

SECTION 00 43 50
(Caltrans Exhibit 12-B Part I)

PROPOSED SUBCONTRACTORS FORM

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

Important Notice: No subcontractor may be listed in a bid for a public works project unless registered with the California Department of Industrial Relations ("DIR") pursuant to Labor Code § 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code § 1771.1(a)]. An inadvertent listing of a subcontractor who is not registered under § 1725.5 will not be grounds for a bid protest or for determining a bid nonresponsive if the conditions set forth in Labor Code § 1771.1(c)(1) or (2) are met.

In accordance with the Federal requirements on Form 1273, Section VI (Refer to Section 00 73 81), the **Contractor shall perform not less than 30 percent of the original contract work with the Contractor's own organization.** Per Title 49, Section 26.11, of the Code of Federal Regulations, Bidder shall list all subcontractors (both DBE and Non-DBE) and indicate the annual gross receipts per the form

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER: Access Limited Construction		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK): #2 Vegetation Removal, #3 Rock Scaling, #5 Rock Anchoring & Grouting (including testing), #6,7 Rock Slope Wire Mesh - Primary and Secondary, #8 Mesh Support Anchoring and Grouting (including testing), #9 Catchment Fence, #11 Mobilization, #12 Allowance for City's share of partnering facilitation and related costs, #13 Allowance for uniformed off-duty SFPD Officers, and #14 Allowance for MUNI supervisors and Motorcoaches.		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$ 1,459,697.08	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: 75%	5. DATE: 8/26/2020
By signing the Bid Form, Contractor hereby certifies that it will perform not less than 30% of the Contract Work with its own forces.		

Continued on next page.

B. LIST OF SUBCONTRACTORS

1 of 2

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input checked="" type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)		
2. SUBCONTRACTOR NAME Courtland Construction Supplies		EMAIL JuliaEspey@courtlandllc.net
3. ADDRESS 830 Tower Drive, Suite 150 Medina, MN 55340		PHONE NO. 763-567-2172
4. BID ITEMS / PORTION OF WORK Items: 6,7,8 & 9 - Materials		11. ANNUAL GROSS RECEIPTS: <input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
5. DIR REGISTRATION NO. N/A	8. CA CONTRACTOR'S LICENSE NO. N/A	For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO.	
7. FEDERAL ID NO. 27-3644908	10. AMOUNT OF SUB-CONTRACT WORK: \$ 204,881.25	

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)		
2. SUBCONTRACTOR NAME Superior Hydroseeding		EMAIL josh@superiorhydroseeding.net
3. ADDRESS 250 W. Riverside Dr Watsonville, CA 95076		PHONE NO. (831)-763-1811
4. BID ITEMS / PORTION OF WORK Item 10 - Hydroseeding		11. ANNUAL GROSS RECEIPTS: <input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
5. DIR REGISTRATION NO. 1000009317	8. CA CONTRACTOR'S LICENSE NO. 683292	For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):
6. VENDOR NO. N/A	9. SF BUSINESS TAX REG. NO.	
7. FEDERAL ID NO. 26-0208830	10. AMOUNT OF SUB-CONTRACT WORK: \$ 7,297.50	

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)		
2. SUBCONTRACTOR NAME CMC Traffic Control Specialits, Inc.		EMAIL info@cmctrffic.com
3. ADDRESS 3450 3rd st, Suite 3G San Francisco, CA 94124		PHONE NO. (415)-206-1711
4. BID ITEMS / PORTION OF WORK Item 1 - Traffic Management		11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
5. DIR REGISTRATION NO. 1000006503	8. CA CONTRACTOR'S LICENSE NO. 792059	For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):
6. VENDOR NO. 68165	9. SF BUSINESS TAX REG. NO. 356339	
7. FEDERAL ID NO. 01-0620791	10. AMOUNT OF SUB-CONTRACT WORK: \$ 290,000.00	

Copy this page as needed to provide a complete listing.

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1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Kane GeoTech, Inc.	EMAIL william.kane@kanegeotech.com
3. ADDRESS 7400 Shoreline Drive, Suite 6 Stockton, CA 95219	PHONE NO. (209)-639-1902
4. BID ITEMS / PORTION OF WORK Engineering Services	
5. DIR REGISTRATION NO. 1000027738	8. CA CONTRACTOR'S LICENSE NO. N/A
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO. 911832880	10. AMOUNT OF SUB-CONTRACT WORK: \$ 11,000.00
11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million	
For City Use Only	
CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No	
IF YES, LIST DBE #:	
AGE OF FIRM (Yrs.):	

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME SoCal Stormwater Runoff Solution Services Inc.	EMAIL mary@socalstormwatersolutions.com
3. ADDRESS 22668 Westborough Blvd. #131 South San Francisco, CA 94080	PHONE NO. (310)-343-8313
4. BID ITEMS / PORTION OF WORK Stormwater Runoff Solution Services	
5. DIR REGISTRATION NO. 1000435627	8. CA CONTRACTOR'S LICENSE NO. N/A
6. VENDOR NO. N/A	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO. 45-5623834	10. AMOUNT OF SUB-CONTRACT WORK: \$ 4,450.00
11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million	
For City Use Only	
CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No	
IF YES, LIST DBE #:	
AGE OF FIRM (Yrs.):	

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Rogers Trucks, Inc.	EMAIL rob@rogerstrucks.com
3. ADDRESS 1485 Bayshore Blvd #191 San Francisco, CA 94124	PHONE NO. (415)-793-8031
4. BID ITEMS / PORTION OF WORK Item 4 - Rock Debris Transportation and Diposal	
5. DIR REGISTRATION NO. PW-LR-1000446127	8. CA CONTRACTOR'S LICENSE NO. N/A
6. VENDOR NO. N/A	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO. 823872378	10. AMOUNT OF SUB-CONTRACT WORK: \$ 4,650.00
11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million	
For City Use Only	
CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No	
IF YES, LIST DBE #:	
AGE OF FIRM (Yrs.):	

END OF SECTION

SECTION 00 43 51
(Caltrans Exhibit 12-B Part II)

PROPOSED SUBCONTRACTORS FORM - NOT SELECTED (DBE AND NON-DBE)

This form must be submitted with the Bid. The Bidder shall list all subcontractors (both DBE and non-DBE) who provided a quote or bid but were not selected to participate as a subcontractor in this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations.

NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER:
Access Limited Construction

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME All Cities Trucking Services, Inc.	
3. ADDRESS 1941 Jackson Street, Suite #6	7. ANNUAL GROSS RECEIPTS: <input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Oakland, CA 94612	For City Use Only
5. PHONE NO. (510)-461-8287	
6. FAX NO. (510)-670-7182	
CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No	
IF YES, LIST DBE #:	
AGE OF FIRM (Yrs.):	

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Hernandez Engineering	
3. ADDRESS 1390 Carroll Ave	7. ANNUAL GROSS RECEIPTS: <input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE San Francisco, CA 94124	For City Use Only
5. PHONE NO. (415)-824-4731	
6. FAX NO. (415)-824-4696	
CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No	
IF YES, LIST DBE #:	
AGE OF FIRM (Yrs.):	

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1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME L.S. Trucking Inc.	
3. ADDRESS 1774 W. Winton Ave	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Hayward, CA 94545	
5. PHONE NO. (510)-266-5213	For City Use Only
6. FAX NO. (510)-266-5245	CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	
3. ADDRESS	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	
5. PHONE NO.	For City Use Only
6. FAX NO.	CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	
3. ADDRESS	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	
5. PHONE NO.	For City Use Only
6. FAX NO.	CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

END OF SECTION

SECTION 00 43 50
(Caltrans Exhibit 12-B Part I)

PROPOSED SUBCONTRACTORS FORM

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

Important Notice: No subcontractor may be listed in a bid for a public works project unless registered with the California Department of Industrial Relations ("DIR") pursuant to Labor Code § 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code § 1771.1(a)]. An inadvertent listing of a subcontractor who is not registered under § 1725.5 will not be grounds for a bid protest or for determining a bid nonresponsive if the conditions set forth in Labor Code § 1771.1(c)(1) or (2) are met.

In accordance with the Federal requirements on Form 1273, Section VI (Refer to Section 00 73 81), the **Contractor shall perform not less than 30 percent of the original contract work with the Contractor's own organization.** Per Title 49, Section 26.11, of the Code of Federal Regulations, Bidder shall list all subcontractors (both DBE and Non-DBE) and indicate the annual gross receipts per the form

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER: <i>Disney Construction, Inc.</i>		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK): <i>General project management, provide crane access, spoils cleanup/loadout Environmental Controls, procure rock bolts/linch nuts,</i>		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$ <i>1,386,000</i>	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: <i>58</i> %	5. DATE: <i>8/26/20</i>
By signing the Bid Form, Contractor hereby certifies that it will perform not less than 30% of the Contract Work with its own forces.		

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B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Neil's Controlled Blasting</i>	EMAIL <i>ncb@ncblasting.com</i>
3. ADDRESS <i>P.O. Box 749, Newcastle CA 95658</i>	PHONE NO. <i>(916) 663-2500</i>
4. BID ITEMS / PORTION OF WORK <i>(Partial) 2, 3, 5-8, 11 Pole Scanner, Alectra d MESH</i>	
5. DIR REGISTRATION NO. <i>1000010827</i>	8. CA CONTRACTOR'S LICENSE NO. <i>797732</i>
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: <i>\$ 700,000</i>
11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input checked="" type="checkbox"/> \$5-\$10 million	
For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):	

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>CMC TRAFFIC CONTROL SPECIALISTS, INC</i>	EMAIL <i>info@cmctrffic.com</i>
3. ADDRESS <i>3450 3rd St, Suite 3G, San Francisco CA 94124</i>	PHONE NO. <i>(415) 206 1700</i>
4. BID ITEMS / PORTION OF WORK <i>(partial)</i>	
5. DIR REGISTRATION NO. <i>1000006503</i>	8. CA CONTRACTOR'S LICENSE NO. <i>792059</i>
6. VENDOR NO. <i>68165</i>	9. SF BUSINESS TAX REG. NO. <i>356339</i>
7. FEDERAL ID NO. <i>01-0620791</i>	10. AMOUNT OF SUB-CONTRACT WORK: <i>\$ 30,000</i>
11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million	
For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):	

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Tully Inc., DBA Tully Consulting Group</i>	EMAIL <i>estimating@tullygroup.com</i>
3. ADDRESS <i>1650 N. LINCOLN ST SUITE A, DIXON, CA 95620</i>	PHONE NO. <i>707 693 1926</i>
4. BID ITEMS / PORTION OF WORK <i>SWPPP</i>	
5. DIR REGISTRATION NO. <i>1000024960</i>	8. CA CONTRACTOR'S LICENSE NO.
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: <i>\$ 15,000</i>
11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million	
For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):	

Copy this page as needed to provide a complete listing.

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1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Super Seal & Stripe	EMAIL trevor@supersealandstripe.com
3. ADDRESS 310 A STREET, Fiumore, CA 93016	PHONE NO. (805) 524-7345
4. BID ITEMS / PORTION OF WORK Temporary Striping	
5. DIR REGISTRATION NO. 1000000752	8. CA CONTRACTOR'S LICENSE NO. 396627
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$ 25,000
11. ANNUAL GROSS RECEIPTS: <input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million	
For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):	

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME KPT Trucking & Transport LLC	EMAIL kptruckingtransport@gmail.com
3. ADDRESS 304 ALBION AVE, SAN LEBONDO, CA 94580	PHONE NO. 510 461 9179
4. BID ITEMS / PORTION OF WORK Flatbed Trucking	
5. DIR REGISTRATION NO.	8. CA CONTRACTOR'S LICENSE NO.
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$ 33,000
11. ANNUAL GROSS RECEIPTS: <input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million	
For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):	

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME ROGERS TRUCKS INC	EMAIL estimating@rogerstrucks.com
3. ADDRESS 1485 BAYSHORE BLVD Box 191 SAN FRANCISCO CA 94124	PHONE NO. 415 862 8782
4. BID ITEMS / PORTION OF WORK OFFHAUL TRUCKING	
5. DIR REGISTRATION NO.	8. CA CONTRACTOR'S LICENSE NO.
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$ 50,000
11. ANNUAL GROSS RECEIPTS: <input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million	
For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):	

END OF SECTION

Copy this page as needed to provide a complete listing.

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1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Hillside Drilling Inc	EMAIL info@hillsidedrilling.com
3. ADDRESS 539 S. 11TH Street, Richmond, CA 94804	PHONE NO. 510 234-6532
4. BID ITEMS / PORTION OF WORK Temp Storage	
5. DIR REGISTRATION NO. 1000002589	8. CA CONTRACTOR'S LICENSE NO. 478991
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$ 120,000
11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million	
For City Use Only	
CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No	
IF YES, LIST DBE #:	
AGE OF FIRM (Yrs.):	

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	EMAIL
3. ADDRESS	PHONE NO.
4. BID ITEMS / PORTION OF WORK	
5. DIR REGISTRATION NO.	8. CA CONTRACTOR'S LICENSE NO.
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$
11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million	
For City Use Only	
CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No	
IF YES, LIST DBE #:	
AGE OF FIRM (Yrs.):	

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	EMAIL
3. ADDRESS	PHONE NO.
4. BID ITEMS / PORTION OF WORK	
5. DIR REGISTRATION NO.	8. CA CONTRACTOR'S LICENSE NO.
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$
11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million	
For City Use Only	
CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No	
IF YES, LIST DBE #:	
AGE OF FIRM (Yrs.):	

END OF SECTION

SECTION 00 43 51
(Caltrans Exhibit 12-B Part II)PROPOSED SUBCONTRACTORS FORM **NOT SELECTED** (DBE AND NON-DBE)

This form must be submitted with the Bid. The Bidder shall list all subcontractors (both DBE and non-DBE) who provided a quote or bid but were not selected to participate as a subcontractor in this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations.

NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER:

DISNEY CONSTRUCTION INC

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Accurate Earthwork Inc	
3. ADDRESS 501 CESAR CHAVEZ ST 212A	7. ANNUAL GROSS RECEIPTS: <input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE SAN FRANCISCO, CA 94124	
5. PHONE NO. 628-417-2128	For City Use Only
6. FAX NO.	CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME BIGGIE CRANE AND RIGGING CO.	
3. ADDRESS 10700 BIGGIE AVE	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE SAN LEANDRO, CA 94577	
5. PHONE NO. (510) 683-8100	For City Use Only
6. FAX NO.	CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

Continued on next page.

Copy this page as needed to provide a complete listing.

Page 1 of

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME EIGHTEEN TRUCKING	
3. ADDRESS PO Box 881116	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE SAN FRANCISCO, CA 94188	
5. PHONE NO. (415) 552-1818	For City Use Only
6. FAX NO. (510) 259-1818	CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME HERNANDEZ TRAFFIC ENGINEERING	
3. ADDRESS 1390 CARROLL AVE	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE SAN FRANCISCO CA 94124	
5. PHONE NO. (415) 824-4731	For City Use Only
6. FAX NO. (415) 824-4696	CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME K & G CONCRETE, INC	
3. ADDRESS 1079 SUNSET AVE, SUITE B353	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE ROSTVILLE, CA 95661	
5. PHONE NO. 916 539-6652	For City Use Only
6. FAX NO. (866) 878-2769	CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

END OF SECTION

Copy this page as needed to provide a complete listing.

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1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME TOTAL TRAFFIC CONTROL	
3. ADDRESS 1475 DONNER AVE	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE SAN FRANCISCO, CA 94124	
5. PHONE NO. (415) 963-0427	For City Use Only
6. FAX NO.	CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	
3. ADDRESS	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	
5. PHONE NO.	For City Use Only
6. FAX NO.	CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	
3. ADDRESS	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	
5. PHONE NO.	For City Use Only
6. FAX NO.	CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

END OF SECTION

SECTION 00 43 50
(Caltrans Exhibit 12-B Part I)

PROPOSED SUBCONTRACTORS FORM

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

Important Notice: No subcontractor may be listed in a bid for a public works project unless registered with the California Department of Industrial Relations ("DIR") pursuant to Labor Code § 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code § 1771.1(a)]. An inadvertent listing of a subcontractor who is not registered under § 1725.5 will not be grounds for a bid protest or for determining a bid nonresponsive if the conditions set forth in Labor Code § 1771.1(c)(1) or (2) are met.

In accordance with the Federal requirements on Form 1273, Section VI (Refer to Section 00 73 81), the **Contractor shall perform not less than 30 percent of the original contract work with the Contractor's own organization.** Per Title 49, Section 26.11, of the Code of Federal Regulations, Bidder shall list all subcontractors (both DBE and Non-DBE) and indicate the annual gross receipts per the form

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER: Drill Tech Drilling & Shoring INC		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK): 2, 3, 5, 6, 7, 8, 9, 11		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$ 1,017,760.55	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: 67 %	5. DATE: 8/26/2020
By signing the Bid Form, Contractor hereby certifies that it will perform not less than 30% of the Contract Work with its own forces.		

Continued on next page.

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)		
2. SUBCONTRACTOR NAME Team North Construction Services		EMAIL
3. ADDRESS 150 Executive Park BLVD #3150 San Francisco CA 94134		PHONE NO. 415-467-0300
4. BID ITEMS / PORTION OF WORK 4/Debris Transport/disposal		11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
5. DIR REGISTRATION NO. 1000016561	8. CA CONTRACTOR'S LICENSE NO. 1008208	
6. VENDOR NO. 83429	9. SF BUSINESS TAX REG. NO. 81616164	For City Use Only
7. FEDERAL ID NO. 94-3354915	10. AMOUNT OF SUB-CONTRACT WORK: \$ 17,374.00	CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No
		IF YES, LIST DBE #:
		AGE OF FIRM (Yrs.):

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)		
2. SUBCONTRACTOR NAME CMC Traffic Control Specialists INC		EMAIL info@cmctrffic.com
3. ADDRESS 3450 3rd St Suite 3G		PHONE NO. 415-206-1700
4. BID ITEMS / PORTION OF WORK 1 Traffic Control		11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
5. DIR REGISTRATION NO. 1000006503	8. CA CONTRACTOR'S LICENSE NO. 792059	
6. VENDOR NO. 68165	9. SF BUSINESS TAX REG. NO. 356339	For City Use Only
7. FEDERAL ID NO. 01-0620791	10. AMOUNT OF SUB-CONTRACT WORK: \$ 145,500.00	CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No
		IF YES, LIST DBE #:
		AGE OF FIRM (Yrs.):

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)		
2. SUBCONTRACTOR NAME Superior Hydroseed INC		EMAIL josh@superiorhydroseeding.net
3. ADDRESS 250 W riverside Dr		PHONE NO. 831-763-1811
4. BID ITEMS / PORTION OF WORK 10/Hydroseeding		11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
5. DIR REGISTRATION NO. 1000009317	8. CA CONTRACTOR'S LICENSE NO. 683292	
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO. Due Upon Award	For City Use Only
7. FEDERAL ID NO. 26-0208830	10. AMOUNT OF SUB-CONTRACT WORK: \$ 7,297.50	CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No
		IF YES, LIST DBE #:
		AGE OF FIRM (Yrs.):

Copy this page as needed to provide a complete listing.

Page 2 of 2

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input checked="" type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)		
2. SUBCONTRACTOR NAME ANCO IRON & Construction INC		EMAIL ncolina@ancoiron.com
3. ADDRESS 1320 Egbert St San Francisco CA 94124		PHONE NO. 415-822-3931
4. BID ITEMS / PORTION OF WORK 5, 6, 7, 8, 9		11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
5. DIR REGISTRATION NO. 100015284	8. CA CONTRACTOR'S LICENSE NO. 749293	
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO. 321242	
7. FEDERAL ID NO. 94-3290880	10. AMOUNT OF SUB-CONTRACT WORK: \$ 234,689.50	For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)		
2. SUBCONTRACTOR NAME Tully Consulting Group		EMAIL estimating@tullygroup.com
3. ADDRESS 1650 N Lincoln St Suite A Dixon CA 95620		PHONE NO. 707-693-1926
4. BID ITEMS / PORTION OF WORK 2-9		11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
5. DIR REGISTRATION NO. 1000024960	8. CA CONTRACTOR'S LICENSE NO. C64354	
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO. 1059907	
7. FEDERAL ID NO. 83-0499875	10. AMOUNT OF SUB-CONTRACT WORK: \$ 6,000.00	For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)		
2. SUBCONTRACTOR NAME		EMAIL
3. ADDRESS		PHONE NO.
4. BID ITEMS / PORTION OF WORK		11. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
5. DIR REGISTRATION NO.	8. CA CONTRACTOR'S LICENSE NO.	
6. VENDOR NO.	9. SF BUSINESS TAX REG. NO.	
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$	For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):

END OF SECTION

SECTION 00 43 51
(Caltrans Exhibit 12-B Part II)

PROPOSED SUBCONTRACTORS FORM - NOT SELECTED (DBE AND NON-DBE)

This form must be submitted with the Bid. The Bidder shall list all subcontractors (both DBE and non-DBE) who provided a quote or bid but were not selected to participate as a subcontractor in this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations.

NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER: Drill Tech Drilling & Shoring INC
--

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Total Traffic Control	
3. ADDRESS 1475 Donner Ave	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE San Francisco CA 94124	For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):
5. PHONE NO. 925-440-7555	
6. FAX NO.	

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Socal Storm water Runoff Solution Services INC	
3. ADDRESS 22668 Westborough BLVD #131	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE South San Francisco CA 94080	For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):
5. PHONE NO. 310-343-8313	
6. FAX NO. 310-579-8413	

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Copy this page as needed to provide a complete listing.

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1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Hernandez Engineering	
3. ADDRESS 1390 Carroll Ave	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE San Francisco CA 94124	
5. PHONE NO. 415-824-4731	For City Use Only
6. FAX NO. 415-824-4696	CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Golden Bay Trans INC	
3. ADDRESS 1485 Bayshore BLVD STE 320-0	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE San Francisco CA 94124	
5. PHONE NO. 415-854-1613	For City Use Only
6. FAX NO.	CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	
3. ADDRESS	7. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	
5. PHONE NO.	For City Use Only
6. FAX NO.	CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No
	IF YES, LIST DBE #:
	AGE OF FIRM (Yrs.):

END OF SECTION