certified by an cc. Name of Certify						_	Yes	L	 lo	
14.	Is your business of If "YES," a copy						this Fo		_	x	
15.	Name of Joint Ver							DBE	Non-	DBE	•
	a. Business Name Name of Certifyi	ing Agency									
	b. Business Name										
	Name of Certifyi	ing 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

Pa	rt C: Work Descriptions							
16.	RFIQ, IFB, or RFP #: ^{C0991}							
17.	7. Provide complete description of scope of work, services, and materials to be performed or furnished 1. 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.							
		of the Facility: Inspection and Acceptance of address and Testing of major equipment wer and OCS System, Yard Signals.						
	NAICS: 54133							
18.	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?							
Par	t C: Signature							
The cur	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:	Signature of Director, Officer, General Partner or similarly situated Principal of the Business						
	Printed Name:	Christopher M. Lawlor						
	Title:	Senior Vice President - Chief Financial Officer						
	Date:	January 16, 2015						

Page 1 of 2

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

Pai	rt A: Business Data						
1.	Business Name: Colmena Engineering				_		
2.	Address: 45 Villanova Lane	Oakland	CA	94611			
3.	Mailing Address:	City	State	Zip			
	(If different from above) PO. Box or Street Address	City	State	Zip			
4.	County (and State)Business is located in:	Alameda		(_	CA)		
5.	Name of Owner:Beatriz Mendez Lora	CEO/President		State			
6.	Owner'(s) Ethnicity:						
7.	Phone: (510) <u>239</u> - <u>7190</u>	9. Email Address:bm	endez@colmena-e	ng.com			
8.	Fax: ()	10. Age of Business: _	19 Years	6	Months		
11.	If your business requires a license, complete below: a. License Type b. License # c. Expires on	_ a.	\$500,000 to \$1,000,000 00 to \$2,000,000 00 to \$5,000,000				
02055330000	t 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)? b. Certified by an organization outside of California? c. Name of Certifying Agency:Minnesota Unified Certification Program (MNUCP)						
14.	Yes No 4. 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 busines	•		Non-DB	E		
	a. Business Name		_				
	Name of Certifying Agency b.Business Name 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

Par	t C: Work Descriptions						
16.	RFIQ, IFB, or RFP #:						
17.	7. Provide complete description of scope of work, services, and materials to be performed or furnished ¹ :						
	CAD Support						
	NAICS: 541330; 541690						
	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?						
Par	t C: Signature						
	e authorized signer declares the rent, complete and accurate.	at the information on this form and any attachments, are					
	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					

DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATE CALIFORNIA UNIFIED CERTIFICATION PROGRAM

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)

CONSULTANT, ENGINEERING C8715

ELECTRICAL ENGINEERS C8740

Electrical Engineer

Licenses

CERTIFYING AGENCY:

DEPARTMENT OF TRANSPORTATION 1823 14TH STREET

SACRAMENTO, CA 95811 0000 (916) 324-1700

UCP Firm Number:

QUCP 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.

Page 1 of 2

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

Par	t A: Business Data					
1.	Business Name: NBA Engineering, Inc.					
2.	Business Address: 1875 Century Park East, Suite 700 Street	Los Angeles City	California State	90067 Zip		
3.	Mailing Address:	City	State	Σίμ		
	(If different from above) PO. Box or Street Address	City	State	Zip		
4.	County (and State)Business is located in: Los Ange	les		(<u>CA</u>)		
5.	Name of Owner: Natalie Alavi, PE LEED AP	President				
6.	Owner'(s) Ethnicity: (CUCP DBE) "Other" / LA Metro SBE) "Caucasian"	Title				
7.	Phone: () <u>284</u> - <u>3236</u>	_ 9. Email Address:	natalie@nbaeng.com			
8.	Fax: () 284 - 3235	_ 10. Age of Business:	20 Years	Months		
11.	If your business requires a license, complete below	: 12. Business Annual (Gross Receipts:			
	a. License Type Mechanical Engineer		n \$500,000			
	b. License # M 23485	_ c. 🔳 \$1,000,0	0 to \$1,000,000 000 to \$2,000,000 000 to \$5,000,000			
	c. Expires on 9/30/2015		,000,000	•		
Par	B: DBE CERTIFICATION STATUS	in die in die de la constant de la c				
13.	Is your business currently a DBE?		Yes N	No 🗌		
	If "YES," attach a copy of your DBE Certification	Letter and check all ap	propriate boxes b	pelow:		
		•		Non-DBE		
	a. Certified by the California Unified Certification Pro	ogram (CUCP)?	×			
	b. Certified by an organization outside of California	. ,		H		
	c. Name of Certifying Agency:					
			Yes	No		
14.	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 busine	ss currently a certified D	BE?			
			DBE N	Non-DBE		
	a.Business Name					
	Name of Certifying Agency					
	b. Business Name		_	\Box		
	Name of Certifying Agency		_			

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

Pai	t C: Work Descriptions							
16.	RFIQ, IFB, or RFP #: C0991							
17.	Provide complete description of s	scope of work, services, and materials to be performed or furnished ¹ :						
	Mechanical, electrical and plumbing engineering s	services						
	NAICS: 541330 Engineering Services							
18.	Will your business provide trucking	ng 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 yourb. How many trucks does yourc. How many trucks are registe	company lease? NA						
Pai	Part C: Signature							
	e authorized signer declares the rent, complete and accurate.	nat the information on this form and any attachments, are						
	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						

DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATE CALIFORNIA UNIFIED CERTIFICATION PROGRAM

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

June 25, 20

CUQP DFFICER

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

Page 1 of 2

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

Pai	t A: Business Data				
1.	Business Name: GANT ARCHITECTS INC				
2.	Business Address: 1050 WILSHIRE BLVD #419	LOS ANGELES	CA	90017	
3.	Mailing Address:	City	State	Zip	
	(If different from above) PO. Box or Street Address	City	State	Zip	
4.	County (and State)Business is located in: LOS ANGELE	ES COUNTY		(CALIF	FORNIA)
5.	Name of Owner: JASON R. GANT, AIA	PRINCIPAL Title	·	State	the state of the same of the s
6.	Owner'(s) Ethnicity:				
7.	Phone: (310) 598 1526	9. Email Address: JASONG	⊋GANT-ARCHITECTS.COM		
8.	Fax: ()	10. Age of Business: 3	Years 1		Months
11.	If your business requires a license, complete below:	12. Business Annual Gr	oss Receipts:		
	a. License Type CALIFORNIA ARCHITECT	a. Less than			
	b. License # C 31829		to \$1,000,000 0 to \$2,000,000		
	c. Expires on MAY 31, 2015	d. ☐ \$2,000,000 e. ☐ Over \$5,00	0 to \$5,000,000 00,000		
Par	t B: DBE CERTIFICATION STATUS				
13.	Is your business currently a DBE ?		Yes N	lo 🗌	
	If "YES," attach a copy of your DBE Certification	Letter and check all appr	opriate boxes b	elow:	
	a. Certified by the California Unified Certification Prob. Certified by an organization outside of California?c. Name of Certifying Agency:	• '	DBE N	lon-DBE	
14.	Is your business currently participating in a Joint Ver If "YES," a copy of the Joint Venture Agreement		Yes 	No ×	
15.	Name of Joint Venture and Partners. Is this busines	s currently a certified DBI		lan DDF	
	a. Business Name		DBE N	lon-DBE	
	Name of Certifying Agency				
	b.Business Name				
	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

16. RFIQ, IFB, or RFP #: cossi 17. Provide complete description of scope of work, services, and materials to MEP NAICS: 841310	be performed or furnished ¹ :
NAICS:	be performed or furnished ¹ :
NAICS:	
State	
18. Will your business provide trucking company services on this project? P	lease mark one: Yes No
If marked YES, please complete items a. to c. below. If answered No	
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 current, complete and accurate.	any attachments, are
Business Name: GANT ARCHITECTS, INC.	
Authorized Signature: Signature of Director, Officer, General Partner or s	imilarly situated Principal of the Business
Printed Name: JASON R. GANT	
Title: PRINCIPAL	



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

must be submitted to Metro for review and approval.

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:

NAICS (2007)DescriptionSize Standard541310Architectural 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

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. For information on Metro contracting opportunities, please visit our website at www.metro.net.

Sincerely,

Shirley Wong
Certification Representative
Diversity & Economic Opportunity Department

DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATE CALIFORNIA UNIFIED CERTIFICATION PROGRAM

GANT ARCHITECTS, INC.

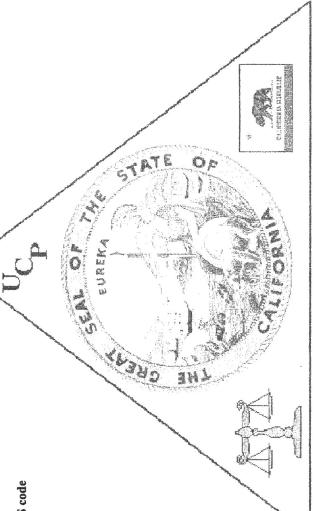
2801 ALTON PARKWAY #127 IRVINE, CA 92606 Owner: JASON GANT

Business Structure: CORPORATION

This certificate acknowledges that said firm is approved by the California Unified Cepfification 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



ARCHITECT

C8704

ARC Architect

Licenses

Work Category Code(s)

UNIFIED CERTIFICATION PROGRAM

40368

UCP Firm Number:

CERTIFYING AGENCY:

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

(213) 922-2600

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.

Page 1 of 2

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

Pai	art A: Business Data			
1.	Business Name: Hellmuth, Obata + Kassabaum (HOK)			
2.	Address:9530 Jefferson Blvd., Culver City, CA 90232			
3.	Mailing Address: City	State	Zip	
	(If different from above) PO. Box or Street Address City	State	_ Zip	
4.	County (and State)Business is located in: Los Angeles		(_CA)
5.	Name of Owner: N/A - HOK is a C-Corporation Name Title		State	
6.				
7.	Phone: () <u>310</u> - <u>838-9555</u> 9. Email Address	S:albert.kaneshiro@hok.com		
8.	Fax: () 10. Age of Busin	ess:Years _	M	lonths
11.	I. If your business requires a license, complete below: 12. Business Ani	nual Gross Receipts:		
	a. License Type Architect (City of Los Angeles) a. Les	ss than \$500,000		
	b. License # 775356-22 c \$1,	00,000 to \$1,000,000 ,000,000 to \$2,000,000 ,000,000 to \$5,000,000		
		er \$5,000,000		
Par	art B: DBE CERTIFICATION STATUS			
13.	B. Is your business currently a DBE ?	Yes N	o 🔳	
	If "YES," attach a copy of your DBE Certification Letter and check a	all appropriate boxes be	elow:	
	a. Certified by the California Unified Certification Program (CUCP)?b. Certified by an organization outside of California?c. Name of Certifying Agency:	DBE N	on-DBE	
14.	Is your business currently participating in a Joint Venture? If "YES," a copy of the Joint Venture Agreement must be attached	Yes I to this Form.	No	
15.	i. Name of Joint Venture and Partners. Is this business currently a certific		on-DBE	
	a.Business Name			
	Name of Certifying Agency			
	b.Business Name			
	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

Par	t C: Work Descriptions					
16.	RFIQ, IFB, or RFP #: Southwestern Yard Project - C0991					
17.	17. Provide complete description of scope of work, services, and materials to be performed or furnished 1:					
	Architectural Design					
	NAICS: 541310					
18.	Will your business provide trucking	ng company services on this project? Please mark one: Yes No				
	If marked YES, please complete	e 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?					
Par	t C: Signature					
The	e authorized signer declares th rent, complete and accurate.	at the information on this form and any attachments, are				
	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				

Page 1 of 2

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

Part A: Business Data			
Business Name: Calvin R. Abe & Assoc., Inc. (DBA: AHBE Landscape Architects)			
Business Address: 617 West Seventh Street, Suite 304, Los Angeles, CA 90017			
3. Mailing Address: Same as above	State	Zip	
(If different from above) PO. Box or Street Address City	State	Zip	
4. County (and State)Business is located in: Los Angeles County		(_CA)
5. Name of Owner: Calvin R. Abe, President		State	
Name Title			
6. Owner'(s) Ethnicity: Asian			
7. Phone: () 213 694-3800 _ 9. Email Address: ld	aley@AHBE.com		
8. Fax: () 213 - 694-3801 10. Age of Business: 27	Years	3	Months
11. If your business requires a license, complete below: 12. Business Annual Gro	ss Receipts:		
a. License Type S Corporation a. ☐ Less than \$			
	\$1,000,000		
	to \$2,000,000		
d.■ \$2,000,000 c. Expires on 12/31/2015 e. Over \$5,000	to \$5,000,000 0,000	J	
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 appro	priate boxes	below:	
	DBE	Non-DBE	
a. Certified by the California Unified Certification Program (CUCP)?	×		
b. Certified by an organization outside of California?		X	
c. Name of Certifying Agency: Not Applicable	Vac	No	
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		Non-DBE	
a. Business Name Not Applicable			
Name of Certifying Agency Not Applicable		Ш	
b. Business Name Not Applicable			
Name of Certifying Agency Not Applicable			

c. Business Name Not Applicable	
Name of Certifying Agency Not Applicable	
DBEs must attach a copy of current certification.	

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

art C: Work Descriptions	
6. RFIQ, IFB, or RFP #:_ ^{C0991}	
7. Provide complete descript	ion of scope of work, services, and materials to be performed or furnished ¹ :
LANDSCAPE ARCHITECTURE	
NAICS: 541320	· · · · · · · · · · · · · · · · · · ·
If marked YES, please co	trucking company services on this project? Please mark one: Yes No
If marked YES, please co	omplete items a. to c. below. If answered NO, answer "Not Applicable."
if marked YES, please co a. How many trucks does b. How many trucks does	omplete items a. to c. below. If answered NO, answer "Not Applicable." s your company own? Not Applicable
a. How many trucks does b. How many trucks does c. How many trucks are	pomplete items a. to c. below. If answered NO, answer "Not Applicable." s your company own? Not Applicable Not Applicable
If marked YES, please contains a. How many trucks doesnot be how many trucks doesnot how many trucks are art C: Signature	pemplete items a. to c. below. If answered NO, answer "Not Applicable." s your company own? Not Applicable Not Applicable registered to your company? Not Applicable registered to your company? Not Applicable ares that the information on this form and any attachments, are
a. How many trucks does b. How many trucks does c. How many trucks are art C: Signature ne authorized signer declarrent, complete and accumulations. Business Name:	pomplete items a. to c. below. If answered NO, answer "Not Applicable." s your company own? Not Applicable Not Applicable registered to your company? Not Applicable Not Applicable registered to your company? Not Applicable Area that the information on this form and any attachments, are area. Calvin R. Abe & Assoc., Inc. (DBA: AHBE Landscape Architects)
a. How many trucks does b. How many trucks does c. How many trucks are art C: Signature ne authorized signer declarrent, complete and accumulations. Business Name: Authorized Signature:	pomplete items a. to c. below. If answered NO, answer "Not Applicable." S your company own? Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Aregistered to your company? Not Applicable Ares that the information on this form and any attachments, are area. Calvin R. Abe & Assoc., Inc. (DBA: AHBE Landscape Architects) Signature of Director, Officer, General Partner or similarly situated Principal of the Business

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:

NAICS Code

Description

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

Page 1 of 2

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

Pai	t A: Business Data			
1.	Business Name: Okapi Architecture Inc.			
2.	Business Address: 1019 Green Lane, La Canada, CA 91011			
3.	Mailing Address:	City	State	Zip
	(If different from above) PO. Box or Street Address	City	State	Zip
4.	County (and State)Business is located in: Los Ang	eles		(California)
5.	Name of Owner: Ying Wang, President	Title		State
6.	Owner'(s) Ethnicity: Asian, Chinese	Tiue		
7.	Phone: () 818 726.4825	9. Email Address:	yingwang@okapiarchitectur	re.com
8.	Fax: () <u>818</u> - <u>279.0570</u>	_ 10. Age of Business:	4 Years 4	Months
11.	If your business requires a license, complete below	: 12. Business Annual	Gross Receipts:	
	a. License Type	_ a. Less th		
	b. License #	_ c. 🗌 \$1,000,	00 to \$1,000,000 000 to \$2,000,000	
	c. Expires on	d.	000 to \$5,000,000 5,000,000	
Pai	t 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 a	ppropriate boxes be	low:
	 a. Certified by the California Unified Certification Pr b. Certified by an organization outside of California c. Name of Certifying Agency: 	?	DBE No	on-DBE
14.	Is your business currently participating in a Joint Ve If "YES," a copy of the Joint Venture Agreement		Yes this Form.	No x
15.	Name of Joint Venture and Partners. Is this busine	ss currently a certified l		on-DBE
	a. Business Name			
	Name of Certifying Agency			
	b. Business NameName 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.	7. Provide complete description of scope of work, services, and materials to be performed or furnished ¹ :						
	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 truckir	ng company services on this project? Please mark one: Yes No					
	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?						
Pai	t 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.	



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:

NAICS (2007)	Description	Size Standard
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. For information on Metro contracting opportunities, please visit our website at www.metro.net.

Sincerely,

Shirley Wong

Certification Representative

Diversity & Economic Opportunity Department

Page 1 of 2

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

Pai	rt A: Business Data				
1.	Business Name: Sanchez/Kamps Associates Design DBA SKA Design				
2.	Business Address: 900 Palm Avenue, South Pasadena, CA 91030	014	Qu.	7:-	
3.	Mailing Address:	City	State	Zip	
	(If different from above) PO. Box or Street Address	City	State	Zip	
4.	County (and State)Business is located in: Los Ang	eles County		(<u>CA</u>)
5.	Name of Owner: Jon Fimbres, President			State	
	Name	Title			
6.	Owner'(s) Ethnicity:				
7.	Phone: (626) 403 - 5870	_ 9. Email Address: _	JFimbres@skadesign.cor	m	
8.	Fax: (626) 403 - 5871	_ 10. Age of Business	s: 49 Years	4	Months
11.	If your business requires a license, complete below				
	a. License Type Signage/Graphic Design Services		han \$500,000		
	h Linna # 27442		000 to \$1,000,000 0,000 to \$2,000,000	,	
	b. License # 27412		0,000 to \$2,000,000 0,000 to \$5,000,000		
	c. Expires on 07/11/15	_ e.☐ Over \$			
Pai	t B: DBE CERTIFICATION STATUS	42.			
13.	Is your business currently a DBE?		Yes	No 🔳	
	If "YES," attach a copy of your DBE Certification	Letter and check all	appropriate boxes b	pelow:	
			DBE 1	Non-DBE	1
	a. Certified by the California Unified Certification Pro	ogram (CUCP)?	× .		
	b. Certified by an organization outside of California				
	c. Name of Certifying Agency:				
			Yes	No	
14.	Is your business currently participating in a Joint Ve If "YES," a copy of the Joint Venture Agreement		this Form	X	
4.5					
15.	Name of Joint Venture and Partners. Is this busine	ss currently a certified		Non-DBE	
	a.Business Name				
	Name of Certifying Agency				
	b.Business Name				
	Name of Certifying Agency				
	NATA 0444.00		DDE INSTRUCTORIO		ODOSEDS

c. Business Name	
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 furnished 1:							
Graphic Design of signage and wayfinding, including contract documents and responding to fabricator RFI's and installation review/punch.							
NAIGO							
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?							
b. How many trucks does your company lease? 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: Sanchez/Kamps Associates Design DBA SKA Design							
Business Name: Sanchez/Kamps Associates Design DBA SKA Design							
Business Name: Sanchez/Kamps Associates Design DBA SKA Design Authorized Signature: Signature of Director, Officer, General Partner or similarly situated Principal of the Business							
Authorized Signature:							
Authorized Signature: Signature of Director, Officer, General Partner or similarly situated Principal of the Business							



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 <u>213-922-2600</u>. 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

Page 1 of 2

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

Pai	t A: Business Da	ita				
1.	Business Name: Finish Hardware Tech	nnology				
2.	Business Address: 7967 Varna Aven				-	_
3.	Mailing Address:	Street	City	State	Zip	
	(If different from above)	PO. Box or Street Address	City	State	Zip	
4.	County (and State	e)Business is located in: Los Angeles			(_CA)
5.	Name of Owner: w	Vassana Srisarint, President Name	Title		State	
6.	Owner'(s) Ethnicit	y:			_	
7.	Phone: ()	818 387-6083	9. Email Address: wassana.sc	@finishhardwaretech.com		
8.	Fax: ()		10. Age of Business: 27_	Years		Months
11.	If your business re	equires a license, complete below:	12. Business Annual Gro	ss Receipts:		
	a. License Type	City of Los Angeles Business Tax Registration	a. Less than \$			
	b. License #	693739-0001-0		\$1,000,000 to \$2,000,000		
	c. Expires on	Current	d. ☐ \$2,000,000 e. ☐ Over \$5,000	to \$5,000,000 0,000		
Par	t B: DBE CERTIF	ICATION STATUS			Ti.	
13.	Is your business of	currently a DBE ?		Yes No	o 🗌	
	If "YES," attach a	copy of your DBE Certification	Letter and check all appro	priate boxes be	elow:	
	b. Certified by an	California Unified Certification Pro organization outside of California? ring Agency:		DBE No	on-DBE	
14.	Is your business c	currently participating in a Joint Ver of the Joint Venture Agreement	nture?	Yes — Form.	No A	
15.	Name of Joint Ver	nture and Partners. Is this busines	ss currently a certified DBE		DD=	
	a Business Name			DBE No	on-DBE	
	Name of Certify	ing Agency				
	b. Business Name	ing 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

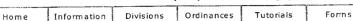
Par	t C: Work Descriptions	
16.	RFIQ, IFB, or RFP #:	
17.	Provide complete description of s	cope of work, services, and materials to be performed or furnished ¹ :
	Architectural consulting services for Door Hardware, Integrated D	toor Assemblies, and Automatic Swing Door Operators
	NAICS: 541310	
18.	Will your business provide truckir	ng company services on this project? Please mark one: Yes No
	If marked YES, please complete	e items a. to c. below. If answered NO, answer "Not Applicable."
	a. How many trucks does your ofb. How many trucks does your ofc. How many trucks are register	company lease? N/A N/A
Par	t C: Signature	
	e authorized signer declares the rent, complete and accurate.	at the information on this form and any attachments, are
	Business Name:	Phajsh Hardware Technology
	Authorized Signature:	Signature of Director, Officer, General Partner or Smilarly 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"





Application

CONSTRUCTION

EMERICO CONTRACT ADMINISTRATION

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

ACDBE NAICS Description:

Company Phone:

(818) 387-6083

Email Address:

wasana.s@finishhardwaretech.com

Company Address:

7967 Varna Avenue,

Building:

City/State/Zip: Panorama City, CA 91402

Ethnicity Code: Asian-pacific American

Comment:

Approved: 10/19/2009

(818) 386-Company 8738 Fax: DBE 10/19/2009 Certified: MBE 10/19/2009 **Certified:** WBE 10/19/2009 **Certified:**

ACDBE

Certified:

1/2

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 7967 VARNA AVENUE,

Address Line1

Address Line2 City

VAN NUYS CA 91402

Zip Code1 Zip Code2

State

Mailing Address Line1 Mailing Address Line2

Mailing City Mailing State Mailing Zip Code1 Mailing Zip Code2

Certification Type

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

C8700 CONSULTANT, NON ENGINEERING; C8702 MANAGEMENT INFORMATION SYSTEMS; C9810

Work Codes SMALL STRUCTURES; C9822 CARPENTRY; C9874 HARDWARE (ROUGH); C9876 HARDWARE (FINISH);

18740 MANAGEMENT & PUBLIC RELATIONS;

Licenses **Trucks**

Gender

F

Ethnicity ASIAN PACIFIC

Firm Type DBE

Back To Query Form

Page 1 of 2

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

Pa	rt A: Business Data	•				
1.	Business Name:	MICHAEL AMAYA ILLUSTRA	ATION			_
2.	Business Address:	4324 Le Bourget Avenue	Culver City	CA	90232	
3.	Mailing Address:	Street	City	State	Zip	_
	(If different from above)	PO. Box or Street Address	City	State	– Zip	
4.	County (and State)Bus	iness is located in:	LOS ANGELES		(_	CA)
5.	Name of Owner:	MICHAEL AMAYA	DIRECTOR		State	
6.	Owner'(s) Ethnicity: ME	Name	Title			
7.		592 - 6693	0 Email Address:	mike@mikeamaya.c	om	
	Filone. (310)	876 0479	9. Email Address.	14 ,,	4	
8.		876 _ 0479				Months
11.		es a license, complete below:				
	a. License Type	N/A		than \$500,000		
	b. License #	N/A		000 to \$1,000,000 0,000 to \$2,000,000		
	c. Expires on	N/A ·		0,000 to \$5,000,000		
Pa	rt B: DBE CERTIFICAT	TON STATUS	•			
	Is your business curren			Yes ■ N	0	
	,	y of your DBE Certification	Letter and check all			
					on-DB	=
	a. Certified by the Calif	ornia Unified Certification Pro	ogram (CUCP)?	X		_
	•	ization outside of California?			H	
		gency:		_		
				Yes	No	
14.		tly participating in a Joint Ver a Joint Venture Agreement		thic Form	X	
15.	Name of Joint Venture	and Partners. Is this busines	ss currently a certified		on-DB	_
	a Business Name					L.
	Name of Certifying A	gency				
	Name of Certifying A	gency				
IAC	CMTA GA14-98			DBF INSTR TO BIDI	DERS/DE	ROPOSERS

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

Par	t 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 so	cope of work, services, and materials to be performed or furnished ¹ :					
	3d Pre-Visualization serv	vices including 3d rendering and animation work					
	of the proposed design	providing the Design Team and Client					
	photoreal and illustrative	e depictions of the unbuilt work.					
	NAICS: 541430 (Commerical Illustration),	, 512191 (Motion picture animation/post-production), 541922 Photography					
18.	Will your business provide trucking	g 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 cob. How many trucks does your coc. How many trucks are registered	ompany lease?					
Par	t C: Signature						
	e authorized signer declares that rent, complete and accurate.	at the information on this form and any attachments, are					
	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					
		•					
		· ·					
	,	,					



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 <u>213-922-2600</u>. For information on Metro contracting opportunities, please visit our website at <u>www.metro.net</u>.

Sincerely,

Manlyn White

Certification Consultant - HSW Services

& White

Diversity & Economic Opportunity Department

Page 1 of 2

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

Par	t A: Business Data				
1.	Business Name: Maroko & Shwe, Inc.				
2.	Business Address: 1106-B W Magnolia Blvd.,	Burbank	CA	91506	
3.	Mailing Address:	City	State	Zip	
	(If different from above) PO. Box or Street Address	City	State	Zip	
4.	County (and State)Business is located in: Los Angele	es	,	(CA)
5.	Name of Owner:	President Title		State	
6.	Owner'(s) Ethnicity:				
7.	Phone: () 840	9. Email Address:	msi@marokoshwe.com		
8.	Fax: () <u>840</u> - <u>0284</u>	10. Age of Business:	Years	8	Months
11.	If your business requires a license, complete below: a. License Type b. License # c. Expires on	a. ☐ Less tha b. ☐ \$500,00 c. ☐ \$1,000,0	in \$500,000 0 to \$1,000,000 000 to \$2,000,00 000 to \$5,000,00		
	t B: DBE CERTIFICATION STATUS			500	
13.	Is your business currently a DBE?		Yes	No 📙	
	If "YES," attach a copy of your DBE Certification	Letter and check all ap		below: Non-DBE	
	a. Certified by the California Unified Certification Prob. Certified by an organization outside of California?c. Name of Certifying Agency:		×		
14.	Is your business currently participating in a Joint Ver If "YES," a copy of the Joint Venture Agreement	iture?	Yes his Form.	No x	
15.	Name of Joint Venture and Partners. Is this busines	s currently a certified D		Non-DBE	
	a. Business Name				
	b. Business Name Name of Certifying Agency				

c. Business Name Name of Certifying Agency	
DBEs must attach a copy of current certification.	
DBES must attach a copy of current certification.	

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

ar	t C: Work Descriptions		
16.	RFIQ, IFB, or RFP #: C0091		-
17.	Provide complete description of	of scope of work, services, and materials to be performed or fu	urnished ¹ :
	Commissioning Services for the Building Mech	nanical and Electrical Systems	
	·		
	NAICS: 541330		
18.	Will your business provide truc	king company services on this project? Please mark one:	Yes No
	If marked YES, please comp	lete items a. to c. below. If answered NO, answer "Not Ap	oplicable."
	a ===, p.ca.cc cop.	,	
	•	ALLA	
		ur company own? Ur company lease?	
	a. How many trucks does you b. How many trucks does you	ur company own? Ur company lease?	
Par The	a. How many trucks does you b. How many trucks does you c. How many trucks are regis t C: Signature e authorized signer declares rent, complete and accurate	that the information on this form and any attachments.	
Par The cur	a. How many trucks does you b. How many trucks does you c. How many trucks are regis t C: Signature e authorized signer declares rent, complete and accurate Business Name:	that the information on this form and any attachments	
Par The cur	a. How many trucks does you b. How many trucks does you c. How many trucks are regis t C: Signature e authorized signer declares rent, complete and accurate	that the information on this form and any attachments.	, are
Par The cur	a. How many trucks does you b. How many trucks does you c. How many trucks are regis t C: Signature e authorized signer declares rent, complete and accurate Business Name:	that the information on this form and any attachments. Maroko & Shwe, Inc.	, are
Par The cur	a. How many trucks does you b. How many trucks does you c. How many trucks are regis t C: Signature e authorized signer declares rent, complete and accurate Business Name: Authorized Signature:	that the information on this form and any attachments. Maroko & Shwe, Inc. Signature of Director, Officer, General Partner or similarly situated Principal of the	, are

DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATE CALIFORNIA UNIFIED CERTIFICATION PROGRAM

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
C8716 ARCHITECTURAL ENGINEER
C8730 SAFETY STUDIES

C8742 MECHANICAL ENGINEERS

FEASIBILITY STUDIES

CIVIL ENGINEERING

C8707 C8720

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:

CUCP OFFICER

34384

February 4, 2009

FORM 4 - BUSINESS DATA SHEET - DESIGN

Page 1 of 2

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.

Par	t A: Business Da	ata					
1.	Business Name: V&A	, Inc.					
2.	Business Address:	530 South He	ewitt St., ste 121	Los Angeles	CA State	90013 Zip	
3.		same as abov		•	State		
	(If different from above)		PO. Box or Street Address	City	State	Zip	
4.	County (and State	e)Business is I	ocated in:	Los Angeles	County	(State	<u>CA</u>)
5.	Name of Owner:_		Jose Valle Name	CEO Title		State	
6.	Owner'(s) Ethnici	ty:	Hispanic				
7.	Phone: (213)	972	- 9700	9. Email Address:	jose.valle@va	-incorp.com	
8.	Fax: (213)	972	9707	10. Age of Busines	ss: <u>6</u> Ye	ars10	Months
11.	If your business rea. License Type		se, complete below:	a. Less	ual Gross Recei than \$500,000 ,000 to \$1,000,		
	b. License #	N/A		c. 🗌 \$1,00	00,000 to \$2,00	0,000	
	c. Expires on	N/A			00,000 to \$5,00 \$5,000,000	0,000	
Par	t B: DBE CERTIF	FICATION STA	ATUS				
13.	Is your business of	currently a DB	E?		Yes√	No	
	If "YES," attach a	a copy of you	r DBE Certification	Letter and check al	l appropriate bo	xes below:	
	•	organization o	fied Certification Pro utside of California? Metro	gram (CUCP)?	DBE	Non-DBI	
14.	Is your business of	currently partic	ipating in a Joint Ver /enture Agreement		Yes to this Form.	No ✓	
15.	Name of Joint Ve		ners. Is this busines	s currently a certifie	DBE	Non-DBI	Ē
			4515				
	b.Business Name)					

c. Business Name Name of Certifying Agency	
DBEs must attach a copy of current certification.	
DBES must attach a copy of current certification.	

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

Pai	rt C: Work Descriptions				
16.	RFIQ, IFB, or RFP #: CO991				
17.	Provide complete description of	scope of work, services, and materials to be performed or furnished ¹ :			
	Civil and Traffic Engineering Se	rvices			
	NAICS:				
	541330, 541340, 5413	350, 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				
	c. How many trucks are registe	ered to your company? N/A			
Par	t C: Signature				
	e authorized signer declares the rent, complete and accurate.	nat the information on this form and any attachments, are			
	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			



One Gateway Plaza Los Angeles, CA 90012-2952 213.922.2000 Tel metro.net



Metro

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.

.12.4

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

Sincerely,

Tina Giles-Potter

Certification Consultant - SBEUS

Diversity & Economic Opportunity Department

FORM 4 - BUSINESS DATA SHEET - DESIGN

Page 1 of 2

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.

Pa	rt A: Business Da	ata	1. 3536					434	
1.	Business Name: PacRim Enginee	ering							_
2.	Business Address: 233 W. Cerri	itos Avenue, Anaheir							
3.	Mailing Address: SAME as business address a	bove	Street		City		State	Zip	
	(If different from above)		PO. Box or St	reet Address	City		State	Zip	
4.	County (and State	e)Business is	located in:	Orange				(C	California)
5.	Name of Owner: F	Peter Liu, President	Name		Title				
6.	Owner'(s) Ethnicit	ty:							
7.	Phone: (714)	683	_ 0470		9. Email Addre	ess: rkim@P	acRimEngineering.co	om	
8.	Fax: (714)	683	- 0460		10. Age of Bus	siness: 7	Years	9	Months
11.	If your business re	equires a lice	nse, complet	te below:	12. Business A	Annual Gro	ss Receipts:		
	a. License Type	Professional Engin	eering			_ess than \$			
	b. License #	48409					\$1,000,000 to \$2,000,000	0	
	c. Expires on	June 2016			d.		to \$5,000,000		
Pai	t B: DBE CERTIF	ICATION ST	ATUS						
13.	Is your business of	currently a DE	BE?				Yes	No 🗌	
	If "YES," attach a	a copy of you	ır DBE Cert	ification	Letter and ched	ck all appro	priate boxes	below:	
							DBE	Non-DB	E
	a. Certified by the						X		
	b. Certified by anc. Name of Certify	-	outside of Ca	alifornia?					
	c. Name of Certify	ing Agency.		······································			Yes	No	
14.	Is your business of if "YES," a copy					ned to this	Form.	х	
15.	Name of Joint Ver	nture and Par	tners. Is this	s busines	s currently a ce	rtified DBE			
	- Decision Norma						DBE	Non-DB	E
	a. Business Name Name of Certify	ina Agencv							
	b. Business Name								
	Name of Certify	ring Agency _						_	
	CMTA CA14 00					-	DE INCED TO BU		

c. Business Name	
DBEs must attach a copy of current certification.	

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

Pa	rt C: Work Descriptions		
16.	RFIQ, IFB, or RFP #: 09991		
17.	Provide complete description of s	scope of work, services, and materials to be performed or furnished ¹ :	
	Structural Engineering Design		
			-
	NAICS: 541330		
18.		ng company services on this project? Please mark one: Yes e items a. to c. below. If answered NO, answer "Not Applicable."	No ■
	a. How many trucks does your ofb. How many trucks does your ofc. How many trucks are register	company own? Not Applicable Not Applicable	
Par	t C: Signature		
The cur	e authorized signer declares th rent, complete and accurate.	at the information on this form and any attachments, are	
	Business Name:	PacRim Engineering	
	Authorized Signature:	John John Marie Land Control of the	
	Printed Name:	Signarure of Director, Officer, General Partner or similarly situated Principal of the Business 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:

NAICS Codes	<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

Helint Pennel

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

1.	RFP/IFB Number:	C0991				
	_					
2.	Project Name	Southwestern Yard Pro	oject			
	_					
3.	Name of the Prime:	Arup North America, Li	td.			
	_					
4.	Business Address:	12777 West Jefferson	Blvd, Building D, S	Suite 100 Los	s Angeles, CA	90066
	_	Street	City	State	Zip	
5.	Name of Proposed I	DBE Business: Colmena E	Engineering			
6.	Business Address:	45 Villanova Lane	Oakland	CA	94611	
7.	Total DBE Dollars C	Street committed: \$\frac{142,784}{(Amount should match:)}	City \$ Amount listed for this busine	State ess on Form 1 or Fori	Zip	
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; 54	41690				
Sig cor sha	mmitment by both par all include the scope(s	ized representatives of the ties. A formal subcontract s) of work and monetary co adition of contract award.	agreement between t	the Offeror and	d the DBE subco	ntractor
	rup North America,	Ltd.	Colmena En			
Naı	me of Business		Name of DBE Bu	usiness	\rightarrow	
Aut	Authorized Signature of Business Authorized Signature of DBE Business					
	m Corcoran		Beatriz Mend			
Тур	ped or Printed Name of	Signee	Typed or Printed	Name of Signe	e	

CEO/President Principal Title of Signee Title of Signee 510-239-7190 +1 310 578 4528 Telephone Telephone bmendez@colmena-eng.com tim.corcoran@arup.com Email Email 1.19.2015 20-January-2015 Date Date

_ ...

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

1.	RFP/IFB Number:	C0991				
	_					
2.	Project Name	Southwestern Yard Project				
	_					
3.	Name of the Prime:	Arup North America, Li	td.			
	_					
4.	Business Address:	12777 West Jefferson	Blvd, Building D, Sı	uite 100 Los A	ngeles, CA 90066	
	-	Street	City	State	Zip	
5.	Name of Proposed I	DBE Business: NBA Engir	neering, Inc.			
ô.	Business Address:		Los Angeles	CA	90067	
7.	Total DBE Dollars C	Street Committed: \$\frac{\$1,412,396}{(Amount should match?)}\$	City \$ Amount listed for this busines	State s on Form 1 or Form 3)	Zip	
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 E	Engineering Services				
Sig cor sha	mmitment by both par all include the scope(s	rized representatives of the rties. A formal subcontract s) of work and monetary co ndition of contract award.	agreement between th	ne Offeror and th	e DBE subcontractor	
Ar	rup North America,	, Ltd.	NBA Enginee	ring, Inc.		
Na	me of Business		Name of DBE Bus	siness		
	authorized Signature of Business Authorized Signature of DBE Business					
	Tim Corcoran Natalie Alavi					
ı yr	oed or Printed Name of	Signee	Typed or Printed I	name of Signee		

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

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	N BOULEVARD BUI	LDING D, L.A., C	CA 90066	
	-	Street	City	State	Zip	
5.	Name of Proposed I	DBE Business: GANT ARCH	ITECTS, INC.			
6.	Business Address:		LOS ANGELES	CA	90017	
		Street	City	State	Zip	
7.	Total DBE Dollars C	Committed: \$\frac{217,140}{(Amount should match \$ /	Amount listed for this busines	ss 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					
		Mercana and an analysis and a second a second and a second a second and a second a second and a second and a second and a				
	NAICS: 541310					
A £4						
Sig coi sha	mmitment by both par all include the scope(s	rized representatives of the C ties. A formal subcontract a s) of work and monetary com	greement between t	he Offeror and the	e DBE subcontractor	
do	cument shall be a cor	ndition of contract award.				
	lrup North 1	america Ltd.	GANT ARCHIT			
Na	me of Business		Name of DBE Bu	siness		
Au	thorized Signature of Bu	siness	Authorized Signa	ture of DBE Busine	ess	
	Tim corcor		JASON R. GAI			
Тур	oed or Printed Name of	Signee	Typed or Printed Name of Signee			
			JASON	R. GA	NT	

 Principal
 Principal

 Title of Signee
 Title of Signee

 310 578 4528
 310-598-1526

 Telephone
 Telephone

 tim.corcoran@arup.com
 jason@gant-architects.com

 Email
 Email

 01.19.2015
 01.16.2015

 Date
 Date

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

1.	RFP/IFB Number:	C0991				
2.	- Project Name	Metro Crenshaw LAX S	Southwest Yard M	aintenance Fac	ility	
3.	Name of the Prime:	Arup				
4.	- Business Address:	12777 West Jefferson	Blvd, Los Angeles	s, CA 90066		
		Street	City	State	Zip	
5.	Name of Proposed [DBE Business: Calvin R. A	Abe & Assoc., Inc.	(DBA: AHBE La	indscape Architect	s)
ô.	Business Address: 617 West Seventh St, Suite	2 304	Los Angeles	CA	90017	
7.	Total DBE Dollars C	Street Committed: \$\frac{117,000}{(Amount should match \$}	City Amount listed for this busine	State ss on Form 1 or Form 3)	Zip	
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					
Sig con sha	mmitment by both par all include the scope(s	rized representatives of the 0 ties. A formal subcontract a s) of work and monetary con ndition of contract award.	agreement between t	he Offeror and the	e DBE subcontractor	
	Arup North	America Ltd	_	soc., Inc. (DBA: AHBE	Landscape Architects)	
Nar	ne of Business		Name of DBE Bu	usiness		
Aut	horized Signature of Bu	siness	Authorized Signa	ture of DBE Busine	ss	
_	Tim corco		Linda Daley			
Гур	ed or Printed Name of	Signee	Typed or Printed	Name of Signee		
^_	CNATA CA44 OR			DDE INOTE	7. TO DIDDEDOUD	

Principal	Managing Principal	
Title of Signee	Title of Signee	
310 578 4528	213-694-3800	
Telephone	Telephone	
tim.corcoran@arup.com	ldaley@ahbe.com	
Email	Email	
01.19.2015	01.19.2015	
Date	Date	

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

1.	RFP/IFB Number:	C0991				
	_					
2.	Project Name	Southwestern Yard				
	-					
3.	Name of the Prime:	ARUP North America Ltd	1			
	-					
4.	Business Address:	12777 West Jefferson B	lvd Los Angeles,	CA 90066		
	-	Street	City	State	Zip	
5.	Name of Proposed I	DBE Business: Okapi Arch	itecture Inc			
6.	Business Address:					
	1019 Green Lane		La Canada	CA	91011	
	Tatal DDE Dallara C	Street 175 740	City	State	Zip	
7.	Total DBE Dollars C	committed: \$\frac{175,740}{(Amount should match \$ A	mount listed for this business	s 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 Spec	cification writing and co	ordination.			
					- topic de la constant de la constan	
	NAICS: 541620,	541310				
Sig cor sha	firmation: gnatures of the author mmitment by both par all include the scope(ized representatives of the Otties. A formal subcontract ag s) of work and monetary comindition of contract award.	reement between th	e Offeror and the	e DBE subcontract	tor
F		America Ltd.	Okapi Archite			
Na	me of Business		Name of DBE Bus		0 -0	1 /
	h lorcoron		Warter	Digitally signed by Yeng Wang Dift cor-ring Wang, or-Diags / Debr. 2013.01.17 11-14-54 - 201	n respective section and anti-information of the property of the section of the s	4
Aut	thorized Signature of Bu	siness	Authorized Signate	ure of DBE Busine	ess /	
	im corcord		Ying Wang			
Тур	ped or Printed Name of	Signee	Typed or Printed N	Name of Signee		
	CMTA GA14 98			DRE INST	R TO RIDDERS/PROPI	OSERS

Principal Principal Title of Signee Title of Signee 310 578 4528 818 726 4825 Telephone Telephone tim.corcoran@arup.com yingwang@okapiarchitecture.com Email Email 01.19.2015 01.17.2015 Date Date

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

۱.	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 Boule	evard, Culver City, CA 90066	
	-	Street Cit		
5.	Name of Proposed I	DBE Business: Sanchez/Kamps	Associates Design DBA SKA Desig	<u>n</u>
6.	Business Address: 900 Palm Avenue, South	Pasadena, CA 91030		
7.	Total DBE Dollars C	Street City Committed: \$58,790 (Amount should match \$ Amount list	ted for this business on Form 1 or Form 3)	
В.		f work to be performed by DBE subcon System (NAICS) code(s): <http: <="" td=""><td>contractor and provide applicable Northern Am</td><td>erica</td></http:>	contractor and provide applicable Northern Am	erica
	•	. , , , , , , , , , , , , , , , , , , ,	and responding to fabricator RFI's and installation review/punct	h.
				_
	NAICS: 541430 -	Graphic Design Services		_
Sig cor sha	nmitment by both par all include the scope(s	ties. A formal subcontract agreeme	and the DBE business below, represents the ent between the Offeror and the DBE subcontruction of the commitments in this commitments in this commitments in this commitments.	
F	Arup North	MITTAL ELA	anchez/Kamps Associates Design DBA SKA Design	gn
Nar	me of Business	Na	me of DBE Business	
Aut	horized Signature of Bu	isiness	thorized Signature of DBE Business	
	im corcor		eseph Stoddard	
Тур	ped or Printed Name of	Signee Typ	ped or Printed Name of Signee	
			vice President	

Principal Title of Signee Title of Signee 310 578 4528 626 403 5870 Ext 10 Telephone Telephone tim.corcoran@arup.com jstoddard@skadesign.com Email Email 01.19.2015 01.20.2015 Date Date

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

1.	RFP/IFB Number:	C0991			
	_				
2.	Project Name	Southwestern Yard	l Project		
	_				
3.	Name of the Prime:	Arup North America	a, Ltd.		
	_				
4.	Business Address:	12777 West Jeffer	son Boulevard Building	D Los Angele	es CA 90066
	_	Street	City	State	Zip
5.	Name of Proposed I	DBE Business: Finish F	Hardware Technology		
6.	Business Address:				
	7967 Varna Avenue	Street	Panorama City City	CA State	91402 Zip
	•		de(s): <http: th="" www.census<=""><th>•</th><th></th></http:>	•	
	NAICS: 541310				
Sig cor sha	mmitment by both par all include the scope(s	rties. A formal subcontr	the Offeror and the DBE tract agreement between the y commitment referenced d.	ne Offeror and th	e DBE subcontractor
Ar	rup North America	Ltd.	Finish Hardwar	e Technology	
Naı	me of Business		Name of DBE Bus	siness	1
	h lorcoran		Wassac	af lisar	int
	thorized Signature of Bu	ısiness		ure of DBE Busine	ess
	m Corcoran	0.	Wassana Srisa		
ı yp	ped or Printed Name of	Signee	Typed or Printed I	Name of Signee	

Principal President Title of Signee Title of Signee 310 578 4528 818-387-6083 Telephone Telephone tim.corcoran@arup.com wassana.s@finishhardwaretech.com Email Email 01.19.2015 January 21, 2015 Date Date

LACMTA GA14-98 (IFB NO. C0991) ISSUED: 08.29.14

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

1.	RFP/IFB Number:	C0991				
	_					
2.	Project Name	Southwestern	Yard Projec	t		
	_					
3.	Name of the Prime:	Arup North Ar	merica, Ltd.	1		
	_					
4.	Business Address:	12777 West J	efferson Blvo	d, Building D,	Suite 100 Los A	ngeles, CA 90066
	_	Street		City	State	Zip
5.	Name of Proposed	DBE Business:	MICHAEL	AMAYA ILL	USTRATION	
6.	Business Address:					
0.	4324 Le Bo	urget Avenue	e Cu	Iver City	State	90232 Zip
7.	Total DBE Dollars C	Committed: \$ 15	,000.00 should match \$ Amo		ness on Form 1 or Form 3)	2 14
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-V	/isualization ser	vices includin	g 3d rendering	and animation w	ork
	of	the proposed d	esign providin	g the Design T	eam and Client	
		photoreal and il	lustrative dep	ictions of the	unbuilt work.	
	NAICS: 541430 (Co	ommerical Illustrati	on), 512191 (Mo	tion picture anim	ation/post-production), 541922 Photography
Sig col sha	firmation: gnatures of the author mmitment by both pa all include the scope(cument shall be a cor	rties. A formal su (s) of work and m	ubcontract agre onetary commi	ement betweer	the Offeror and th	e DBE subcontractor
Αı	rup North America	, Ltd.		MICHAE	EL AMAYA ILLI	JSTRATION
Na	me of Business			Name of DBE E	Business	
A	L Corcoren			A. 4b) to tope business	
	thorized Signature of Bi	usiness		_	fature of DBE Busine AEL AMAYA	ess .
	ped or Printed Name of	Signee	•		ed Name of Signee	
LA	CMTA GA14-98				DBE INST	R TO BIDDERS/PROPOSERS

 Title of Signee
 Title of Signee

 +1 310 578 4528
 Telephone

 Telephone
 Telephone

 tim.corcoran@arup.com
 Email

 1.19.2015
 mik

 Date
 Date

Title of Signee DIRECTOR

310 592 6693

mike@mikeamaya.com

late Jan 19th 2015

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

1.	RFP/IFB Number:	C0991				
	_					
2.	Project Name	Los Angeles Metro South	west Yard Cre	enshaw Line Main	tenance Fac	cility
	_					
3.	Name of the Prime:	Arup North America Ltd				
	_					
4.	Business Address:	2777 West Jefferson Blvd	d Building D,	Los Angeles	CA 9006	66
	_	Street	City	State	Zip	
5.	Name of Proposed	DBE Business: Maroko & Sh	we, Inc.			
6.	Business Address:					
	1106 B W Magnolia		Burank	CA	91506	
		Street 4.00 074 00	City	State	Zip	
7.	Total DBE Dollars (Committed: \$\frac{109,274.00}{(Amount should match \$ An	nount listed for this bus	iness on Form 1 or Form 3)		
8.		of work to be performed by DBE ion System (NAICS) code(s):				nerica
	Commissioning	Services for the Building M	lechanical & E	lectrical Systems		
	NAICS: 541330	,				
Af	firmation:					
		rized representatives of the Of	feror and the DB	BE business below, re	epresents the	
		rties. A formal subcontract agi				
		(s) of work and monetary comm	nitment reference	ed above. DBE com	mitments in th	is
ao		ndition of contract award.				
_/		n America Lta.	Maroko & S			
Na	me of Business		Name of DBE	Business		
	- lorcoran		Lames	s of Shue		
	thorized Signature of B		_	nature of DBE Busines	SS	
	rim corco		James H. S			
Ту	ped or Printed Name of	Signee	Typed or Print	ed Name of Signee		
LA	CMTA GA14-98			DBE INSTR	TO BIDDERS/PF	ROPOSERS

Principal Principal Title of Signee Title of Signee 310 578 4528 818 840 0280 Telephone Telephone tim.corcoran@arup.com jshwe@marokoshwe.com Email Email 01.19.2015 01.19.2015 Date Date

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

1.	RFP/IFB Number:	CO991			
	_				
2.	Project Name	Division 16: Southwestern Yar	rd		
	-				
3.	Name of the Prime:	ARUP			
	-				
4.	Business Address:	12777 West Jefferson Bouleva	ard Los Angeles	CA	90066
	_	Street	City	State	Zip
5.	Name of Proposed I	DBE Business: V&A, Inc.			
6.	Business Address: 530	O South Hewitt St., Suite 121	Los Angeles	CA 90013	
7.	Total DBE Dollars C	ommitted: \$_1,385,538	ount listed for this business on Fo		
8.	Industry Classification	work to be performed by DBE on System (NAICS) code(s): Engineering Services			nern America
	NAICS: 541330, 54	1340, 541350, 541611, 54161	8	haman da sa	
Sig cor sha	irmation: natures of the author nmitment by both par all include the scope(s	ized representatives of the Offe ties. A formal subcontract agre s) of work and monetary commi dition of contract award.	eror and the DBE busin	feror and the DBE s	ubcontractor
Var	ne of Business	merica Ltd.	V&A, Inc. Name of DAE Business		
	horized Signature of Bu		Authorized Signature o	t DBE Business	
	im corcord		Noah Busch, P.E.	of Cianas	
і ур	ed or Printed Name of S	oignee	Typed or Printed Name Senior Vice Presid		
				DDE 11/077 70 5:37	

Principal Title of Signee Title of Signee 310 578 4528 213 972 9700 Telephone Telephone tim.corcoran@arup.com noah.busch@va-incorp.com Email Email 01.19.2015 01.13.2015

Date

Date

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

1.	RFP/IFB Number:	C0991				
_	-					
2.	Project Name	Southwestern Yard Proje	ect			
	_					
3.	Name of the Prime:	Arup North America, Ltd.				
	_					
4.	Business Address:	12777 West Jefferson Bo	ulevard Buildin	g D Los Angeles	CA 90066	
	-	Street	City	State	Zip	
5.	Name of Proposed [DBE Business: PacRim Engi	ineering Inc.			
6.	Business Address:		Anaheim	CA	92805	
		Street FC4 COC CO	City	State	Zip	
7.	Total DBE Dollars C	committed: \$\frac{564,393.00}{(Amount should match \$ Am	nount listed for this busine	ess on Form 1 or Form 3)		
8.	Identify the scope of	work to be performed by DBE	subcontractor an	d provide applicabl	le Northern Americ	а
	Structural Engine	on System (NAICS) code(s): <	<http: td="" www.censu<=""><td>s.gov/eos/www/nai</td><td>CS/></td><td></td></http:>	s.gov/eos/www/nai	CS/>	
	- Charles Engine	ering Beelgii				
	NAICS: 541330					
Affi	irmation:					
Sig	natures of the authori	ized representatives of the Off	eror and the DBE	business below, re	presents the	
con sha	nmitment by both pari all include the scope(s	ties. A formal subcontract agr s) of work and monetary comm	eement between t	the Offeror and the	DBE subcontractor	r
doc	cument shall be a con	dition of contract award.		abovo. BBE com		
	up North America,	Ltd.		ineering, Inc.		
Van	ne of Business		Name of DBE B	isiness		
۱۰.۰۰	horized Signature of Bus		bes			
	nonzed Signature of Bus n Corcoran	siness		ture of DBE Busines	S	
	ed or Printed Name of S	Signoo	Peter Liu, P.			
yP	od or i filited Name of S	лупее	Typed or Printed	ivanie of Signee		

Principal Principal Title of Signee Title of Signee +1 310 578 4400 ext 20528 +1 714-683-0470 ext 471 Telephone Telephone tim.corcoran@arup.com pliu@PacRimEngineering.com Email January 16, 2015 January 16, 2015 Date 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, 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

IFB No. C0991 Southwestern Yard

ğ 2001 COL # E + F) 0P4.214 DBE BID TOTAL PRICE ග **BID PRICE FOR OTHER DBE** (Race Neutral Participation) FIRMS 2,415,490,0r January 22, 2015 **BID PRICE FOR** (Race Conscious participation) 3,031,000 7,0000-4,600,00 RC DBE FIRMS 374. 37,534,626 8 3,021,000.00 8CHS+6148 -816,347,25 000,431,000 232451.00 1,397.946.1 520 Project Name: **BID PRICE** Bid Due Date: 374 Ť vith its own workforce SUBCONTRACTORS Zi 4 Or Contractor S = Supplier¹ M= Manufacturer Prime's \$ Amount C = Consultant T = Trucker B = Broker < 7 (SAS) CORDE national mati has Paintsystens C qualty, comply DESCRIPTION trac assr WORK Carles asks Train this もんないら മ OHL USA, Inc. Singstern DW SKINS SINSTING W wish say sies NAME OF OFFEROR AND ALL SUBCONTRACTORS 1960 SAKE HON Middliant Electric Should equal Line #3 abover DNAKA HETH WYCHINEEVILL (1ST TIER) 9. TOTAL BID PRICE Finish Ø くなっていると 1. Offeror's Name: J(HMM) Segmono 3. Total Bid Price: N CONDO TEST რ 4. 5

If 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 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.

(IFB NO. C0991) AMENDMENT #2 ISSUED: 08.29.14 / 10.24.14 LACMTA GA14-98

DBE INSTR TO BIDDERS/PROPOSERS AND FORMS DESIGN/BUILD (RC-FTA) PRO FORM 068A REV. DATE: 06.26.13

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 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 DBEs are ethnic groups that have been identified as statistically and significantly underutilized. These groups include: African Americans, Asian Pacific Americans, Native 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.

1.0	1. Offeror's Name:	OHL L	OHL USA, Inc.	2. P	1	IFB No. C0991 Southwestern Yard	uthwestern Yard		
3. T	3. Total Bid Price:	76,082	740,00	4. B	4. Bid Due Date:	January 22, 2015		4	
	A		В	0	D	Ш	Н	9	
	NAME OF OFFEROR AND ALL SUBCONTRACTORS (1 ST TIER)	OR AND ACTORS	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	DHC USA	W.		Prime's \$ Amount → with its own workforce			\$	₩	
-	Rocision Gra	Nay Sur Ulyan	of Switter	e)	494975.00	00' SLB' 464 00'SLBHAT		494,975	
2	Tros - Lawrence	4	gestechnico	r)	273,900,00	273,900		026,576	
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5.									
9									
7.									
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9. (Sho	9. TOTAL BID PRICE (Should equal Line #3 above)	bove)			* 5196,082,740 \$	€9	\$	\$ 10,339,885	77

If 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 E and E 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 sixtypercent (60%) of the cost for materials/supplies will be counted toward the DBE.

LACMTA GA14-98 (IFB NO. C0991) AMENDMENT #2 ISSUED: 08.29.14 / 10.24.14

DBE INSTR TO BIDDERS/PROPOSERS AND FORMS DESIGN/BUILD (RC-FTA) PRO FORM 068A REV. DATE: 06.26.13

FORM 2 – DBE AFFIDAVIT – CONSTRUCTION

TO BE COMPLETED BY OFFEROR ONLY

	A: DBE GOAL DECLARATION	// 1		
F	RC DBE GOAL ACHIEVED			
	he Offeror shall demonstrate con reater than or equal to the goal e			a level of DBE participation
Т	he level achieved is		percent	(%)
S	IOTE: Offeror shall identify additions SUBCONTRACTORS AND SUPP 90) days after design packages a	LIERS – CONSTRUC	TION (Pro Form 0	70), no later than ninety
₹ F	RC DBE GOAL NOT ACHIEVED			
a tl	The Offeror declares to the best of achieve the RC DBE participation han or equal to the goal establish	goal, it DID NOT ACH ed for RC DBE partici	IIEVE a level of RO pation.	DBE participation greater
7	he level achieved is	welve	percent	(12 %)
i1	While the Offeror did exert efforts requested, evidence of good fait letro's written request.			
	DO NOT INCLUDE EVIDENCE	CE OF GOOD FAIT	H EFFORTS WIT	TH BIDS/PROPOSALS
Part	B: SIGNATURE			
Exec	cuted on:	, 20 <u>15</u> , at, _	Irvine City	CA,State
Busir	ness Name: OLI LISA Inc			
	oHL USA, Inc.	0 0		
Auth	prized Signature:	el Bagke	2 m	
	O'IL OSA, IIIC.	d Bazke	Pur .	
	prized Signature:		Pur .	
Print	ed Name: Ahmad Bagheri Executive Vice Presider			
Printe	ed Name: Ahmad Bagheri Executive Vice Presider tbagheri@ohlusa.com			

FORM 3 - PROPOSED LOWER TIER SUBCONTRACTORS & SUPPLIERS - CONSTRUCTION

TO BE COMPLETED BY ALL SUBCONTRACTORS

Project Name: Southwestern Yard

IFB/RFP #: C0991

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 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 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

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

1. Subcontractor

Oltmans Construction Co.

Prime's Name: OHL L

OHL USA, Inc.

(Sub.): Oltmar 3. Total Bid Price: \$37,534

\$37,534,626

	A	В	O	Q	Ш	ш	9
-	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	€9.	€₽	6
1.	Mad Steel	Reinforcing Steel	Э	1,398,000	1,398,000		1,398,000
2.	Excelsior Elevator	Elevator Installation	O	1,017,490	1,017,490		1,017,490
3.	Letner Roofing	Roofing/Sheet Metal	C	3,181,934			
4.	Daart Engineering	Fire Sprinklers	С	1,437,735			
5.	DJM Construction	Paint	0	1,329,537			
6.	Karcher Interior	Insulation	2	48,070			
7.	Renegade Flooring	Furnish and install floor co	r cdvering C	243,525			
8.	Grani Installation	Acoustical ceiling, wall panels, specialty wood	C	193,134			
9. To	9. TOTAL BID PRICE (Should equal Line #3 above)	and metal ceilings	1	\$ 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

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 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 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 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.): 3. Total Bid Price:

NS CONSTENSION. LINE

Prime's Name: Ol

N

OHL USA, Inc.

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	NAME OF SUBCONTRACTOR AND ALL LOWER TIER SUBCONTRACTORS	DESCRIPTION OF WORK	SUBCONTRACTORS C = Consultant Or Contractor S = Supplier ¹ M= Manufacturer B = Broker T = Trucker	BID	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	Hims Caston Shan De	SALA PARTICIONAL	Your business: \$ Amount	\$ (3970.288	40	9	69
٦.	Powell Electrical System	Subst. Lin	٤	3120018			
2.	Tebs of Innovitable	DCS MARRIAL	\ <u>\</u>	527 150			
છ	HALEY COC	INEC/CABLE	\ <u>\</u>	2 484 521 B			
4.	ATTE BLE TV	5 Kright # (Sher)	V 2	15/15/15/15			
5.)				
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7.							
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9. T (Shoul	9. TOTAL BID PRICE (Should equal Line #3 above)			\$ 35748348		₩:	G

Lower Tier Subcontractors

LACMTA GA14-98 (IFB NO. C0991) ISSUED: 08.29.14

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

include: African Americans, Asian Pacific Americans, Native Americans, Hispanic Americans, and Subcontinent Asian Americans. ONLY RC DBE's 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 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 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

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

H & H ENGINEERING CONSTRUCTION, INC. 3. Total Bid Price: 1. Subcontractor (Sub.):

946.

OHL USA 2. Prime's Name:

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			SUBCONTRACTORS			renomano monte de la descripción de comente chama de cambo de propose en comenciona de	
	SUBCONTRACTOR AND ALL	DESCRIPTION	C = Consultant Or Contractor	BID PRICE	BID PRICE FOR RC DBE	BID PRICE FOR RN DBE	TOTAL
	SUBCONTRACTORS	WORK	S = Supplier' M≃ Manufacturer		(Race Conscious	FIRMS (Race Neutral	OBE BID PRICE (COL # E + F)
			B = Broker T = Trucker		participation)	Participation)	
Subs	Subs H&H ENGINEERING CONSTRUCTION, INC. RAILROAD TRACK CONSTRUCTION YOUR DUSINESS' \$	RAILROAD TRACK CONSTRUCTION		\$ 14,170,439,13\$	\$	\$	\$
÷	HOLLAND COMPANY	FLASH BUTT WEIDING	C	\$ 127.507.00	ARRIGINATION AND CONTRACTOR OF CONTRACTOR OF CONTRACTOR		
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6.		The second secon		A CONTRACTOR OF THE CONTRACTOR			eren disk erene volen in sommer erene de
7.							Adapt
ထံ	NAME AND ADDRESS OF THE PARTY O	AND THE CONTRACT OF THE CONTRA			THE CONTRACT OF THE CONTRACT O		And the state of t
9. TC (Should	9. TOTAL BID PRICE (Should equal Line #3 above)		A	\$ 14,297,946,3\$	49		4
	e.				MANAGE AND REALIST OF THE PROPERTY OF THE PROP	THE PROPERTY OF THE PROPERTY O	

Lower Tier Subcontractors

LACMTA GA14-98 (IFB NO. C0991) ISSUED: 08.29.14

DBE INSTR TO BIDDERS/PROPOSERS AND FORMS DESIGN/BUILD (RC-FTA) PRO FORM 068A REV. DATE: 06.26.13

FORM 3 - PROPOSED LOWER TIER SUBCONTRACTORS & SUPPLIERS - CONSTRUCTION

TO BE COMPLETED BY ALL SUBCONTRACTORS Project Name:

Southwestern Yard

C0991 IFB/RFP #:

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 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 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 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.):

3. Total Bid Price:

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

ŋ	TOTAL DBE BID PRICE (COL#E+F)		760,000								3,760,000
Ш	BID PRICE FOR RN DBE FIRMS DE (Race Neutral Participation)	49	C								6
Ш	BID PRICE FOR RC DBE FIRMS (Race Conscious participation)	6	000'009'h								
Ω	BID PRICE	() () () () () () () () () () () () () (00'009'h	-							\$ 17350,000 \$
C	SUBCONTRACTORS C = Consultant Or Contractor S = Supplier M= Manufacturer B = Broker T = Trucker	Your business' \$ Amount									1
В	DESCRIPTION OF WORK	Office Chi	nc. musterialissio								
A	NAME OF SUBCONTRACTOR AND ALL LOWER TIER SUBCONTRACTORS		Saport lightning In								9. TOTAL BID PRICE (Should equal Line #3 above)
	V)	Sabs	1.	2.	.3.	4	5.	9.	7.	œ	9. TC

Lower Tier Subconfractors

LACMTA GA14-98 (IFB NO. C0991) ISSUED: 08.29.14

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

Pai	rt A: Business Dat	a			
1.	Business Name: _	OHL USA, Inc.			
2.	Business Address:	1920 Main Street, Suite 31	0 Irvine	CA	92614
3.	Mailing Address: _	same as above	City	State	Zip
	(If different from above)	PO. Box or Street Address	City	State	Zip
4.	County (and State)	Business is located in: Ora	nge		(<u>CA</u>)
5.	Name of Owner: _	n/a - corporation	Title		Cialc
6.	Owner'(s) Ethnicity	n/a - corporation	Title		
7.	Phone: (949)_	242 - 4432	9. Email Address:	tbagheri@ohlu	usa.com
8.		231 - 1255			
11.	If your business red a. License Type _	quires a license, complete below: A - general engineering	_ a. ☐ Less	than \$500,000	
	b. License #	984140	_ c. 🗌 \$1,00	,000 to \$1,000,000 00,000 to \$2,000,00	. 00
	c. Expires on _	6/30/15		00,000 to \$5,000,00 \$5,000,000	00
Pai	t B: DBE CERTIFI	CATION STATUS			
13.	Is your business cu	rrently a DBE ?		Yes	No X
		copy of your DBE Certification	Letter and check all	appropriate boxes	below: Non-DBE
	b. Certified by an o	California Unified Certification Programmer rganization outside of California? ng Agency:	- ,		
14.	b. Certified by an o c. Name of Certifying Is your business cu	rganization outside of California?	n/a nture?	Yes	No 🖂
	b. Certified by an o c. Name of Certifyir Is your business cut If "YES," a copy o	rganization outside of California? ng Agency:	n/a nture? must be attached t	o this Form.	No
	b. Certified by an o c. Name of Certifying Is your business cut If "YES," a copy of Name of Joint Vental a. Business Name	rganization outside of California? ng Agency: rrently participating in a Joint Ver f the Joint Venture Agreement cure and Partners. Is this busines n/a	n/a nture? must be attached t	o this Form.	No No
	b. Certified by an o c. Name of Certifying Is your business cut If "YES," a copy of Name of Joint Vent a. Business Name Name of Certifying b. Business Name	rganization outside of California? Ing Agency: Irrently participating in a Joint Ver If the Joint Venture Agreement Iture and Partners. Is this busines In n/a Ing Agency In/a In/a In/a In/a	n/a nture? must be attached t	o this Form.	No
	b. Certified by an o c. Name of Certifying Is your business cut If "YES," a copy of Name of Joint Vent a. Business Name Name of Certifying	rganization outside of California? rng Agency: rrently participating in a Joint Ve f the Joint Venture Agreement cure and Partners. Is this busines n/a rg Agency n/a ng Agency n/a n/a n/a n/a n/a	n/a nture? must be attached t	o this Form.	No

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION (Continued)

Page 2 of 2

	t C: Work Descript	. One					
16.	RFIQ, IFB, or RFP	C0991					
17.	Provide complete de	escription of scope of work, services, and materials to be performed or furnished ² :					
design-builder/prime contractor							
	NAICS: 2373	10					
18.	Will your business p	provide trucking company services on this project? Please mark one: Yes No X					
	If marked YES, ple	ase complete items a. to c. below. If answered NO, answer "Not Applicable."					
	-	ks does your company own? n/a					
	b. How many truck	ks does your company lease? n/a					
	c. How many truck	ss are registered to your company? <u>n/a</u>					
Par	t C: Signature						
	e authorized signe rent, complete and	r declares that the information on this form and any attachments, are daccurate.					
	Business Name:	OHL USA, Inc.					
	Authorized Signatur	e: Signature of Director, Officet, 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

Page 1 of 2

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

Pai	rt A: Business Da	ta				
1.	Business Name:	Oltmans Construction Co.				
2.	Business Address	10005 Mission Mill Road	Whittier City	CA State	92683 Zip	
3.	Mailing Address: (If different from above)	PO, Box or Street Address	City	State	Zip	
,	,			State	• • • • • • • • • • • • • • • • • • • •	CA \
4.	, ,	business is located in.			(.	State)
5.	Name of Owner:	Joseph O. Oltmans II, CEO Name	Title			
6.	Owner'(s) Ethnicity	y: Caucasian				
7.	Phone: (562)	948 4242	9. Email Address: JOltmans	2@Oltmans.co	om	
8.	Fax: (562)	695 _ 5299	10. Age of Business: 82	Years		Months
11.	If your business re	equires a license, complete below:	12. Business Annual Gross	Receipts:		
	a. License Type	AB	a. Less than \$50	,		
	b. License #	86393	b. 3500,000 to \$ c. \$1,000,000 to d. \$2,000,000 to	\$2,000,00		
	c. Expires on	5/31/2015	e. Over \$5,000,0			
Pai	t B: DBE CERTIF	ICATION STATUS		1988		
13.	Is your business c	urrently a DBE ?	Υ	es	No 🔳	
		copy of your DBE Certification California Unified Certification Pro		iate boxes DBE	below: Non-DBE	Ē
	-	organization outside of California?	gram (COCF):	Ħ		
		ing Agency:		<i>-</i>		
14.		urrently participating in a Joint Ver of the Joint Venture Agreement		Yes V	No	
15.	Name of Joint Ven	nture and Partners. Is this busines	s currently a certified DBE?			
			-	DBE	Non-DBE	<u> </u>
		ng Agency			√	
		ng Agency				
	c. Business Name Name of Certifvi	ng Agency			\checkmark	
		J J,				

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION (Continued)

Page 2 of 2

Par	t C: Work Descriptions	
16.	RFIQ, IFB, or RFP #:_C0991 Crenshaw LAX/Trans	sit Corridor Project Division 16 Southwestern Yard
17.	Provide complete description of s	scope of work, services, and materials to be performed or furnished ² :
	General Construction services for construction of	f vertical buildings
	NAICS: 236220	
18.	Will your business provide truckir	ng company services on this project? Please mark one: Yes No
	If marked YES, please complet	e items a. to c. below. If answered NO, answer "Not Applicable."
	a. How many trucks does your ofb. How many trucks does your ofc. How many trucks are register	company lease?
Par	t C: Signature	
	e authorized signer declares the rent, complete and accurate.	nat the information on this form and any attachments, are
	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

Page 1 of 2

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

Par	t A: Business Da	ta			
1.	Business Name:	High-Light Electric Inc.			
2.	Business Address	PO BOX 7339 Riverside,	CA 92513-7339		
3.	Mailing Address:	Street	City	State	Zip
<i>J</i> .	(If different from above)	PO. Box or Street Address	City	State	Zip
4.	County (and State)Business is located in: Rive	rside		(<u>CA</u>)
5.	Name of Owner:	Erwin Mendoza - Preside	ent		
6.	Owner'(s) Ethnicity				
7.	Phone: (951)	<u>352</u> - <u>9646</u>	9. Email Address: estin	mating@h	leincusa.co
8.	Fax: (951)	352 - 5595	10. Age of Business:1	18 Years	Months
11.	If your business re	equires a license, complete below:	12. Business Annual Gro	oss Receipts:	
	a. License Type	A and C10	a. Less than	, ,	
	b. License #	806335	_ c. 🔲 \$1,000,000	o \$1,000,000 to \$2,000,00	00
	c. Expires on	04/30/2016	d.		00
Par	t B: DBE CERTIF	ICATION STATUS			
13.	Is your business c	urrently a DBE ?		Yes	No x
	If "YES," attach a	copy of your DBE Certification	Letter and check all appre		
	a Contified by the	California Unified Certification Pro	ogram (CLICD)?	DBE	Non-DBE
	•	organization outside of California?	-	H	H
		ing Agency:			
				Yes	No
14.		urrently participating in a Joint Ve			X
		of the Joint Venture Agreement			
15.	Name of Joint Ver	nture and Partners. Is this busines	ss currently a certified DBE	≣? DBE	Non-DBE
	a. Business Name	Na			NOII-DBE
		ing Agency			
	b. Business Name	0/6			
	Name of Certifyi c. Business Name	, ,			
	Name of Certifyi				

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION (Continued)

Page 2 of 2

Part C: Work Descriptions								
6. RFIQ, IFB, or RFP #:								
17. Provide complete description of	scope of work, services, and materials to be performed or furnished ² :							
Furnish and install all e	Furnish and install all electrical work except the traction and communication							
work	work							
NAICS: 238210								
18. Will your business provide truck	king company services on this project? Please mark one: Yes No x							
If marked YES, please comple	ete items a. to c. below. If answered NO, answer "Not Applicable."							
a. How many trucks does youb. How many trucks does youc. How many trucks are regist	r company lease? <u>\(\lambda\)</u>							
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							

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

Pai	rt A: Business Data		3、1953年李斯建立
1.	Business Name: HMS Construction, Inc.		
2.	Business Address: 2865 Scott Street Vis-	ta CF	92081
3.	Mailing Address: (If different from above) PO. Box or Street Address City	State	Zip
4.	County (and State)Business is located in:		(<u>CA</u>)
5.	Name of Owner: Michael High Preside	ent	State
6.	Owner'(s) Ethnicity:		
7.	Phone: (760) 727 - 4808 9. Email Address:		
8.	Fax: 740) 721 - 9604 10. Age of Business:	Years	S Months
11.	a. License Type A-B-Cl0-HAZ a. Less than	\$500,000	
	b. License # c \$1,000,00	to \$1,000,000 0 to \$2,000,0	000
	c. Expires on 7-31-15 a	0 to \$5,000,0	000
		00,000	
Pai	rt B: DBE CERTIFICATION STATUS	00,000	
		Yes	No D
	rt B: DBE CERTIFICATION STATUS	Yes	
	rt B: DBE CERTIFICATION STATUS Is your business currently a DBE? If "YES," attach a copy of your DBE Certification Letter and check all app a. Certified by the California Unified Certification Program (CUCP)?	Yes	s below:
	It B: DBE CERTIFICATION STATUS Is your business currently a DBE? If "YES," attach a copy of your DBE Certification Letter and check all app	Yes	s below:
13.	It B: DBE CERTIFICATION STATUS Is your business currently a DBE? If "YES," attach a copy of your DBE Certification Letter and check all app a. Certified by the California Unified Certification Program (CUCP)? b. Certified by an organization outside of California?	Yes ropriate boxe DBE Yes	s below:
13.	It B: DBE CERTIFICATION STATUS Is your business currently a DBE? If "YES," attach a copy of your DBE Certification Letter and check all app a. Certified by the California Unified Certification Program (CUCP)? b. Certified by an organization outside of California? c. Name of Certifying Agency: Is your business currently participating in a Joint Venture?	Yes ropriate boxe DBE Yes s Form.	s below: Non-DBE
13.	Is your business currently a DBE? If "YES," attach a copy of your DBE Certification Letter and check all app a. Certified by the California Unified Certification Program (CUCP)? b. Certified by an organization outside of California? c. Name of Certifying Agency: Is your business currently participating in a Joint Venture? If "YES," a copy of the Joint Venture Agreement must be attached to thi Name of Joint Venture and Partners. Is this business currently a certified DB a. Business Name	Yes ropriate boxe DBE Yes s Form.	s below: Non-DBE
13.	Is your business currently a DBE? If "YES," attach a copy of your DBE Certification Letter and check all app a. Certified by the California Unified Certification Program (CUCP)? b. Certified by an organization outside of California? c. Name of Certifying Agency: Is your business currently participating in a Joint Venture? If "YES," a copy of the Joint Venture Agreement must be attached to this. Name of Joint Venture and Partners. Is this business currently a certified DB	Yes ropriate boxe DBE Yes s Form.	s below: Non-DBE

Pai	rt C: Work Descriptions						
16.	RFIQ, IFB, or RFP C099	1					
17.	Provide complete description of s	cope of work, services, and materials to be performed or furnished ² :					
	Traction Pow	er substation traction					
	Dower, Overhe	ad Caturary System					
		Communications					
	0 0,						
	NAICS: 237990	238210					
18.	,	ng company services on this project? Please mark one: Yes No					
	If marked YES, please complete	e items a. to c. below. If answered NO, answer "Not Applicable."					
	-	11.					
	a. How many trucks does your ob.b. How many trucks does your ob.	company lease?					
	c. How many trucks are register	red to your company?					
Pai	rt 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:	- Colomic Coolomy					
	Date:	1-9-15					

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION

Page 1 of 2

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

Pa	rt A: Business Data			
1.	Business Name: H & H ENGINEERING CON	ISTRUCTION, INC.		
2.	Business Address: 212 INDUSTRIAL DR.	STOCKTON	CA	95206
3.	Mailing Address: (If different from above) Street PO. Box or Street Address	City	State State	Zip
4.		JOAQUIN	Jais	(CA)
5.	Name of Owner: SEE LIST	Tide	***************************************	State
6.	Owner'(s) Ethnicity: WHITE	rige		
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	a Less than \$50	00,000	
	b. License # 482767	b. \$500,000 to \$ c. \$1,000,000 to		
	c. Expires on11/30/2015	d. \$2,000,000 to e. \(\) Over \$5,000,0	\$5,000,00	
Par	t B: DBE CERTIFICATION STATUS			
	Is your business currently a DBE?	Y	es	No ✓
	If "YES," attach a copy of your DBE Certification	Letter and check all appropr	iate boxes	below:
	a. Certified by the California Unified Certification Prob. Certified by an organization outside of California?c. Name of Certifying Agency:		DBE	Non-DBE
14.	Is your business currently participating in a Joint Ver If "YES," a copy of the Joint Venture Agreement	nture? must be attached to this Fe	Yes	No ✓
15.	Name of Joint Venture and Partners. Is this busines	s currently a certified DBE?		
	a.Business NameName of Certifying Agency		DBE	Non-DBE
	b. Business Name			\checkmark
	Name of Certifying Agency c. Business Name Name of Certifying Agency			\checkmark

DBEs must attach a copy of current certification.

Par	t C: Work Descriptions						
16.	6. 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 furnished ² :						
	Construct approximately 15	5,000 tf of continuously welded rail track and (44) forty-four					
	turnouts. Track construction	on to consist of ballasted concrete tie track, pedestal					
	embedded track, and conc	rete crossing panels.					
	NAICS: 237990						
18.		g company services on this project? Please mark one: Yes No ✓					
	If marked YES, please complete	e items a. to c. below. If answered NO, answer "Not Applicable."					
	a. How many trucks does your o	company own? NOT APPLICABLE					
	b. How many trucks does your oc. How many trucks are register	company lease? NOT APPLICABLE ed to your company? NOT APPLICABLE					
		od to your company:					
Par	Part C: Signature						
The	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: Defue C. Hallenger						
	Printed Name:	Signature of Director, Officer, General Paune or similarly situated Principal of the Business ROBERT L. HALLANGER					
	Title:	PRESIDENT					
	Date:	1/15/15					

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION

Page 1 of 2

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

Pai	rt A: Business Da	ıta 💮 💮 🔻 🗀 🗀			
1.	Business Name:	Sequoia Consultants			
2.	Business Address	361 W. Grove Avenue	Orange City	CA State	92865 Zip
3.	Mailing Address: (If different from above)	PO. Box or Street Address	City	State	Zip
4.		e)Business is located in: Orang	ge County		(<u>CA</u>)
5.	Name of Owner:	Pri Desilva, PE	President		State
6.	Owner'(s) Ethnicit	y: Asian Sub-Continent	lite		
7.		974 _ 6316	9. Email Address: pdes	ilva@sequ	oiacon.com
8.	Fax: (714)	974 6193	10. Age of Business: 8	Years	Months
11.	If your business re a. License Type	equires a license, complete below: Professional Engineer	_ a. Less than \$	500,000	
	b. License #	C 63915	_ c	\$1,000,000 to \$2,000,00	
	c. Expires on	9/30/2016	d. ✓ \$2,000,000 e. Over \$5,000	to \$5,000,00	0
	Annual Annual III and Annual and Annual		_	3,000	
Pai		FICATION STATUS		3,000	
		ALCOHOLIST ACTIONS THE ACTION OF THE ACTION			No 🗌
	If "YES," attach a a. Certified by the b. Certified by an	ALCOHOLIST ACTIONS THE ACTION OF THE ACTION	Letter and check all appro	Yes√	
13.	Is your business of a. Certified by the b. Certified by an c. Name of Certify	currently a DBE? I copy of your DBE Certification California Unified Certification Pro organization outside of California?	Letter and check all appropriate page (CUCP)?	Yes ✓ priate boxes DBE ✓ Yes	below:
13.	If "YES," a copy	currently a DBE? a copy of your DBE Certification California Unified Certification Proorganization outside of California? ving Agency: currently participating in a Joint Verof the Joint Venture Agreement inture and Partners. Is this busines	Letter and check all appropriate parameters (CUCP)? Inture? must be attached to this	Yes V priate boxes DBE Ves Form.	below: Non-DBE
13.	Is your business of the state o	currently a DBE? a copy of your DBE Certification California Unified Certification Proorganization outside of California? ying Agency: currently participating in a Joint Verof the Joint Venture Agreement enture and Partners. Is this business a fing Agency Marchaeler agency Mar	Letter and check all appropriate parameters (CUCP)? Inture? Inture? Inture attached to this as currently a certified DBE	Yes V priate boxes DBE Ves Form.	below: Non-DBE No

Pai	rt C: Work Descriptions					
16.	RFIQ, IFB, or RFP #: C0991 Division 16: South	western Yard Operations & Maintenance Facility D/B				
17.	7. Provide complete description of scope of work, services, and materials to be performed or furnished ² :					
Quality Assurance, Quality Control, Materials Testing, Inspection						
	NAICS: 541380, 541330					
18.	Will your business provide trucking	ng company services on this project? Please mark one: Yes No ✓				
	If marked YES, please complete	e items a. to c. below. If answered NO, answer "Not Applicable."				
	a. How many trucks does your o					
	b. How many trucks does your orc. How many trucks are register					
	•					
Pa	rt C: Signature					
		at the information on this form and any attachments, are				
cu	rrent, complete and accurate.					
	Business Name:	Sequoia Consultants				
	Authorized Signature:	D(M)				
	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 Address Line1

SEQUOIA CONSULTANT, INC 361 W. GROVE AVENUE

Address Line2

City State Zip Code1 **ORANGE**

CA 92865

Zip Code2

Mailing Address Line1 Mailing Address Line2

Mailing City Mailing State Mailing Zip Code1 Mailing Zip Code2 **Certification Type**

EMail Contact Name pdesilva@sequoiacon.com 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 Licenses Trucks

C8720 CIVIL ENGINEERING; C8723 MATERIALS TESTING SERVICES; C9810 SMALL STRUCTURES;

EC Civil Engineer;

Gender **Ethnicity**

ASIAN SUBCONTINENT

DBE Firm Type

Back To Query Form



FORM 4 - BUSINESS DATA SHEET - DESIGN

Page 1 of 2

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

Par	t A: Business Data				
1.	Business Name: Diaz Yourman & Associates				
2.	Business Address: 1616 E. 17th Street	Santa Ana	CA	92705	_
3.	Mailing Address:	City	State	Zip	
	(If different from above) PO. Box or Street Address	City	State	_ Zip	
4.	County (and State)Business is located in: Orange			(CA)
5.	Name of Owner: Christopher M. Diaz	President Title	0000 C 00	State	***
6.	Owner'(s) Ethnicity:			-	
7.	Phone: (714) 245 2920	9. Email Address:	chris@diazyourr	nan.con	1
8.	Fax: (714) <u>245</u> - <u>2950</u>	10. Age of Business:	22 Years _		Months
11.	If your business requires a license, complete below: a. License Type	a. Less tha	Gross Receipts: in \$500,000 0 to \$1,000,000		
	b. License # c. Expires on	d. 3 2,000,0	000 to \$2,000,000 000 to \$5,000,000 ,000,000		
Par	t B: DBE CERTIFICATION STATUS				
13.	Is your business currently a DBE ?		Yes N	o 🗌	
	If "YES," attach a copy of your DBE Certification	Letter and check all ap	propriate boxes b	elow:	
	a. Certified by the California Unified Certification Prob. Certified by an organization outside of California?c. Name of Certifying Agency:		DBE N	on-DBE	:
14.	Is your business currently participating in a Joint Ve If "YES," a copy of the Joint Venture Agreement		Yes his Form.	No ×	
15.			DBE N	on-DBE	<u>.</u>

Name of Certifying Agency	
c. Business Name \(\hbar{\lambda} \lambda \(\lambda \)	



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

Par	t C: Work Descriptions	
	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 furnished ¹ :
	Geotechnical engineering	
	NAICS: 541330, 541380, 541620	
18.	Will your business provide trucking	ng company services on this project? Please mark one: Yes No
	If marked YES, please complet	te items a. to c. below. If answered NO, answer "Not Applicable."
		• • • • • • • • • • • • • • • • • • • •
	a. How many trucks does yourb. How many trucks does your	
	c. How many trucks are registe	
² ar	t C: Signature	
	rent, complete and accurate.	nat the information on this form and any attachments, are
	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 DIAZ CONSULTANTS, INC.

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

C8710 ENGINEERING; C8713 CONSULTANT, ENVIRONMENTAL; C8715 CONSULTANT, ENGINEERING; Work Codes

C8723 MATERIALS TESTING SERVICES; C8733 CONSTRUCTION ENGINEERING & INSPECTION

SERVICES; C8780 Engineering - Geotechnical; C8782 Engineering - Seismic; C8784 Engineering - Value;

18734 LABORATORY TESTING AND ANALYSIS; 18750 Market Research & FOCUS Groups;

EC Civil Engineer; EGT Geotechnical Engineer;

Licenses Trucks

Gender

Ethnicity HISPANIC Firm Type DBE

Back To Query Form

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION

Page 1 of 2

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

Pa	rt A: Business Da	ıta						
1.	Business Name:	H & H ENG	INEERING CC	NST	RUCTION, INC.			
2.	Business Address	s: 212 INDUS	STRIAL DR.		STOCKTO		CA	95206
3.	Mailing Address:		Street		City	State		Zip
	(If different from above)		PO. Box or Street Addres		City	State		Zip
4.	County (and State	•	ocated in: SAN	JOA	QUIN			(<u>CA</u>)
5.	Name of Owner:	SEE LIST	Name		Title			
6.	Owner'(s) Ethnicit	y: WHITE	Name		Tide			5
7.	Phone: (209)	983	0708	9.	Email Address: LO	U@HHEI	NG.CO	M
8.					Age of Business:			
11.		equires a licens		v: 12.	Business Annual G			
	b. License #	482767		_	c. \$1,000,00	to \$1,000,0 00 to \$2,000	0,000	
	c. Expires on	11/30/201	5		d. \$2,000,00 e. ✓ Over \$5,0	00 to \$5,000 000,000	0,000	
Pai	t B: DBE CERTIF	ICATION STA	TUS					
13.	Is your business c					Yes	No	✓
13.	Is your business c	currently a DBE copy of your California Unit organization of	E? DBE Certification fied Certification P utside of California	rograr ı?	,	propriate bo	xes belo	_
	Is your business of If "YES," attach at a. Certified by the b. Certified by an oc. Name of Certify Is your business of the state of the	currently a DBE copy of your California Unit organization of ing Agency: urrently partici	E? DBE Certification fied Certification P utside of California pating in a Joint V	rograr i? enture	n (CUCP)?	oropriate bo DBE	xes belo No n	ow:
14.	Is your business of If "YES," attach at a. Certified by the b. Certified by an oc. Name of Certify Is your business of If "YES," a copy of	currently a DBE copy of your California Unit organization of ing Agency: urrently partice of the Joint V	Pating in a Joint Venture Agreemen	rograr i? enture i t mus	n (CUCP)?	oropriate bo DBE Yes is Form.	xes belo No n	ow: n-DBE
14.	Is your business of If "YES," attach at a. Certified by the b. Certified by an oc. Name of Certify Is your business of If "YES," a copy of Name of Joint Versa. Business Name	currently a DBE copy of your California Unit organization or ing Agency:urrently partici of the Joint Volume and Partre	E? DBE Certification fied Certification P utside of California pating in a Joint V enture Agreemer ners. Is this busine	rograr ? enture it mus	er (CUCP)? er to eattached to the control of the c	oropriate bo DBE Yes is Form.	xes belo No n	ow: n-DBE
14.	Is your business of If "YES," attach at a. Certified by the b. Certified by an oc. Name of Certify Is your business of If "YES," a copy of Name of Joint Versa. Business Name Name of Certifyi	copy of your California Unit organization or ing Agency: urrently partici of the Joint V nture and Partr ng Agency	E? DBE Certification fied Certification P utside of California pating in a Joint V enture Agreemer ners. Is this busing	rograr i? enture i t mus	e? st be attached to the trently a certified DE	oropriate bo DBE Yes is Form.	xes belo No n	No D-DBE
14.	Is your business of If "YES," attach at a. Certified by the b. Certified by an oc. Name of Certify. Is your business of If "YES," a copy of Name of Joint Versa. Business Name Name of Certifyists. Business Name Name of Certifyists.	copy of your California Unit organization or ing Agency: currently partici of the Joint V nture and Partr ng Agency ng Agency	E? DBE Certification Processing in a Joint Venture Agreemer	rograr ? enture it mus	n (CUCP)? or st be attached to the rrently a certified DE	oropriate bo DBE Yes is Form.	xes belo No n	No D-DBE
14.	Is your business of If "YES," attach at a. Certified by the b. Certified by an oc. Name of Certify. Is your business of If "YES," a copy of Name of Joint Versa. Business Name Name of Certifyith. Business Name Name of Certifyith. Business Name of Certifyith. Business Name of Certifyith.	copy of your California Unit organization or ing Agency: urrently partici of the Joint V nture and Partr ing Agency ing Agency	E? DBE Certification Processing in a Joint Venture Agreemer	rograr i? enture et mus	er (CUCP)? et be attached to the rrently a certified DE	oropriate bo DBE Yes is Form.	xes belo No n	No D-DBE

Par	t C: Work Descriptions						
16.	6. RFIQ, IFB, or RFP #: C0991 Division 16: Southwestern Yard Operations & Maintenance Facility D/B						
17.	7. Provide complete description of scope of work, services, and materials to be performed or furnished ² : 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 conc	rete crossing panels.					
	NAICS: 237990						
18.	Will your business provide truckin	g company services on this project? Please mark one: Yes No					
	If marked YES, please complete	e items a. to c. below. If answered NO, answer "Not Applicable."					
	a. How many trucks does your ob. How many trucks does your of						
	c. How many trucks are register						
Par	t 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:	Paper C. Hallerger					
	Signature of Director, Officer, General Payrier or similarly situated Principal of the Business Printed Name: ROBERT L. HALLANGER						
	Title:	PRESIDENT					
	Date:	1/15/15					

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION

Page 1 of 2

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

Pa	rt A: Business Dat				
1.	Business Name:	Transit Innovations, LLC	And the second s		
2.	Business Address:	269 S. 1600 E. Street	Layton Ctr	UT State	84040 Zip
3.	Mailing Address: (If different from above)	PO. Box or Street Add	NAME OF THE PARTY	State	Ζip
4.	County (and State)	Business is located in: Da	avis County		(UT)
5.	Name of Owner:	Matthias Moos Name	President & Chief Manag	et	Sign
6.	Owner'(s) Ethnicity	: Caucasian		Market Management and the Management of the Mana	The Charles Share Share American SMMMM and
7.	Phone: (801)	706 - 1202	9. Email Address: _n	n.moos@transitinr	novations.com
8.	Fax: (801)	876 - 3619	10. Age of Business:	14 Years	1 Months
11.	a. License Type b. License #	quires a license, complete bel Business 1123 12/31/2015	a. ☐ Less that b. ☒ \$500,00 c. ☐ \$1,000, d. ☐ \$2,000, less that contains the conta	an \$500,000 00 to \$1,000,000 000 to \$2,000,00 000 to \$5,000,00	
Pai	B: DBE CERTIFI	CATION STATUS	Control of the second s	and a second deviation for the filter of the second	CONCRETE TO THE PROPERTY OF TH
13.	Is your business cu	rrently a DBE?	And the second s	Yes	No X
	a. Certified by the 0 b. Certified by an o	copy of your DBE Certificate California Unified Certification organization outside of Caliform ong Agency:	Program (CUCP)?	DBE	Non-DBE
14.		urrently participating in a Joint of the Joint Venture Agreem		Yes his Form.	No X
15.	a.Business Name		_	DBE	Non-DBE
	b. Business Name			1 1	
	c. Business Name	ng Agency			

FORM 4 - BUSINESS DATA	SHEET – CONSTRUCTION (Continued)	Page 2 of 2
art C: Work Descriptions		
6. RFIQ, IFB, or RFP # C0991		
	of scope of work, services, and materials to be performed omponents for overhead contact system	or furnished ² :
NAICS:		
8. Will your business provide to	ucking company services on this project? Please mark one	Yes No X
If marked YES, please com	plete items a. to c. below. If answered NO, answer "No	t Applicable."
a. How many trucks does y		
 b. How many trucks does y c. How many trucks are reg 	our company lease? pistered to your company?	
Part C: Signature		The second secon
he authorized signer declare urrent, complete and accura	es that the information on this form and any attachme	nts, are
unting complete and accura	ic,	
Business Name:	Transit Innovations, LLC	
Authorized Signature:		
	Songard of Director, Officer, General Pentoer or unitedly tituated Philodock	of the Buriness
Printed Name:	Matthias Moos	
Title:	President & Chief Manager	
Date:	January 20, 2015	
	•	
CMTA GA14-98	DBE INSTRI	O BIDDERS/PROPOSERS

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

Pa	Part A: Business Data					
1.	Business Name:	Powell Electrical Systems Inc				
2.	Business Address:	8967 Pleasantwood Ave NW	North Canton	ОН	44720	
3.	Mailing Address:	Street	City	State	Zip	
	(If different from above)	PO. Box or Street Address	City	State	Zıp	
4.		Business is located in:			(<u>OH</u>)	
5.	Name of Owner:	Powell is a publicly traded	corporation		State	
,	O	Name	Title			
6.		:N/A				
7.		966 - 1750				
8.	Fax: (330)	966 - 1787	10. Age of Business:	47 Years	Months	
11.	If your business red	quires a license, complete below:	12. Business Annual Gr	ross Receipts:		
	a. License Type	N/A				
	b. License #		b. \$500,000 c. \$1,000,00	0 to \$2,000,00	00	
	c. Expires on		d. ☐ \$2,000,00 e. ☑ Over \$5,0)0	
Par	t B: DBE CERTIFI	CATION STATUS				
13.	Is your business cu	rrently a DBE?		Yes	No X	
	If "YES," attach a	copy of your DBE Certification	Letter and check all appr	ropriate boxes	below:	
				DBE	Non-DBE	
		California Unified Certification Pro	gram (CUCP)?			
		rganization outside of California?				
	c. Name of Certifyii	ng Agency:		Yes	No	
14.	Is your business cu	rrently participating in a Joint Ven	ture?	П	X	
		f the Joint Venture Agreement		s Form.	Boompand	
15.	Name of Joint Vent	ure and Partners. Is this busines	s currently a certified DBI	E?		
				DBE	Non-DBE	
	a. Business Name _					
		g Agency				
	Name of Certifvin	g Agency		. \square		
	c. Business Name	9 190109				
	Name of Certifyin	g Agency			**************************************	

DBEs must attach a copy of current certification.

FORM 4 - BUSIN	IESS DATA SHEET - CONSTRUCTION (Continued)	Page 2 of 2			
Part C: Work Des	criptions				
16. RFIQ, IFB, or F	₹FP	_			
17. Provide comple	ete description of scope of work, services, and materials to be performed or fu	urnished ² :			
Switchgea with all ne	traction power substations consisting of AC switchgear, transformers, rectified ar. TPSS equipment will be provided in a prefabricated sheetmetal enclosure excessary ancillary equipment including but not limited to lighting, HVAC and dower equipment.	complete			
NAICS: 335	313	-			
If marked YES, a. How many b. How many	rucks does your company lease? trucks does your company lease? trucks does your company lease? trucks are registered to your company?	Yes No X			
Part C: Signature					
he authorized signarent, complete Business Name		are			
Authorized Sign	ature:	namental programme de la constantina del constantina de la constantina del constantina de la constantina del			
/ Signature of Director, Officer, General Payther or similarly situated Principal of the Business Printed Name: Brian Gerzeny					
Title:	General Manager, Powell Electrical Systems NCD				
Date:	05 December 2014				

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

Pa	rt A: Business Dat	a	COMPANY OF THE STATE OF THE STA			
1.	Business Name:	Advanced Transit Solution	is, Inc.			
2.	Business Address:	2885 Scott St., Suite B	Vista	CA	9208	1
3.	Malling Address: (If different from above)	PO, Box or Street Address	City	State	Zip	
4.	County (and State)	Business is located in: San	Diego		(CA)
5.	Name of Owner:	Michael High	President			State
6.	Owner'(s) Ethnicity:	A characteristic and a charact		No. 20 April 1985		
7.	Phone: (760)	598 - 2874	9. Email Address:			
8.	Fax: ()	•	10. Age of Business:	3 Years	3	Months
11.	a. License Type b. License #	juires a license, complete below:	12. Business Annual Gr a. ☐ Less than b. ☐ \$500,000 c. ☐ \$1,000,00 d. ☒ \$2,000,00 e. ☐ Over \$5,00	\$500,000 to \$1,000,000 0 to \$2,000,00 0 to \$5,000,00		
Par	t B: DBE CERTIFIC	CATION STATUS				
13.	ls your business cu	rrently a DBE?	The state of the s	Yes[_]	No X	
	a. Certified by the C	copy of your DBE Certification california Unified Certification Proganization outside of California? g Agency:		roprlate boxes DBE	below: Non-DBE	
		rently participating in a Joint Ver the Joint Venture Agreement		x s Form.		
	Name of Joint Ventu a.Business Name _ Name of Certifying	A Month	s currently a certified DBI		Non-DBE	
	b.Business Name					
,	c. Business Name Name of Certifying	g Agency			a residency of	
	,	, , , , , , , , , , , , , , , , , , , ,				

FORM 4 - BUSINESS DATA	A SHEET - CONSTRUCTION (Continued)	Page 2 of 2
Part C: Work Descriptions		
16. RFIQ, IFB, or RFP #: C099	91	
	on of scope of work, services, and materials to be performed o ufacture, Program, Factory and Field Test of	furnished ² :
Communications, Yar	rd Control and Train Control	
NAICS: 423860		
If marked YES, please cor a. How many trucks does b. How many trucks does	trucking company services on this project? Please mark one; implete Items a. to c. below. If answered NO, answer "Not a your company own? your company lease? egistered to your company?	Yes No X
Part C: Signature		
The authorized signer declar current, complete and accura	res that the information on this form and any attachment ate.	s, are
Business Name:	Advanced Transit Solutions, Inc.	
Authorized Signature:	Conference Orean Orean Orean Batter or Santisty securted Principal of the	AMERICA STATE OF THE STATE OF T
Delot of Manne	SSAMMO of Discoor, Officer, General Parties of Statisty soluted injuripation Kon Basore	or Harlands
Printed Name:	The state of the s	
Tille;	Vice President	

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. <u>Joint Venture License</u>. 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.

ATSI: <u>KB</u> B&C: <u>565</u>

3. <u>Administration</u>. 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. <u>Scope and Division of Work</u>. 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: KB.
B&C:

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. <u>Purchase Orders</u>. 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. <u>Project Manager</u>. 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. <u>Accounting</u>. 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,

ATSI: (B)
B&C: 565

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. <u>Payment of Suppliers</u>. 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. <u>Punchlist Items</u>. 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. <u>Labor Activity</u>. 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.
- Indemnification. Each Joint Venturer assumes full responsibility for the performance of 16. 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

ATSI: <u>| (B.</u> B&C: ≤B≤

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. <u>Liquidated Damages</u>. 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. <u>Backcharges</u>. Neither Joint Venturer shall have the authority to backcharge the other for defective work or otherwise without a work order signed by each.
- 20. <u>Taxes and Fees</u>. 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. <u>Project Closeout</u>. 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.
- 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.

ATSI: (B. 535)

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. <u>Creditors of Joint Venturers</u>. 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. <u>Successors</u>. The foregoing provisions and stipulations of this Agreement bind the Joint Venturers and their respective successors and assigns.
- 28. <u>No Oral Modifications</u>. Any change to this Agreement must be in writing, signed by the Joint Venturers.
- 29. <u>Headings</u>. 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. <u>Authority</u>. 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]

ATSI: KS.
B&C: SS

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: Jan B. Steele Executive Vice President Dated: 0 Zo Zo S
SIGNATURE: LENGUELLE KEN BASORE, VICE PRESIDENT DATED: C1.21.2015	

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.

Pai	rt A: Business Data				
1.	Business Name: Precision Engineering Surve	eyors, Inc.			
2.	Business Address: 7231 Boulder Ave #531	Highland	CA State	92346	
3.	Mailing Address: (If different from above) PO. Box or Street Address	City	State	Zip	
4.		ernardino	Otale	(CA)	
5.	Name of Owner: Fernando Padilla	President		State	
6.	Owner'(s) Ethnicity: Hispanic	Title			
7.		9. Email Address: fpadill	a@precisio	nsurveyor.com	
8.	Fax: (909) <u>862 6328 </u>				
11.	If your business requires a license, complete below: a. License Type Land Surveyor	a. Less than \$5	00,000		
	b. License # LS3983	b. \$500,000 to c. \$1,000,000 to	\$2,000,000		
	c. Expires on 06/30/16	d. \$2,000,000 t e. Over \$5,000			
Pai	t B: DBE CERTIFICATION STATUS				
13.	Is your business currently a DBE?	,	Yes√ N	lo 🗌	
	If "YES," attach a copy of your DBE Certification	Letter and check all approp		elow: Ion-DBE	
	a. Certified by the California Unified Certification Pro	gram (CUCP)?			
	b. Certified by an organization outside of California?c. Name of Certifying Agency:				
14.	4. 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 busines	s currently a certified DBE?			
	a. Business Name		DBE N	lon-DBE	
	b. Business Name				
	Name of Certifying Agency c. Business Name Name of Certifying Agency				

DBEs must attach a copy of current certification.

DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATE CALIFORNIA UNIFIED CERTIFICATION PROGRAM

PRECISION ENGINEERING SURVEYORS, INC

HIGHLAND, CA 92346 7445 PALM AVE

Business Structure: CORPORATION Owner: FERNANDO PADILLA

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)

DRAFTING C8765

Licenses

UCP Firm Number:

DEPARTMENT OF TRANSPORTATION 1823 14TH STREET

CERTIFYING AGENCY:

SACRAMENTO, CA 95811 0000

(916) 324-1700

October 11, 2011

JUCP OFFICER

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:

Drafting Services * 541340

* Indicates primary NAICS code

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

Renewal Date Firm Number

November 1, 2015

37720

October 25, 2013

Janice Salars, CERTIFYING AGENCY REPRESENTATIVE

Par	t C: Work Descriptions						
16.	RFIQ, IFB, or RFP #: C0991 Division 16: South	western Yard Operations & Maintenance Facility D/B					
17.	Provide complete description of scope of work, services, and materials to be performed or furnished ² :						
	Construction Staking, Surv	reying, Topos, and Drafting.					
	NAICS: 544240 8 544270						
	541340 & 541370						
18.	Will your business provide trucking	g company services on this project? Please mark one: Yes ☐ No ✓					
	If marked YES, please complete	e 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?						
Par	t C: Signature						
	e authorized signer declares the rent, complete and accurate.	at the information on this form and any attachments, are					
	Business Name:	Precision Engineering Surveyors, Inc.					
	Authorized Signature:	Ignature of Director, Officer, General Partner or similarly situated Principal of the Business					
	Printed Name:	Fernando Padilla					
	Title:	President					
	Date:	01/16/15					

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.

	t A: Business Dat	fa .					
1.	Business Name:	Arthur J. Hurley Co	ompany, Inc.				
2.	Business Address:	2500 Washington S	St., Boston, M				
3.	Mailing Address:	P.O. Box 190550, Box	oston, MA 02	119 City	State	Zip	
	(If different from above)	PO Box or Street	et Address	City	State	Zip	
4.	County (and State)	Business is located in:	Suffolk			(MA) State
5.	Name of Owner:	Arthur J. Hurley III Name		President			
6.	Owner'(s) Ethnicity	/:					
7.		442 _ 9200			Arthur@hurley	wire.com	
8.	Fax: (617)	427 - 1025	10. <i>A</i>	Age of Business:	86 Years		Months
11.	If your business re	quires a license, complete	below: 12. E	Business Annual	Gross Receipts:		
	a. License Type			a. Less th			
	b. License #			c. 31,000	00 to \$1,000,000 ,000 to \$2,000,00 ,000 to \$5,000,00		
	c. Expires on			e. Over \$, 0	
Par	t B: DBE CERTIF	CATION STATUS					
13	Is your business cu	urrently a DBE?			Yes	No X	
10.							
10.	If "YES," attach a	copy of your DBE Certif	ication Lette	r and check all a	ppropriate boxes DBE	Non-DBE	
10.	a. Certified by the	California Unified Certifica	tion Program			Non-DBE	
10.	a. Certified by the b. Certified by an o	California Unified Certifica organization outside of Cal	tion Program lifornia?	(CUCP)?		Non-DBE	
10.	a. Certified by the b. Certified by an o	California Unified Certifica	tion Program lifornia?	(CUCP)?		Non-DBE	
	a. Certified by the b. Certified by an cc. Name of Certifying Is your business of	California Unified Certifica organization outside of Cal	tion Program ifornia? oint Venture?	(CUCP)?	DBE	Non-DBE	
14.	a. Certified by the b. Certified by an cc. Name of Certifying Is your business of the company of	California Unified Certifica organization outside of Caling Agency: urrently participating in a J	tion Program ifornia? oint Venture?	(CUCP)?	Yes	Non-DBE	
14.	a. Certified by the b. Certified by an cc. Name of Certifying Is your business of the company of	California Unified Certifica organization outside of Caling Agency: urrently participating in a Jof the Joint Venture Agre	tion Program ifornia? oint Venture?	(CUCP)?	Yes	Non-DBE	
14.	a. Certified by the b. Certified by an cc. Name of Certifying Is your business country of "YES," a copy of Name of Joint Ventra. Business Name	California Unified Certifical organization outside of Caling Agency: urrently participating in a Jof the Joint Venture Agree of the Joint Venture Agree of the Joint Partners. Is this	tion Program lifornia? oint Venture? eement must business curr	be attached to	Yes this Form. DBE? DBE	Non-DBE	
14.	a. Certified by the second control of the se	California Unified Certifical organization outside of Caling Agency: urrently participating in a Jof the Joint Venture Agreement of the Partners. Is this and Agency	tion Program lifornia? loint Venture? eement must business curr	be attached to	Yes this Form. DBE? DBE	Non-DBE	
14.	a. Certified by the set. Certified by an oc. Name of Certifying Is your business configuration of Joint Venta. Business Name Name of Certifying b. Business Name	California Unified Certifical organization outside of Caling Agency: urrently participating in a Jof the Joint Venture Agree of the Joint Venture Agree of the Joint Partners. Is this and Agency	tion Program lifornia? loint Venture? eement must business curr	be attached to	Yes this Form. DBE? DBE	Non-DBE	
14.	a. Certified by the set. Certified by an oc. Name of Certifying Is your business configuration of Joint Venta. Business Name Name of Certifying b. Business Name	California Unified Certifical organization outside of Caling Agency: urrently participating in a Jof the Joint Venture Agreement and Partners. Is this ang Agency	tion Program lifornia? loint Venture? eement must business curr	be attached to	Yes this Form. DBE? DBE	Non-DBE	

Par	t C: Work Descriptions	
16.	RFIQ, IFB, or RFP #:	
17.	Provide complete description of	scope of work, services, and materials to be performed or furnished ² :
	Supply wire and cable.	
	NAICS: 335931	
18.	Will your business provide trucki	ing company services on this project? Please mark one: Yes \overline{X}
	If marked YES, please comple	te items a. to c. below. If answered NO, answer "Not Applicable."
	a. How many trucks does your	
	b. How many trucks does your	company lease?
	c. How many trucks are registe	ered to your company?
Par	t C: Signature	
	e authorized signer declares t rent, complete and accurate.	hat the information on this form and any attachments, are
	Business Name:	Arthur J. Hurley Company, Inc.
	Authorized Signature:	Signiture 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

Page 1 of 2

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.

Pa	rt A: Business Da	ıta					
1.	Business Name:	MAD Steel, Inc.					
2.	Business Address	: 555 West Allen	Avenue #14 San Dimas	s CA 91773			
3.	Mailing Address:		Street	City	State	Zip	
۶.	(If different from above)	***************************************	PO. Box or Street Address	City	State	Zip	
4.	County (and State	e)Business is lo	ocated in: Los Ang	eles		(CA)
5.	Name of Owner:	Al Dominguez Pre	esident				
6.	Owner'(s) Ethnicit	y: <u>Hispanic</u>	Name	Title		alian manda ana ana ana ana ana ana ana ana ana	
7.			3443	9. Email Address:	madsteelinc@aol.com	m	
8.	Fax: ()	909394	0724	10. Age of Busines	s: 12 Years	•	Months
11.	If your business rea. License Type	equires a licen	se, complete below:	a. Less	than \$500,000		
	b. License #	823911		c. 🔲 \$1,00	,000 to \$1,000,000 00,000 to \$2,000,00	00	
	c. Expires on	09/30/2015			00,000 to \$5,000,00 \$5,000,000	00	
Pa	rt B: DBE CERTIF	ICATION STA	\TUS				
13.	Is your business of	currently a DBI	≣?		Yes	No	
	a. Certified by the b. Certified by an	California Uni organization o	DBE Certification fied Certification Pro utside of California?	gram (CUCP)?	appropriate boxes DBE	below: Non-DBI	=
14.	c. Name of Certifying Agency:						
15.	a.Business Name		ners. Is this busines		d DBE? DBE	Non-DB	Ē
					U 	Ц	

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

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

Pai	rt A: Business Da	ta				
1.	Business Name:	Danny Letner Inc. DBA/Letner Roofing	g Co.			
2.	Business Address	1490 N. Glassell St.	Orange	CA	92867	
3.	Mailing Address: (If different from above)	SAME PO. Box or Street Address	City	State State	Zip Zip	
4.)Business is located in: Orange		State	ΖIÞ	(CA)
5.	• •	Dennis Olson	President Title			State
6.	Owner'(s) Ethnicity	y:				
7.	Phone: (714)	633 _ 0030	9. Email Address: erika.	morales@letne	er.com	
8.	Fax: (714)	633 0280	10. Age of Business: <u>57</u>	Years	10	_ Months
11.	If your business rea. License Type	equires a license, complete below: C-39, C-43 & B	a. ☐ Less than \$			
	b. License #	689961	c. 🗌 \$1,000,000	to \$2,000,00	00	
		0/00/44	d. 🔲 \$2,000,000		JU	
	c. Expires on	6/30/14	e. ■ Over \$5,00	0,000		
Pai		ICATION STATUS	e. ■ Over \$5,00	0,000		
V		ICATION STATUS	e. ■ Over \$5,00	0,000 Yes	No 🔳	
V	rt B: DBE CERTIF Is your business c If "YES," attach a a. Certified by the b. Certified by an o	ICATION STATUS	Letter and check all approgram (CUCP)?	Yes		3 E
13.	rt B: DBE CERTIF Is your business c If "YES," attach a a. Certified by the b. Certified by an c c. Name of Certify Is your business c	ICATION STATUS urrently a DBE? copy of your DBE Certification California Unified Certification Pro organization outside of California?	Letter and check all approgram (CUCP)?	Yes DBE DBE West	below:	3 E
13.	rt B: DBE CERTIF Is your business could "YES," attach at a Certified by the b. Certified by an oc. Name of Certify Is your business could "YES," a copy of Name of Joint Versal. Business Name	ICATION STATUS urrently a DBE? copy of your DBE Certification California Unified Certification Proprogramization outside of California? ing Agency: urrently participating in a Joint Verof the Joint Venture Agreement ature and Partners. Is this busines	Letter and check all appropriate appropriate (CUCP)? Inture? Inture? Inture attached to this is currently a certified DBE	Yes DBE	below: Non-DB	
13.	rt B: DBE CERTIF Is your business could "YES," attach at a Certified by the b. Certified by an occurrence of Certify Is your business could "YES," a copy of Name of Joint Versa. Business Name Name of Certifying b. Business Name	urrently a DBE? copy of your DBE Certification California Unified Certification Propaganization outside of California? ing Agency: urrently participating in a Joint Verof the Joint Venture Agreement ature and Partners. Is this busines	Letter and check all appropriate appropria	Yes DBE Per	below: Non-DB	

DBEs must attach a copy of current certification.

• •	. 2	,	J		
Pai	t C: Work Descriptions				
16.	RFIQ, IFB, or RFP #:_C0991 Crenshaw LAX/Trans	it Corridor Project Division 16 Southwestern Yard			
17.	Provide complete description of s	cope of work, services, and materials to be performed or furnished	J ² :		
	Roofing, Waterproofing and Sheet Metal				
			_		
	NAICS: 238160 & 332312				
18.	Will your business provide trucking	ng company services on this project? Please mark one:	■ No □		
	If marked YES, please complete	e items a. to c. below. If answered NO, answer "Not Applicabl	e."		
	a. How many trucks does your company own? 130				
	b. How many trucks does your ofc. How many trucks are register	·			
£.			n dhi e shi na da 23 kasa salik		
aı	t C: Signature				
		at the information on this form and any attachments, are			
cui	rent, complete and accurate.				
	Business Name:	Danny Letner Inc. DBA/Letner Roofing Co.			
	Authorized Signature:				
	Printed Name:	Signature of Director, Officer, General Partner or similarly situated Principal of the Business Dennis Olson			
	Title:	President			
	Date:	12/23/14			

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION

Page 1 of 2

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.

Pa	rt A: Business Data								
1.	Business Name: Daart Engineering Co., Inc								
2.	Business Address: 1598 N H Street, San Bernardino, CA 92405								
3.	Street City State Zip 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) <u>888</u> - <u>8696</u> 9. Email Address: <u>tc@daarteng.com</u>								
8.	Fax: (909) _8889626 10. Age of Business: _38 Years Months								
11.	If your business requires a license, complete below: 12. Business Annual Gross Receipts:								
	a. License Type C16 a. Less than \$500.000								
	b. License # 500.000 to \$1.000.000 c. \$1.000.000 d. \$2.000.000 to \$2.000.000								
	c. Expires on Apr 2015 e. Over \$5.000.000								
Par	Part B: DBE CERTIFICATION STATUS								
13.	Is your business currently a DBE?								
	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)?								
	a. Certified by the California Unified Certification Program (CUCP)? b. Certified by an organization outside of California?								
	c. Name of Certifying Agency:								
	Yes No								
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.								
45									
15.	Name of Joint Venture and Partners. Is this business currently a certified DBE? DBE Non-DBE								
	a. Business Name								
	Name of Certifying Agency								
	b. Business Name								
	Name of Certifying Agency c. Business Name								
	Name of Certifying Agency								

DBEs must attach a copy of current certification.

16. RFIQ. IFB. or RFP #:		
17. Provide complete description	on of scope of work, services, and materials to be performed or furnished ² :	
Design and installation	on of fire sprinkler systems	
NAICS:		
18. Will your business provide t	rucking company services on this project? Please mark one: Yes N	lo x
If marked YES, please con	nplete items a. to c. below. If answered NO, answer "Not Applicable."	
a. How many trucks does b. How many trucks does	your company own? your company lease?	
a. How many trucks does	your company own? your company lease?	
a. How many trucks does b. How many trucks does c. How many trucks are re	your company own? your company lease?	
a. How many trucks does b. How many trucks does c. How many trucks are re Part C: Signature The authorized signer declar	your company own? your company lease? gistered to your company? es that the information on this form and any attachments, are	
a. How many trucks does b. How many trucks does c. How many trucks are re Part C: Signature The authorized signer declar	your company own? your company lease? gistered to your company? es that the information on this form and any attachments, are	
a. How many trucks does b. How many trucks does c. How many trucks are re Part C: Signature The authorized signer declar current, complete and accura	your company own? your company lease? gistered to your company? es that the information on this form and any attachments, are ate.	
a. How many trucks does b. How many trucks does c. How many trucks are re Part C: Signature The authorized signer declar current, complete and accura Business Name:	your company own? your company lease? gistered to your company? es that the information on this form and any attachments, are ate. Daart Engineering Co., Inc	
a. How many trucks does b. How many trucks does c. How many trucks are re Part C: Signature The authorized signer declar current, complete and accura Business Name: Authorized Signature:	your company own? your company lease? gistered to your company? es that the information on this form and any attachments, are ate. Daart Engineering Co., Inc Signature of Director. Officer. General Partner or similarly situated Principal of the Business Timothy Continols	

Page 1 of 2

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

Par	t A: Business Da	ta				
1.	Business Name:	DJM Construction				
2.	Business Address	1540 Lewis St	Anaheim	CA	92805	
3.	Mailing Address:	Street Same	City	State	Zip	
	(If different from above)	PO. Box or Street Address	City	State	Zip	C 4
4.	County (and State)Business is located in: Orange C	Jounty		(CA)
5.	Name of Owner:	David Morales Name	Title			
6.	Owner'(s) Ethnicity					
7.	Phone: ()	714 399 _ 3640	9. Email Address: trivera	@djmconstruction	.com	
8.	Fax: ()	714 399 _ 3652	10. Age of Business: 24	Years		Months
11.	If your business re	equires a license, complete below:	12. Business Annual Gro	oss Receipts:		
	a. License Type	С				
	b. License #	596355	c. 🗌 \$1,000,000	o \$1,000,000 to \$2,000,00		
	c. Expires on	6/2016	d. 3 \$2,000,000 e. Over \$5,00		0	
Pai	t B: DBE CERTIF	ICATION STATUS				
13.	Is your business c	urrently a DBE?		Yes	No 🔳	
	If "YES," attach a	copy of your DBE Certification	Letter and check all appro	•	below: Non-DB	=
		California Unified Certification Pro				
		organization outside of California? ing Agency:				
14.	Is your business c	urrently participating in a Joint Ver	nture?	Yes	No ✓	
15		nture and Partners. Is this busines				
15.			•		Non-DBE	
		ng Agency				
	b. Business Name					
	c. Business Name	ng Agency ng Agency				
	rtaine or certify					

DBEs must attach a copy of current certification.

Part C: Work Descriptions	
16. RFIQ, IFB, or RFP #:_C0991 Crenshaw LAX/Tran	nsit Corridor Project Division 16 Southwestern Yard
17. Provide complete description of	scope of work, services, and materials to be performed or furnished ² :
Interior and Exterior painting. Furnishing all lab	or and material required to complete the work.
NAICS:	
238320	
18. Will your business provide truck	ing company services on this project? Please mark one: Yes No
If marked YES, please comple	ete items a. to c. below. If answered NO, answer "Not Applicable."
a. How many trucks does your	
b. How many trucks does yourc. How many trucks are register	
Part C: Signature	
	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

Page 1 of 2

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

Pai	t A: Business Data					
1.	Business Name: Karch	ner Interior Systems Inc.				
2.	Business Address: 675 I	North Eckhoff Unit F.	Orange City	CA 9286	58 Zip	
3.	Mailing Address: same (If different from above)	PO. Box or Street Address	City	State	Zip	
4.	County (and State)Bus	iness is located in: Orange C	County, California		(ca)
5.	Name of Owner: Laurie	Kelley , President, Karcher Interior Systems Name	s Inc. is a California Corporation Title			
6.	Owner'(s) Ethnicity: Cau	ıcausian				
7.	Phone: () 714 6	02-1266 _	9. Email Address: Ikelley	@karcherint.com		
8.	Fax: () <u>714 3</u>	85-1318	10. Age of Business: 9	Years	3	Months
11.	,	es a license, complete below:	a. ☐ Less than \$	5500,000		
	b. License # <u>88620</u>	64	c. 🔲 \$1,000,000	\$1,000,000 to \$2,000,00 to \$5,000,00	00	
	c. Expires on 10/31	/2016	e. Over \$5,00		50	
Pai	t B: DBE CERTIFICAT	TION STATUS				
13.	Is your business currer	ntly a DBE ?		Yes	No	
		y of your DBE Certification		priate boxes DBE	below: Non-DBE	
	b. Certified by an organ	nization outside of California? Agency: County of Los Angeles				
14.	Is your business currer	ntly participating in a Joint Ven		Yes — Form.	No ✓	
15.	Name of Joint Venture	and Partners. Is this busines	s currently a certified DBE	DBE	Non-DBE	
	a. Business Name	gency	-			¥ %
	b.Business Name					
	c. Business Name					
	Name of Certifying A	gency				

Pai	t C: Work Descriptions	
16.	RFIQ, IFB, or RFP #: C0991 Crenshaw LAX/Tra	ansit Corridor Project Division 16 Southwestern Yard
17.	Provide complete description	of scope of work, services, and materials to be performed or furnished ² :
	Insulation	
	NAICS: 238990	
18.	Will your business provide true	cking company services on this project? Please mark one:
	If marked YES, please comp	lete items a. to c. below. If answered NO, answer "Not Applicable."
	a. How many trucks does yo	ur company own? 9
	b. How many trucks does yo	ur company lease? 11
	c. How many trucks are regis	stered to your company?
Pai	rt C: Signature	BANKALINI BANKATAN KANTAN BANKATAN BANK
	e authorized signer declares rrent, complete and accurate	s that the information on this form and any attachments, are e.
	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

Page 1 of 2

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

Pai	t A: Business Da	ta				
1.	Business Name:	Renegade Flooring, Inc.				
2.	Business Address	2999 Overland Avenue, Suite #111, Los Ang				
3.	Mailing Address:	Street	City	State	Zip	
Э.	Mailing Address: (If different from above)	PO. Box or Street Address	City	State	Zip	
4.	County (and State	e)Business is located in: Los Ange	eles		(CA)
5.	Name of Owner:	Mark Sandelson - President Name	Title			
6.	Owner'(s) Ethnicit		Title			
7.		310 268 _ 1800	9. Email Address: walt@r	enegadeflooring	.com	
8.		310 268 _ 1474				Months
	, ,	equires a license, complete below:	12. Business Annual Gro a. ☐ Less than \$	ss Receipts:		
	b. License #	785785		to \$2,000,00	00	
	c. Expires on	10/31/2015	e. Over \$5,00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Pa	t B: DBE CERTIF	ICATION STATUS				
13.	Is your business c	currently a DBE?		Yes	No 🔳	
	a. Certified by the b. Certified by an	California Unified Certification Proorganization outside of California?	gram (CUCP)?	DBE	Non-DB	E
14.		currently participating in a Joint Ver of the Joint Venture Agreement		Yes Form.	No ✓	
15.		nture and Partners. Is this busines	·	? DBE	Non-DB	E
		ing Agency		_	_	
	b. Business Name					
	c. Business Name	ing Agencying Agency				

Pai	t C: Work Descriptions	
16.	RFIQ, IFB, or RFP #:_C0991 Crenshaw LAX/Tr	ansit Corridor Project Division 16 Southwestern Yard
17.	Provide complete description	of scope of work, services, and materials to be performed or furnished ² :
	Furnish and install floor covering.	
	NAICS:	
18.	Will your business provide tru	ucking company services on this project? Please mark one:
	If marked YES, please com	plete items a. to c. below. If answered NO, answer "Not Applicable."
	a. How many trucks does yo	our company own?
	b. How many trucks does ye	our company lease? None
	c. How many trucks are reg	istered to your company? None
Pa	t C: Signature	
	e authorized signer declare rrent, complete and accura	es that the information on this form and any attachments, are te.
	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

Page 1 of 2

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

Pai	t A: Business Data					
1.	Business Name: AFC Finishing Sys	Kin	15			na na sana ana ana ana ana ana ana ana a
2.	Business Address: 250 Airport Parker	sai	1 Ovoville	CA	95965	
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:		Title			State
6. 7.	Owner'(s) Ethnicity:		Email Address:			
8.	Fax: ()					
11.	If your business requires a license, complete below: a. License Type b. License # c. Expires on		a. Less than b. \$500,000 c. \$1,000,00	\$500,000 to \$1,000,00 00 to \$2,000, 00 to \$5,000,	000	
Dai	t B: DBE CERTIFICATION STATUS					
	Is your business currently a DBE?			Yes	No No	
	If "YES," attach a copy of your DBE Certification a. Certified by the California Unified Certification Pro- b. Certified by an organization outside of California? c. Name of Certifying Agency:	grar	m (CUCP)?	ropriate boxe DBE	es below: Non-DBE	i.
14.	Is your business currently participating in a Joint Ven If "YES," a copy of the Joint Venture Agreement	nture	e?	Yes	No	
15.	Name of Joint Venture and Partners. Is this busines a. Business Name			DBE	Non-DBE	Ē

DBEs must attach a copy of current certification.

Par	t C: Work Descriptions						
16.	RFIQ, IFB, or RFP (1994)						
17.	Provide complete description of so	cope of work, services, and materials to be performed or furnished ² :					
	Paint Systems						
	NAICS:						
18.	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 cb. How many trucks does your cc. How many trucks are registered	ompany lease? <u>NL</u>					
Pai	t C: Signature						
	e authorized signer declares the rent, complete and accurate.	at the information on this form and any attachments, are					
	Business Name:						
	Authorized Signature:	Signature of Director, Officer, General Partner or similarly situated Principal of the Business					
	Printed Name:	Signature of Director, Clinical, Carter of animally states of the second					
	Title:						
	Date:						

FORM 5 - DBE AFFIRMATION - CONSTRUCTION

C0991

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

1.	RFP/IFB Number:	00001					
2.	Project Name	Division 16: Southwe	esteri	n Yard O	ps. & 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 D	DBE Business: Sequoia C	onsu	ıltants			
6.	Business Address:	361 W. Grove Avenue			CA 9	2865 Zip	
7.	Total DBE Dollars Committed: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
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 Assur	rance, Quality Contro	l, Ma	terial Tes	sting, Inspe	ction	
	Managaria di Salamania and Antonia di Salamania di Salamania di Salamania di Salamania di Salamania di Salamania						
	NAICS: 541380	, 541330					
Aff	firmation:	•					
Sig	natures of the author	ized representatives of the Offe	eror an	d the DBE bu	isiness below, re	presents the	
		ties. A formal subcontract agr					
		s) of work and monetary comm	itment	referenced a	bove. DBE com	mitments in this	
		dition of contract award.	_				
0	HL USA	$\sim n$	Se	quoja Co	nsultants		
Nai	me of Business		Nam	e of DBE Busin	ness		
X	44 M	Dagken		PEM			
Aut	thorized Signature of Bu	isiness	Auth	rized Signatu	re of DBE Busines	SS	
	mad Bagh			Desilva.			
2	ped or Printed Name of			d or Printed N esident	ame of Signee		
	kecutive VI e of Signee	cervesident		of Signee			
9	49 242-44	32		4-974-63	316		
Tel	ephone			ohone			
土	bagheriero	hlusa.com			sequoiacon	.com	
J	anuary 22, 201	5	Ema 1/8	3/2015			
Dat			Date				

FORM 5 - DBE AFFIRMATION - CONSTRUCTION

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

1.	RFP/IFB Number:	C0991					
2.	Project Name	Division 16: Southw	estern Yard O	ps. & Maint.	D/B		
3.	Name of the Prime:						
4.	Business Address:						
5.	Name of Proposed I	OBE Business: Precision	Engineering S	Surveyors, Inc	Zip C.		
6.	Business Address:	7231 Boulder Ave #		Highland	CA	92346	
7.	Total DBE Dollars C		nount listed for this business of	on Form 1 or Form 3)	Σiμ		
8.	Identify the scope of Industry Classification	work to be performed by DBI on System (NAICS) code(s):	E subcontractor and p	provide applicable ov/eos/www/naics	Northern A	merica	
	Construction Staking, Surveying, Topos, and Drafting.						
	<u> </u>			***************************************			
•	NAICS: 541340	& 541370					
Sig con sha	nmitment by both par all include the scope(s	ized representatives of the Of ties. A formal subcontract ag s) of work and monetary comm dition of contract award.	reement between the	Offeror and the D	BE subcor	ntractor	
(oth usa	~	11	gineering Sur	veyors, l	nc.	
Nar	ne of Business	Books	Name of DBE Busin	less			
Aut	horized Signature of Bu	siness	Authorized Signatur	re of DBE Business			
H	Mad Sag	Ner	<u>Fernando P</u>	adilla	-		
Typ	ed or Printed Name of	pignee*	Typed or Printed Na President	ame of Signee			
Title	e of Signee		Title of Signee 909-862-63	 26			
Tele	ephone	Hus. gn	Telephone fpadilla@pr	ecisionsurve	vor con	—— n	
Em:	ail LT	W/34. 4/VC	Email 01/16/15	2010101100110	501.001		
<u>l</u> Dat	[dd 1)		Date	***************************************			

FORM 5 - DBE AFFIRMATION - DESIGN

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

1.	RFP/IFB Number:	C0991				
	_					
2.	Project Name	Southwestern Yard Project	ct			
	_					
3.	Name of the Prime:	OHL USA				
	_					
4.	Business Address:	1920 Main Street, Suite 3	10, Irvine, CA 92	2614		
	_	Street	City	State	Zip	
5.	Name of Proposed I	DBE Business: Diaz Yourma	n & Associates			
6.	Business Address:		Santa Ana	CA	92705	
		Street	City	State	Zip	
7.	Total DBE Dollars C	committed: \$\frac{273,900}{(Amount should match \$ Am	 nount listed for this busines	s on Form 1 or Form 3)		
8.		f work to be performed by DBE on System (NAICS) code(s): <				
	Geotechncial Se	, , , , ,	mtp.//www.census	.gov/eos/www/na	1105/-	
						
	NAICS: 541330	, 541380, 541620				
Δfi	firmation:					
Sig	natures of the author	ized representatives of the Off				
		ties. A formal subcontract agres) of work and monetary comm				
		ndition of contract award.		abovo. BBE 0011		
0	HI JUSA.M	0.20	Diaz Yourma	n & Associates		
Na	me of Business		Name of DBE Bus	siness		
/	X for all	taken	chil	h M.	23	
Aut	thorized Signature of By	siness	_	ure of DBE Busine	SS	
H	mad Baghe	NI L	Christopher N			
Typ	ped or Printed Name of	Signee	Typed or Printed	Name of Signee		

Executive Vice President	President
Title of Signee	Title of Signee
949 2424432	714 - 245 - 2920
Telephone	Telephone
tha aperi@ohlusa com	chris@diazyourman.com
Email	Email
1/21/15	1/20/2015
Date	Date

FORM 5 - DBE AFFIRMATION - CONSTRUCTION

TO BE COMPLETED BY OFFEROR AND AFFIRMED BY DBE SUBCONTRACTORS

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:						
		Street	City	State	Zip		
5.	Name of Proposed I	sed DBE Business: MAD Steel, Inc.					
6.	Business Address:	555 West Allen Avenue	#14 San Dimas CA	A 91773 State	Zip		
			City	State	ΖΙΡ		
7.	Total DBE Dollars C		ount listed for this business on F	orm 1 or Form 3)			
8.	Industry Classification	f work to be performed by DBE on System (NAICS) code(s): <					
	Reinforcing Stee	el Material/Installation					
				ayahin ayang 18 dan dang ayan sanan ayan karan sa sanan ayan sanan sa			
	NAICS: 238120						
Sig con sha	nmitment by both par ill include the scope(s	rized representatives of the Offorties. A formal subcontract agres) of work and monetary commodition of contract award.	eement between the Of	fferor and the	DBE subcontractor		
Ol	tmans Construction	ı Co.	MAD Steel, Inc.				
Nar	ne of Business		Name of DBE Business	S			
	His		Al Don				
Aut	horized Signature of Bu	siness	Authorized Signature of	f DBE Business	•		
16	hn Gormly		Al Dominguez				
	ed or Printed Name of	Signee	Typed or Printed Name	e of Signee			
Pr	esident		President				
Title	Title of Signee Title of Signee						
56	562-948-4242 (909)592-3443						
Tele	phone		Telephone				
Jo	hnG@Oltmans.com	า	madsteelinc@ao	l.com			
Ema			Email	***************************************			
			12/23/2014				
Date	е		Date				

DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATE **IFICATION PROGRAM** CALIFORNIA UNIFIED CE

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

SOUND WALL (MASONRY BLOCK - CONCR

C9829 RETAINER WALLS

C5180

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

July 30, 2010

CUCP OFFICER

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:	<u>C0991</u>				
2.	Project Name	Crenshaw LAX/Transit Corri	dor Project Divis	ion 16 Southwe	estern Yard	
3.	Name of the Prime:	Oltmans Construction Co.				
4.	Business Address:	10005 Mission Mill Road W				
		Street	City	State	Zip	
5.	Name of Proposed [DBE Business: Karcher Interio	or Systems Inc			
6.	Business Address:	675 North Eckhoff Unit F	Orange,	CA 92868 State	Zip	
7.	Total DBE Dollars C	ommitted: \$(Amount should match \$ Amo	 unt listed for this business	on Form 1 or Form 3)		
8.						ì
	Insulation					
	NAICS: 238990					
Sig con sha	nmitment by both par all include the scope(s	ized representatives of the Offe ties. A formal subcontract agre s) of work and monetary commit adition of contract award.	ement between the	e Offeror and the	DBE subcontractor	
Ol	tmans Construction	n Co.	Karcher Interio	or Systems Inc.		
	ne of Business		Name of DBE Busi	iness	elle	
Autl	horized Signature of Bu	siness	Authorized Signatu	re of DBE Busines	SS	
Jo	hn Gormly		Laurie Kelley			
	ed or Printed Name of	Signee	Typed or Printed N	lame of Signee		
Pr	esident		President			
Title	e of Signee		Title of Signee			
56	62-948-4242		714 602-1266			
Tele	ephone		Telephone			
Jo	hnG@Oltmans.con	1	lkelley@karche	erint.com		
Ema			Email			
			12/31/2014			
Dat	е		Date			



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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 Phone 675 N Eckhoff Street Ste F (714) 602-1266 ORANGE, CA 92868 FAX (714) 385-1318 Email Ikelley@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 **E**dit Options Amend Application | Register as Disabled Veteran Business Enterprise (DVBE)

Active Certifications

Register as Disabled Veteran Business Enterprise (DVBE)

ТУРЕ	STATUS	STATUS DATE	FROM	то	ACTIONS
SB	Approved	Mar 26, 2014	Jun 11, 2013	Jun 30, 2016	

Certification History

ТҮРЕ	STATUS	STATUS DATE	FROM	то
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

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Customer Support - vendorsupport@bidsync.com or 800-990-9339

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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:		
2. Business Address: 709 APMES L. HART PLANT!	M± State	48197
3. Mailing Address: (If different from above) PO. Box or Street Address City	State	Zo
4. County (and State)Business is located in: WASNTENAW		(<u>M</u> I)
5. Name of Owner: Tammermatic Grove, 04		
6. Owner'(s) Ethnicity: NA		7
7. Phone: (78Y) 961 - 3300 9. Email Address: 5	AUES & IN	TECCESONI CON
8. Fax: (734) 961 - 0092 10. Age of Business:	25 Years	Months
11. If your business requires a license, complete below: 12. Business Annual (a. License Type	n \$500,000 0 to \$1,000,000)
	000 to \$2,000,0 000 to \$5,000,0	
c. Expires on <u>8-31-2016</u> e.⊠ Over \$5		
Part B: DBE CERTIFICATION STATUS		
13. Is your business currently a DBE?	Yes	No W
If "YES," attach a copy of your DBE Certification Letter and check all ap	propriate boxe DBE	s below: Non-DBE
a. Certified by the California Unified Certification Program (CUCP)? b. Certified by an organization outside of California?		X
c. Name of Certifying Agency: 4. 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 t	his Form.	
5. Name of Joint Venture and Partners. Is this business currently a certified D		
Outros Name	DBE	Non-DBE
a.Business Name	- 4	7
b. Business Name		Z)
Name of Certifying Agency		
c. Business Name	_ U	W Was

Part C: Work Descriptions	
	O. Copp. Div. 16: Source STERN YARD
17. Provide complete descript	tion of scope of work, services, and materials to be performed or furnished?:
PROVOE TRE	HWEN EGUIPMENT #3860 SECTION II II 26
NAICS: 33331	
Sec. 2016.	
	s docking company our most on the pay-
If marked YES, please or	omplete items a. to c. below. If answered NO, answer "Not Applicable."
a. How many trucks doe b. How many trucks doe c. How many trucks are	
Part C: Signature	
The authorized signer decl current, complete and accu	ares that the information on this form and any attachments, are urate.
Business Name:	INTERLIEAN EXIPMENT, INC
Authorized Signature:	ENTERLIEAN EXIPMENT, INC
Printed Name:	July a Southol at the
Title:	CEO

Fax: (424) 800-3831

To:

Fax: +1 (949) 231-1255 Page 8 of 13 01/13/2015 2:09

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION

Page 1 of 2

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.

Pai	t A: Business Data				
1.	Business Name: Miranda Logistics Enterpri	se LLC			
2.	Business Address: 2202 S Figueroa St. #437	, Los Angeles, CA 9000	7		
3.	Mailing Address:	City	State	Zip	
J.	(if different from above) PO. Box or Street Address		State	Zip	
4.	County (and State)Business is located in: Los	s Angeles		(CA)
5.	Name of Owner: Marco A. Miranda	President			State
6.	Owner'(s) Ethnicity: Hispanic	Title		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	Owner (s) Ethnicity.	o Farall Address - Miral	nda@mir:	anda-logis	stics com
7.	Phone: (424) 800 - 3831				
8.	Fax: (424) 800 - 3831				Months
11.	If your business requires a license, complete below			S .	
	a. License Type Not Applicable	_ a. ☐ Less than \$ b. ☐ \$500,000 to		n	
	b. License #	_ c. \(\begin{array}{c} \\$500,000 to \\ c. \(\begin{array}{c} \\$1,000,000 \end{array} \]	to \$2,000,00	100	
	c. Expires on	d. X \$2,000,000 e. Over \$5,000	to \$5,000,0	000	
r=			7,000		····
L	t B: DBE CERTIFICATION STATUS		YesX		
13.	Is your business currently a DBE?		Yes	No _	
	If "YES," attach a copy of your DBE Certification	Letter and check all appro	priate boxe	s below: Non-DBE	•
	a. Certified by the California Unified Certification Pr	noram (CHCP)?		NOII-DBE	•
	b. Certified by an organization outside of California		Ä		
	c. Name of Certifying Agency:			_	
			Yes	No	
14.	Is your business currently participating in a Joint Ve			X	
	If "YES," a copy of the Joint Venture Agreemen				
15.	Name of Joint Venture and Partners. Is this busine	ess currently a certified DBE		N BB5	
	Bullion Manager		DBE	Non-DBE	
	a. Business Name		Ш		
	b. Business Name				
	Name of Certifying Agency				
	c. Business Name				
	Name of Certifying Agency				
LAC	MTA GA14-98		E INSTR TO	BIDDERS/PR	

(IFB NO. C0991) ISSUED: 08.29.14

PRO FORM 068A REV. DATE: 06.26.13

RECEIVED 01/13/2015 02:26 9492311255

To:

OHLUSACAL1

From: Marco Miranda

Fax: (424) 800-3831

Fax: +1 (949) 231-1255 Page 9 of 13 01/13/2015 2:09

FORM 4 - BUSINESS DATA SHEET - CONSTRUCTION (Continued)

Page 2 of 2

Par	t 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 furnished ² .	
	Trucking Services: Rental I	Equipment, Dump Truck Rental Equipment	
	Hazardous & Non Hazardo	ous licensed transporters	
	NAICS: 488510, 484110.	484220, 562111, 562112	
18	Will your husiness provide trucki	ing company services on this project? Please mark one: YesX No	٦
		te Items a. to c. below. If answered NO, answer "Not Applicable."	
	a. How many trucks does yourb. How many trucks does your		
	c. How many trucks are register		
Pai	t C: Signature		
The	e authorized signer declares t	hat the information on this form and any attachments, are	
	rent, complete and accurate.		
		And the late to be a second	
	Business Name:	Miranda Logistics Enterprise	
	Authorized Signature:	Signature of Director, Officer, General Pertner or similarly situated Principal of the Business	
	Printed Name:	Marco A. Miranda	
	Title:	President	
	Date:	01/13/15	

Metropolitan Transportation Authority

Fax: +1 (949) 231-1255 Page 11 of 13 01/13/2015 2:09 Los Angeles, CA 90012-2952

metro.net



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

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:

NAICS (2007)	Description	Size Standard
488510 484110 484220 562111 562112	Freight Transportation Arrangement General Freight Trucking, Local Specialized Freight Trucking, Local Solid Waste Collection Hazardous Waste Collection	\$14.0 million \$22.41 million \$22.41 million \$12.5 million \$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/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. 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 garcleal My Documents CERTIFICATION | Cort-Word 00 - Shirley Wong M Firms | Miranda Logistics Enterprise, LLC DBE.doc

General Federy Graphy your

Small Business Certification Unit One Gateway Plaza, Mail Stop 99-8-4, Los Angeles, CA 90012-2952 Ph: 213-922-2600 Fax: 213-922-7660



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 Commit	ted/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: OHL 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	DULE 'A'	BASE WO	RK	
ITEM NO.	STANDARD COST CATEGORY	DESCRIPTION	EST. QTY.	TINU	UNIT	TOTAL PRICE
SCHE	SCHEDULE 'A' BASE WORK	SE WORK				
Supp	ort Facilities:	Support Facilities: Yards, Shops, Administration Buildings (SCC 30)				
-	30.03	Supporting Shops/Offices/Employee Facilities (1st & 2nd Flr.) Bldg (B-01) and Equipment	-	ST	N/A	\$46,000,000,000
2	30.03	Truck/Car Repair/S&I/Blow-Down/Wheel True Pit (1st Flr.) Bldg. (B-02) and Equipment	_	S	N/A	\$ 21,300,000.
က	30.03	Control Tower (3rd FIr.) Bldg. (B-03) Including Console	-	rs	N/A	\$ 5,100,000.00 -
4	30.04	Carwash Bldg. (B-04) Including Equipment	-	rs	N/A	\$6,700,000.00-
5	30.04	Material Storage Bldg. (B-06) Including Equipment	_	rs	N/A	\$6,500,000,69-
9	30.04	Cleaning Platform Area (B-07) Including Equipment	_	LS	N/A	\$3,160,000.00
7	30.04	Paint and Body Shop Bldg. (B-08) and (B-09) Including Equipment	~	S	N/A	\$4,200,000. 0° -
∞	30.05	Yard and Yard Track	-	rs	N/A	\$ 20,300,000,

SCHEDULE OF QUANTITIES AND PRICES
PRO FORM 036
REVISION DATE: 07.01.09

Sitew	ork & Specia	Sitework & Special Conditions (SCC 40):				
6	40.01	Demolition, Clearing and Earthwork	1	ST	N/A	\$1,427,000,99
10	40.02	Site Utilities, Utility Relocation	1	ST	N/A	\$1,815,000,00
7	40.05	Guard House & Main Entrance Gate (B-11)	7	ST	N/A	\$ 230,000,00-
12	40.06	Landscape / Hardscape	1	FS	A/N	\$ 530,000.00-
13	40.08	Mobilization - Construction	1	FS	N/A	- 2000'000'01\$
14	40.08	General Requirements	-	ST	N/A	\$3,450,000,00-
15	40.08	120 Day Schedule, Baseline Schedule and Current Schedule Update	-	ST	N/A	\$ 185,000,000.
16	40.08	Quality Insurance and Quality Control	1	rs	N/A	\$ 1,600 000;00
17	40.08	Approval of As-built Drawings	1	ST	N/A	\$ 800,000
18	40.08	Insurance Liability	1	rs	N/A	- 2000'000'8
Syste	Systems (SCC 50):					-
19	50.01	Train Control System & Signals - Bldgs. (B-13) and (B-14)	_	S	N/A	\$ 15,050,000,000
20	50.03	Traction Power System Substation (TPSS) - Bldg. (B-05)	-	ST	N/A	\$ 7,100,000,00
21	50.04	Traction Power Distribution (TPD) Catenary - Emergency Generator and Pad - (B-10)	-	ST	N/A	\$ 9,050,000,000
22	50.04	Traction Power Distribution (TPD) Catenary - DWP Service Site with Metering - (B-12) and (East Service)	~	ST	N/A	\$ 5,135,000.00-
23	50.05	Communications	-	rs	N/A	\$10,900,000,00

Profe	ssional Serv	Professional Service Systems (SCC 80):				
24	80.02	Mobilization - Design	1	FS	N/A	\$1,160,000,00
25	80.02	Final Design	-	ST	N/A	\$17,000,000,12
	,		SCHED	ULE 'A' - SI	UBTOTAL	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.

METRO GA14-98 (IFB NO. C0991) AMENDMENT #2 ISSUED: 08.29.14 / 10.24.14

	0)	SCHEDULE OF QUANTITIES AND PRICES - SCHEDULE 'B' OPTIONS	SCHED	ULE 'E	3' OPTION	S
ITEM NO.	STANDARD COST CATEGORY	DESCRIPTION	EST. QTY.	UNIT	UNIT	TOTAL PRICE
SCHE	SCHEDULE 'B' OPTIOI	TIONS				
3.3.1	10.12	Optional Test Track	-	rs	N/A	\$1,775,000,99
3.3.2	30.03	Optional Wheel Truing Machine	-	rs	N/A	\$1,510,000.00-
3.3.3	30.04	Optional Cleaning Platform Canopy				
		A) - Base Platform Canopy - 200 Foot Length	-	rs	N/A	\$ 477,000,00°.
		B) - Full Platform Canopy – Additional 100 Foot Length	-	LS	N/A	\$ 243,000,00
3.3.4	30.04	Optional Cleaning Platform – Full Length (Additional 100 Feet)	_	LS	N/A	\$ 274,000,00
3.3.5	30.04	Optional Full Build-Out of Storage Tracks	_	LS	N/A	\$2,152,000,00
3.3.6	30.04	Deductive Option, Paint and Body Shop	-	rs	N/A	(\$2,700,000.92)
			SCHEI	OULE 'E	SCHEDULE 'B' - TOTAL	\$2,531,600,00
7 od T	in School	The items in Schooling 'B' are inclined by I ACMTA and will be evaluated with the total price but will not be part of the	with the	total	rice but will	not be part of the

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.

Yard, TF=Track Foot, PS=Provisional Sum, SF=Square Foot, TONS=Tons, SHIFT=Shifts, MO=Month, NTE=Not to Legend: CY=Cubic Yard, CD=Calendar Day, EA=Each, LF=Linear Foot, HR=Hours, LS=Lump Sum, SY=Square Exceed.

METRO GA14-98 (IFB NO. C0991) AMENDMENT #2 ISSUED: 08.29.14 / 10.24.14

	TOTAL PRICE		2,000,000	180,000	240,000	160,000	80,000	975,000	260,000	80,000	50,000	240,000
SUMS	10		₩	₩	€	₩	↔	↔	↔	↔	↔	↔
SIONAL S	UNIT		rs	S	ST	rs	rs	ST	ST	\$40,000	ST	ST
PROVI	TINO		PS	PS	PS	PS	PS	PS	PS	PS	PS	PS
OULE 'C	EST. QTY.		1	1	1	-	_	-	~	2	-	-
ULE OF QUANTITIES AND PRICES - SCHEDULE 'C' PROVISIONAL	DESCRIPTION	ONAL SUMS	Hazardous Material / Contaminated Soil Removal	Safety's First Incentive Program SP-24	Partnering SP-30	Disputes Review Board SP-58	Support of Special Events	Requests from Third Parties	Incremental Community Improvement	Approved Removal of Unknown Right-of-Way Encroachments Determined by Design-Build Survey	Repair or Replacement of Metro Furnished Goods Damaged on or Before Furnishing to the Design-Builder	Allowance for Spare Parts, Special Tools and Materials
SCHEDUL	STANDARD COST CATEGORY	SCHEDULE 'C' PROVISIONAL SUMS	40.03	40.08	40.08	40.08	40.08	40.08	40.08	60.01	50.05	50.05
	ITEM NO.	SCHEDL	-	2	3	4	5	9	7	æ	6	10

\$ 4,340,0	- SUBTOTAL	SCHEDULE 'C' - SUBTOTAL		
\$ 75,000	ST	1 PS	Miscellaneous Materials and Equipment for Systems Integration and Testing as Directed by LACMTA	Miscellaneous Mal Systems Integratic LACMTA

award to compensate contractor for such work that may be necessary during performance of the Work, in the event that The Provisional Sums in Schedule 'C' are amounts included by LACMTA as part of the Total Contract Price and contract the programs or Work contemplated by the line items in Schedule 'C' are not fully implemented, the Contract Price will except for amounts authorized and released by LACMTA in writing, in accordance with the Special Provisions Article be reduced by the unused amount in each line item. Contractor shall not be paid any of the Schedile 'C' amounts, entitled Provisional Sums.

Legend: CY=Cubic Yard, CD=Calender 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, SMFT=Shifts, MO=Month, NTE=Not to Exceed. SCHEDULE OF QUANTITIES AND PRICES
PRO FORM 036
REVISION DATE: 07.01.09

4,390,000	₩	SCHEDULE 'C' - SUBTOTAL \$	E 'C' - SI	CHEDUL		
20,000	↔	ĽS	PS	~	Document 2-1 Supplemental Work	40.08
75,000	&	rs	PS	-	Miscellaneous Materials and Equipment for Systems Integration and Testing as Directed by LACMTA	50.05

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 The Provisional Sums in Schedule 'C' are amounts included by LACMTA as part of the Total Contract Price and contract except for amounts authorized and released by LACMTA in writing, in accordance with the Special Provisions Article be reduced by the unused amount in each line item. Contractor shall not be paid any of the Schedule 'C' amounts, entitled Provisional Sums.

Yard, TF=Track Foot, PS=Provisional Sum, SF=Square Foot, TONS=Tons, SHIFT=Shifts, MO=Month, NTE=Not to Legend: CY=Cubic Yard, CD=Calendar Day, EA=Each, LF=Linear Foot, HR=Hours, LS=Lump Sum, SY=Square Exceed.

METRO GA14-98 (IFB NO. C0991) <u>AMENDMENT #2 & #3</u> ISSUED: 08.29.14 / 10.24.14 / 11.25.14

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ATION	TOTAL PRICE		\$ [360,000 00.1	
RHEAD COMPENS	UNIT PRICE		\$ 18,000 99 - KAH+7,800,000	
D' OVEF	LINU		СО	
EDULE '	EST. QTY.		09	
SCHEDULE OF QUANTITIES AND PRICES - SCHEDULE 'D' OVERHEAD COMPENSATION	DESCRIPTION	SCHEDULE 'D' OVERHEAD COMPENSATION	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.	Daily rate for a delay that is both Excusable and Compensable, as defined by the General
SCHED	STANDARD COST CATEGORY	LE 'D' OVERH	40.08	
	ITEM NO.	SCHEDUI	~	(

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.

					Т	Т				T	
	TOTAL PRICE		1	i .	•	1	1	1	1	1	
			8	↔	↔	₩	₩	↔	↔	↔	€9
UNIT PRICES	UNIT PRICE		-	- \$	- &	-	-	- \$	- 69	· · · · · · · · · · · · · · · · · · ·	ı ₩
ULE 'E' (TINU		Day	TONS	TONS	TONS	TONS	TONS	TOMS	TONS	EA
SCHED	EST. QTY.		20	1,000	1,000	9,008	1,000	6,000	1,000	9,000	4
SCHEDULE OF QUANTITIES AND PRICES - SCHEDULE 'E' UNIT PRICES	DESCRIPTION	ICES	Daily Standby	Incremental Costs for Segregation of Potentially Contaminated Soils.	Incremental Costs for Hauling and Disposing RCRA Hazardous Waste Soils (1 to 1,000 tons).	Incremental Costs for Hayling and Disposing RCRA Hazardous Waste Soils (1,061 to 10,000 tons).	Incremental Costs for Hauling and Bisposing Non-RCRA, California Hazardous Waste Solic (1 to 1,000 tons).	Incremental Costs for Hauling and Disposing Non-RCRA, California Hazardous Waste Soils (1,001 to 10,000 tons).	Incremental Costs for Hauring and Disposing Non- Hazardous Waste Soils (1 to 1,000 tons).	Incremental Costs for Hauling and Disposing Non- Hazardous Waste Soils (1,001 to 10,000 tons).	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.
	STANDARD COST CATEGORY	SCHEDULE 'E' UNIT PRICES	40.08	40.03	40.03	40.03	40.03	40.03	40.03	40.03	40.03
	ITEM NO.	SCHED	_	2	3	4	5	9	7	80	6

SCHEDULE OF QUANTITIES AND PRICES PRO FORM 036 REVISION DATE: 07.01.09

5-15

		SCHEDULE OF QUANTITIES AND PRICES - SCHEDULE 'E' UNIT PRICES	SCHED	ULE 'E'	UNIT PRICES	
ITEM NO.	STANDARD COST CATEGORY	DESCRIPTION	EST. QTY.	LIND	UNIT PRICE	TOTAL PRICE
SCHED	SCHEDULE 'E' UNIT PRICES	ICES				
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	\$ 36,000.00 -
3	40.03	Incremental Costs for Hauling and Disposing RCRA Hazardous Waste Soils (1 to 1,000 tons).	1,000	TONS	\$ 171.99	\$ 171,000,00
4	40.03	Incremental Costs for Hauling and Disposing RCRA Hazardous Waste Soils (1,001 to 10,000 tons).	000,6	TONS	- 50'121 \$	\$ 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	\$ 13700.	\$ 137,000
9	40.03	Incremental Costs for Hauling and Disposing Non-RCRA, California Hazardous Waste Soils (1,001 to 10,000 tons).	9,000	TONS	- 505/21 \$	\$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	\$ 62.50	\$ 62,000,00
∞	40.03	Incremental Costs for Hauling and Disposing Non- Hazardous Waste Soils (1,001 to 10,000 tons).	000'6	TONS	· 60'09 \$	\$ 549500,55
თ	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.	က	EA	* 86,000,99	\$ 344,000.00

200000	* 50,400 s			1 1 1 21	1 1 1 21 1	1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	1 1 1 21 1 1 1 21		\$ 50,400. 6. 560. 6. 560. 6. 560. 6. 560. 6. 5. 560. 6. 5. 560. 6. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
\$ 3,800,99 -	\$ 8,320.99	\$ 3,160.99-	\$ 8,320,99 -	\$ 1,610,99 -	\$ 2,000.50 -	\$ 38.99 -	\$ 35.00 -	\$ 42.00 -	\$ 45,00 - \$	\$ 144.00 - \$	\$ 148.00 -	\$ 1,300,99 -	\$ 22.29 -	\$ 108,000 \$ \$ 10,800,00
EA	EA	EA	EA	EA	EA	LF	LF	λS	S	SNOT	SNOT	SHIFT	HR	H
∞	80	9	4	09	20	300	300	300	400	1,400	1,500	20	1,000	100
Abandon Existing Groundwater/Soil Evaporation Monitoring Wells	Relocate Existing Groundwater/Soil Evaporation Monitoring Wells	Modify Existing Groundwater/Soil Evaporation Monitoring Wells	Install New Groundwater/Soil Evaporation Monitoring Wells	Utility Investigation Potholes	Combined Utility/Environmental Investigation Potholes	Additional Concrete Curb, Type A	Additional Concrete Integral Curb and Gutter, Type C	Additional Concrete Sidewalk (Three Inch Thickness)	Additional Concrete Driveway (Six Inch Thickness)	Grind and overlay to City Standards (Normal work hours between Monday - Friday)	Grind and overlay to City Standards (After normal work hours and/or weekends)	Special Events - Incidental Traffic Control or Site Modifications	Special Events - Additional Security Guard Services	Street Vacuum Sweeper with Operator
40.03	40.03	40.03	40.03	40.02	40.03	40.07	40.07	40.07	40.07	40.07	40.07	40.08	40.08	40.08
10	-	12	13	14	15	16	17	18	19	20	21	22	23	24

4,800.8- \$ 28,800.99-	260.90 - \$ 208,000.90-	165,99 - \$ 132,000.00-	102.00 - \$ 81,600.00 -	102.90 - \$ 81,600.00 -	133,90 - \$ 106,400,00	133.99 - \$ 106,400,99-	170,00 - \$ 136,000,00-	134.00 - \$ 107,200.00	149.00 - \$ 119,200,00-	140.000,511 \$ - 200,000.	154.00 - \$ 123,2000-	171.00 - \$ 136,800,00	. 2000 8 119200 - 20 PH
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MO	Ä	품	H		¥	— H		光	품	H	¥		H
9	800 (NTE)	800 (NTE)	800 (NTE)	800 (NTE)	800 (NTE)	800 (NTE)	800 (NTE)	800 (NTE)	800 (NTE)	800 (NTE)	800 (NTE)	800 (NTE)	800
Special Events - Portable Toilets (3)	Traction Power Technician	Radio Technician	Electrician - Eight-hour shift 6:00 AM to 6:00 PM	Electrician - Eight-hour shift 6:00 PM to 6:00 AM	Electrician - Two-hour overtime 6:00 AM to 6:00 PM	Electrician - Two-hour overtime 6:00 PM to 6:00 AM	Electrician Eight-hour shift on Saturday above normal work week 6:00 AM to 6:00 PM	Communications Technician - Eight-hour 6:00 AM to 6:00 PM	Communications Technician - Eight-hour 6:00 PM to 6:00 AM	Communication Technician - Two-hour overtime 6:00 AM to 6:00 PM	Communication Technician - Two-hour overtime 6:00 PM to 6:00 AM	Communications Technician Eight-hour shift on Saturday above normal work week 6:00 AM to 6:00 PM	Technical Support - Provide Assistance to LACMTA in integration testing from LACMTA's Rail Operations
40.08	50.05	50.05	50.05	50.05	50.05	50.05	50.05	50.05	50.05	50.05	50.05	50.05	50.05
25	26	27	28	29	30	31	32	33	34	35	36	37	38

\$ 9994, 740,00	SCHEDULE 'E' - SUBTOTAL	SCHED			
\$ 160,000,00	- 55:091 \$	1,000 HR	Technical Support - Rail Activation	50.05	39

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. 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 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

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.

METRO GA14-98 (IFB NO. C0991) AMENDMENT #2 ISSUED: 08.29.14 / 10.24.14

SCHEDULE OF QUANTITIES AND PRICES - SCHEDULES 'A', 'B', 'C', 'D' AND 'E' TOTALS

TOTAL SCHEDULE 'A' BASE WORK = \$

TOTAL SCHEDULE 'B' OPTIONS = \$

TOTAL SCHEDOLE 'C' PROVISIONAL SUMS = \$

4,340,000

TOTAL SCHEDULE 'D' OVERHEAD COMPENSATION = \$

TOTAL SCHEDULE 'E' UNIT PRICES = \$

TOTAL SCHEDULES A, B, C, D and B=

IN WORDS - TOTAL BID:

US DOLLARS

END OF SCHEDULE OF QUANTITIES AND PRICES

METRO GA14-98 (IFB NO. C0991) AMENDMENT #2 ISSUED: 08.29.14 / 10.24.14

SCHEDULE OF QUANTITIES AND PRICES - SCHEDULES 'A', 'B', 'C', 'D' AND 'E' TOTALS

TOTAL SCHEDULE 'A' BASE WORK = \$ 197,432,000,99

TOTAL SCHEDULE 'B' OPTIONS = \$ 2, 331, 600. 99

TOTAL SCHEDULE 'C' PROVISIONAL SUMS = \$

4,390,000

2,895,000,00 ↔ TOTAL SCHEDULE 'D' OVERHEAD COMPENSATION =

TOTAL SCHEDULE 'E' UNIT PRICES = \$ 6,999,740.99

TOTAL SCHEDULES A, B, C, D and E = \$ 214, 242, 740.00

IN WORDS - TOTAL BID:

Two one four two seven four zero and zero

hundreds

US DOLLARS

END OF SCHEDULE OF QUANTITIES AND PRICES