## Invitation For Bid
**IFB Number:** 08A2472

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**STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION**

**BID PROPOSAL**
ADM-1412 (REV. 06/06)

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**WARE DISPOSAL, INC.**
P.O. BOX 1036
NEWPORT BEACH, CA 92658

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**CONTRACTOR’S NAME:** (Please Print)

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**ITEM NO.**  | **ESTIMATED QUANTITY** | **UNIT OF MEASURE** | **ITEM** | **UNIT PRICE** (In Figures) | **TOTAL** (In Figures)
---|---|---|---|---|---
1 | 104 | Per bin / per Pickup | One (1) 40-Cubic Yard Roll-Off Bin placed at the Magana-Omega Maintenance Station to be picked up, emptied and returned every seven (7) days. As described in Exhibit A, Scope of Work. | $268.49 | $27,922.96
2 | 46 | Per bin / per Pickup | One (1) 40-Cubic Yard Roll-Off Bin placed at the Magana-Omega Maintenance Station to be picked up, emptied and returned on an on-call as-needed basis. As described in Exhibit A, Scope of Work. | $245.00 | $11,270.00

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(1) **THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.**

(2) **IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.**

(3) **ANY BID MAY BE REJECTED IF IT IS UNREASONABLE AS TO PRICE. UNREASONABLENESS OF PRICE INCLUDES NOT ONLY THE TOTAL PRICE OF THE BID, BUT PRICES FOR INDIVIDUAL LINE ITEMS AS WELL.**

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**TOTAL THIS PROPOSAL** $39,192.96
ATTACHMENT 3

BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal - Do Not Open".
B. All required attachments are included with this certification sheet.
C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

<table>
<thead>
<tr>
<th>1. Company Name</th>
<th>2. Telephone Number</th>
<th>2a. Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARE DISPOSAL INC</td>
<td>714 661-0677</td>
<td>714 664-0646</td>
</tr>
<tr>
<td>2b. Email Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JAN <a href="mailto:WARE@DISPOSAL.COM">WARE@DISPOSAL.COM</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO BOX 8089, NEWPORT BEACH, CA 92658</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate your organization type:

- [ ] 4. Sole Proprietorship
- [x] 5. Partnership
- [x] 6. Corporation

Indicate the applicable employee and/or corporation number:

- 7. Federal Employee ID No. (FEIN) 95-3743728
- 8. California Corporation No. C1114555

Indicate applicable license and/or certification information:

- 9. Contractor’s State Licensing Board Number
- 10. PUC License Number CAL-T-0055393
- 11. Required

12. Bidder’s Name (Print)
   JAN WARE

13. Title
   CM

14. Signature
   JAN WARE

15. Date
   2-24-2015

16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:
   a. Small Business Enterprise Yes [ ] No [x]
   b. Disabled Veteran Business Enterprise Yes [ ] No [x]

If yes, enter certification number:

NOTE: A copy of your Certification is required to be included if either of the above items is checked “Yes”.

Date application was submitted to OSDS, if an application is pending: