

SUB'S listed

### SECTION 3 - DESIGNATION OF SUBCONTRACTORS/REFERENCES

1. The undersigned certifies that the sub-bids of the following listed subcontractors have been used in making up this bid, and that the subcontractors listed will be used for the work for which they bid, subject to the approval of the Engineer, and in accordance with the applicable provisions of the Specifications.

Bidder's Name **R.J. Noble Company**

#### PART I

The bidder shall list all subcontractors (both DBE and non-DBE) in accordance with Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. Photocopy this form for additional firms.

Firm Name/LICENSE NUMBER Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name <b>CL Survey</b> Address <b>12109 Pomona Road Ste 100</b> City State ZIP <b>Cornwall Cn 92882</b>	Phone <b>909 484-4200</b> Fax <b>909 484-4229</b>	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<b>survey</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # <b>38284</b> Age of Firm (Yrs) <b>15</b>
Name <b>Nobest</b> Address <b>7600 Acacia Ave</b> City State ZIP <b>Garland Grove Cn 92841</b>	Phone <b>(714) 812-5583</b> Fax <b>373-0039</b>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<b>concrete</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs) <b>10</b>
Name <b>Lindy's Cold Planing</b> Address <b>P.O. Box 305</b> City State ZIP <b>Urbana, Cn 90031</b>	Phone <b>502 1097-2034</b> Fax <b>502 1097-2034</b>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<b>cold Planing</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # <b>40089</b> Age of Firm (Yrs) <b>20</b>
Name <b>Superior Pavement</b> Address <b>5312 Cypress St</b> City State ZIP <b>Cypress CA 90630</b>	Phone <b>(714) 995-9100</b> Fax <b>714 995-9403</b>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<b>striping</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs) <b>20</b>

Quotes Rec'd

# PART II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	Description of Items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name C.L. Surveez Address 1769 Pomona Rd City State ZIP Corona, Ca 92882	Phone 951 909 484-4200 Fax 909 484-4229	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	Survey	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs)
Name Superior Pavement Address 5312 Cypress St City State ZIP Cypress Ca 90030	Phone (714) 995-9100 Fax (714) 995-9400	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	Striping	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs)
Name Nobest Address 7100 Peaceta Ave City State ZIP Garden Grove, Ca	Phone (714) 812-5583 Fax 714 373-0034	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	Concrete	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs)
Name CBS Address 1370 B. 6th St Ste 100 City State ZIP Corona Ca 92879	Phone 951 279-6809 Fax 951 279-6832	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	Concrete	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs)



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Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	Description of Items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name <u>Hardy &amp; Harper</u>	Phone <u>714</u>	<input type="checkbox"/> < \$1 million		<input type="checkbox"/> YES
Address <u>32 E. Warner</u>	<u>444-1951</u>	<input type="checkbox"/> < \$5 million		<input type="checkbox"/> NO
City State ZIP <u>Santa Ana CA 92705</u>	Fax <u>714</u>	<input type="checkbox"/> < \$10 million		If YES list DBE #
	<u>444-2850</u>	<input type="checkbox"/> < \$15 million		Age of Firm (Yrs.)
		<input checked="" type="checkbox"/> > \$15 million		
Name <u>ENOR</u>	Phone <u>562</u>	<input type="checkbox"/> < \$1 million		<input type="checkbox"/> YES
Address <u>11213 Illinois Ave</u>	<u>714-6033</u>	<input type="checkbox"/> < \$5 million	<u>Traffic Control</u>	<input type="checkbox"/> NO
City State ZIP <u>Paramount CA 90723</u>	Fax <u>310</u>	<input checked="" type="checkbox"/> < \$10 million		If YES list DBE #
	<u>513-6209</u>	<input type="checkbox"/> < \$15 million		Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million		
Name <u>Pavement Recycling</u>	Phone <u>951</u>	<input type="checkbox"/> < \$1 million		<input checked="" type="checkbox"/> YES
Address <u>10240 San Sevaine</u>	<u>682-1091</u>	<input type="checkbox"/> < \$5 million	<u>Cold Cold Plan</u>	<input type="checkbox"/> NO
City State ZIP <u>Mira Loma CA 91752</u>	Fax <u>951-</u>	<input type="checkbox"/> < \$10 million		If YES list DBE #
	<u>682-1094</u>	<input type="checkbox"/> < \$15 million		Age of Firm (Yrs.)
		<input checked="" type="checkbox"/> > \$15 million		
Name <u>MD Rubberized</u>	Phone <u>714</u>	<input type="checkbox"/> < \$1 million		<input type="checkbox"/> YES
Address <u>32 Rancho Circle</u>	<u>656-7131</u>	<input type="checkbox"/> < \$5 million	<u>Cold Mill</u>	<input type="checkbox"/> NO
City State ZIP <u>Lake Forest CA 92650</u>	Fax	<input type="checkbox"/> < \$10 million		If YES list DBE #
		<input type="checkbox"/> < \$15 million		Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million		

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Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name: <u>CASE Land Survey</u> Address: <u>614 N. Eckhoff St</u> City State ZIP: <u>Orange, Ca 92668</u>	Phone: <u>714</u> <u>628-8448</u> Fax: <u>628-8405</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million	<u>Survey</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.):
Name: <u>Pavement Rehab</u> Address: <u>1181 Princess Ct</u> City State ZIP: <u>Costa Mesa, Ca 92626</u>	Phone: <u>714</u> <u>238-1444</u> Fax:	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<u>Crack Seal</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.):
Name: <u>Lindyl's Cold Plan</u> Address: <u>P.O. Box 385</u> City State ZIP: <u>La Habra, Ca 90031</u>	Phone: <u>302</u> <u>697-2286</u> Fax: <u>697-2039</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<u>Cold Planing</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.):
Name: Address: City State ZIP:	Phone: Fax:	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.):