## **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 applicable provisions of the Specifications. subcontractors listed will be used for the work for which they bid, subject to the approval of the Engineer, and in accordance with the

Bidder's Name VASUT (NC

## Attached Copy of all subcontractor's DIR Certificate

## PARTI

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.

Age of Firm (Yrs.)		> \$15 million	951-739-4671 > \$15 million	City State ZIP CORONA CA 9287 8
いたというからいたかから		< \$15 million	Fax	P.O.BOX 2229
If YES list DBE #:		< \$10 million	451-136-1600	Address
LINO		☐ < \$5 million	37 00 1	ALL AMERICAN ASPHALT
□ YES	SE 30 FILL SHALD	☐ < \$1 million	Phone	Name
一方の一一日本の一日本の		The Property of		FRESNO CA 93747
Age of Firm (Yrs.)				City State ZIP
りれて下の			Fax	P.O. BOX 7797
If YES list DBE #:		☐ < \$10 million	554-251-1206	Address
□NO			100	SAM'S EQUIPMENT & SUPPLIES
<b>⊠</b> YES	PIPE SUPPLLER	☐ < \$1 million	Phone	Name
		The state of the s	141 11 201	LAKE FOREST LA 92630
Age of Firm (Yrs.) 75		√ > \$15 million	1035-1111-11	City State ZIP
			Fax	32 RANCHO CIRCLE
If YES list DBE #:		☐ < \$10 million	1581-HHH-HIL	Address
NO NO		☐ < \$5 million	•	HARDY & HARPER INC
□YES		☐ < \$1 million	Phone	Name
The state of the s			0117-602-1-11	IRVINE OA 92618
Age of Firm (Yrs.) #	CATCH BASIN CAS		0/4 0 - C - C - C - C - C - C - C - C - C -	City State ZIP
The state of the s	CATCH BASIN TOP REPAIR COLLAR	☐ < \$15 million	Fax	15801 ROCKFIELD BLVD.
JIF YES list DBE #:	JUNCTION STRUCTURES	☐ < \$10 million	444-446-6013	Address
NO NO	TRANSITION STRUCTURES	☐ < \$5 million		LOPEZ STRUCTURES (NC.
YES	STORM DRAIN MANHOLES	X < \$1 million	Phone	Name
(Centified DBE?)		Receipts	rax	Address/ City, State, ZIP
Coall Agency Use	Description of items of Work to be Performed	Annual Gross	Phone/	Firm Name/LICENSE NUMBER