

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

CERTIFIED DVBE SUMMARY

DES-OE-0102.5 (REV 3/2008)

DISTRICT-COUNTY-ROUTE: 08 580 210

CONTRACT NO: 05 - 4P6104

TOTAL BID: 1,427,100,000

BID OPENING DATE: 5-7-25

BIDDER'S NAME: SVENANCED PARMENT MAILURS LLC

Bid Item Number	Description of Work to Be Subcontracted to DVBE or Materials to Be Supplied by DVBE ²	For Caltrans Only	DVBE (Name, Telephone No., and Certification No.)	\$ Amount
Ц	TRAFFIC CONTROL		FULL TEARING MANTENANCE 951 520-9900 # 54 788	45,000-
consistent with	DVBE subcontractors and their item on the names and items of work in the § 4100 et seq.) submitted with the big and lower tier subcontractors on this f	Subcontractor List	Total Claimed Participation	\$49,000
artment of General S cipation and need no 100% of an item is n	ors must enter their DVBE reference number or their dervices (DVBE prime contractors are credited with to to complete the above table). ot performed or supplied by the DVBEs, describe the to be performed, of item to be performed or supplier.	00 percent DVBE e exact part, including the	Signature of Bidder	5-7-3 Date

Submit to:

MSC 43 OFFICE ENGINEER DEPARTMENT OF TRANSPORTATION 1727 30TH STREET SACRAMENTO, CA 95816-7005 (Area Code) Telephone Number

| Contact Person (Type or Print)

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STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

CERTIFIED SMALL BUSINESS LISTING FOR THE NON-SMALL BUSINESS PREFERENCE

DOT OCR-0011 (REV 01/2024)

BIDDER NAME		CONTRACT NO	OFELITION
List the description	s project. Failure to submit a complete	certification number, and dollar amount of each certified small business who was defected Small Business Listing for the Non-Small Business Preference for the Non-Small Business Prefer	ill be used for non-small business m by 4 p.m. on the 4th business day
after bid opening	will result in a nonresponsive bid. Atta		
Submit to:			CONSTRUCTION CONTRACT AWARDS
MS 43 OFFICE ENGINE			CMTRACT AWARDS
	DF TRANSPORTATION 1727 30TH S	TREET	out it in o i i i i i i i i i i i i i i i i i
SACRAMENTO.	CA 95816-7005		\$ Amount
Bid Item	Description of Work, Service,	Certified Small Business (Name, Telephone No., and Certification No.)	Amount
Number	or Materials	(Maine, Telephone No., and Gertineation No.)	
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		Total Claimed Participation for Non-Small Business Preference	\$
		Total Claimed Participation for Non-Small Business Preference	6
		Non-Small Business Preference-Certification	
1	d	dder is awarded the contract, the bidder is committed to use the small business	ses shown on this form to meet
As an authorized	representative of the blader, if the of	formed in fulfillment of the contract requirements will be Commercially Usel	ful Function (CUF) complaint
in accordance w	ith the requirements in Government (ode section 14837, subdivision(d)(4). I certify under penalty of the perjury th	at the foregoing is true and
correct.	tar the requirements in Government e	out section (1057, sub-unit section) (7, 1 color)	
Confect.			
			Hall State Control
Bidder's Authoriz	ted Representative (Please Type or	Print) Bidder's Authorized Representative Signature	DATE
Naille			
Email Address			
Email Address			
PLACE I LINCONCHIDA			
ADA Notice For	individuals with sensory disabilities, this	document is available in alternate formats. For alternate format information, con	tact the Forms