



CONTRACTORS
STATE LICENSE BOARD
ACTIVE LICENSE



License Number **267073**

Entity **CORP**

Business Name **ALL AMERICAN ASPHALT**

Classification(s) **A C12**

Expiration Date **01/31/2026**

www.csib.ca.gov



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 All American Asphalt

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 GLOBAL ROAD SEALING | Phone 714. 893.0845 | <input type="checkbox"/> < \$1 million | CRACK SEALING | <input checked="" type="checkbox"/> YES |
| Address 10641 SYCAMORE | Fax 714. 893.0945 | <input type="checkbox"/> < \$5 million | | <input type="checkbox"/> NO |
| City State ZIP STANTON, CA 90680 | | <input checked="" type="checkbox"/> < \$10 million | | If YES list DBE #: 031176 |
| | | <input type="checkbox"/> < \$15 million | | Age of Firm (Yrs.) 20 yrs. |
| | | <input type="checkbox"/> > \$15 million | | |
| Name CASELAND SURVEYING, INC | Phone 714. 628.8948 | <input type="checkbox"/> < \$1 million | SURVEY | <input type="checkbox"/> YES |
| Address 614 N. ECKHOFF ST. | Fax 714. 628.8905 | <input type="checkbox"/> < \$5 million | | <input checked="" type="checkbox"/> NO |
| City State ZIP ORANGE, CA 92868 | | <input checked="" type="checkbox"/> < \$10 million | | If YES list DBE #: |
| | | <input type="checkbox"/> < \$15 million | | Age of Firm (Yrs.) 30 yrs. |
| | | <input type="checkbox"/> > \$15 million | | |
| Name CAT TRACKING, INC | Phone 951. 682.1494 | <input type="checkbox"/> < \$1 million | STRIPING & MARKINGS | <input checked="" type="checkbox"/> YES |
| Address 17 COMMERCIAL AVE | Fax 951. 682.1491 | <input type="checkbox"/> < \$5 million | | <input type="checkbox"/> NO |
| City State ZIP RIVERSIDE, CA 92507 | | <input checked="" type="checkbox"/> < \$10 million | | If YES list DBE #: 43242 |
| | | <input type="checkbox"/> < \$15 million | | Age of Firm (Yrs.) 10 yrs. |
| | | <input type="checkbox"/> > \$15 million | | |
| Name | Phone | <input type="checkbox"/> < \$1 million | | <input type="checkbox"/> YES |
| Address | Fax | <input type="checkbox"/> < \$5 million | | <input type="checkbox"/> NO |
| City State ZIP | | <input type="checkbox"/> < \$10 million | | If YES list DBE #: |
| | | <input type="checkbox"/> < \$15 million | | Age of Firm (Yrs.) |
| | | <input type="checkbox"/> > \$15 million | | |

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 All American Asphalt

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 | Phone | <input type="checkbox"/> < \$1 million | | <input type="checkbox"/> YES |
| Address | | <input type="checkbox"/> < \$5 million | | <input type="checkbox"/> NO |
| City State ZIP | Fax | <input type="checkbox"/> < \$10 million | | If YES list DBE #: |
| | | <input type="checkbox"/> < \$15 million | | Age of Firm (Yrs.) |
| | | <input type="checkbox"/> > \$15 million | | |
| Name | Phone | <input type="checkbox"/> < \$1 million | | <input type="checkbox"/> YES |
| Address | | <input type="checkbox"/> < \$5 million | | <input type="checkbox"/> NO |
| City State ZIP | Fax | <input type="checkbox"/> < \$10 million | | If YES list DBE #: |
| | | <input type="checkbox"/> < \$15 million | | Age of Firm (Yrs.) |
| | | <input type="checkbox"/> > \$15 million | | |
| Name | Phone | <input type="checkbox"/> < \$1 million | | <input type="checkbox"/> YES |
| Address | | <input type="checkbox"/> < \$5 million | | <input type="checkbox"/> NO |
| City State ZIP | Fax | <input type="checkbox"/> < \$10 million | | If YES list DBE #: |
| | | <input type="checkbox"/> < \$15 million | | Age of Firm (Yrs.) |
| | | <input type="checkbox"/> > \$15 million | | |
| Name | Phone | <input type="checkbox"/> < \$1 million | | <input type="checkbox"/> YES |
| Address | | <input type="checkbox"/> < \$5 million | | <input type="checkbox"/> NO |
| City State ZIP | Fax | <input type="checkbox"/> < \$10 million | | If YES list DBE #: |
| | | <input type="checkbox"/> < \$15 million | | Age of Firm (Yrs.) |
| | | <input type="checkbox"/> > \$15 million | | |

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 RUBBERIZED CRACK FILLER SEALANT | Phone 714. 843.5192 | <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million | CRACK SEAL | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES list DBE #: |
| Address 800 E. WALNUT | Fax 714. 843.5194 | <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million | | Age of Firm (Yrs.) 20 yrs. |
| City State ZIP FULLERTON, CA 92831 | | | | |
| Name SUPERIOR PAVEMENT MARKING CS | Phone 714 995.9100 | <input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million | STRIPING & MARKINGS | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES list DBE #: |
| Address 5312 CYPRESS ST. | Fax 714 995.9400 | <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million | | Age of Firm (Yrs.) 20 yrs. |
| City State ZIP CYPRESS, CA 90630 | | | | |
| Name COMPANY CHRISP COMPANY (EC) | Phone 510. 656.2840 | <input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million | STRIPING & MARKINGS | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES list DBE #: |
| Address 43650 OSGOOD RD. | Fax 510. 656.2397 | <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million | | Age of Firm (Yrs.) 20 yrs. |
| City State ZIP FREMONT, CA 94539 | | | | |
| Name PAVEMENT REHAB | Phone 714. 238.1444 | <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million | CRACK SEAL | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES list DBE #: |
| Address 2890 E. LA CRESTA | Fax 714. 333.4844 | <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million | | Age of Firm (Yrs.) 10 yrs. |
| City State ZIP ANAHEIM, CA 92806 | | | | |

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 | Phone | <input type="checkbox"/> < \$1 million | | <input type="checkbox"/> YES |
| Address | | <input type="checkbox"/> < \$5 million | | <input type="checkbox"/> NO |
| City State ZIP | Fax | <input type="checkbox"/> < \$10 million | | If YES list DBE #: |
| | | <input type="checkbox"/> < \$15 million | | Age of Firm (Yrs.) |
| | | <input type="checkbox"/> > \$15 million | | |
| Name | Phone | <input type="checkbox"/> < \$1 million | | <input type="checkbox"/> YES |
| Address | | <input type="checkbox"/> < \$5 million | | <input type="checkbox"/> NO |
| City State ZIP | Fax | <input type="checkbox"/> < \$10 million | | If YES list DBE #: |
| | | <input type="checkbox"/> < \$15 million | | Age of Firm (Yrs.) |
| | | <input type="checkbox"/> > \$15 million | | |
| Name | Phone | <input type="checkbox"/> < \$1 million | | <input type="checkbox"/> YES |
| Address | | <input type="checkbox"/> < \$5 million | | <input type="checkbox"/> NO |
| City State ZIP | Fax | <input type="checkbox"/> < \$10 million | | If YES list DBE #: |
| | | <input type="checkbox"/> < \$15 million | | Age of Firm (Yrs.) |
| | | <input type="checkbox"/> > \$15 million | | |
| Name | Phone | <input type="checkbox"/> < \$1 million | | <input type="checkbox"/> YES |
| Address | | <input type="checkbox"/> < \$5 million | | <input type="checkbox"/> NO |
| City State ZIP | Fax | <input type="checkbox"/> < \$10 million | | If YES list DBE #: |
| | | <input type="checkbox"/> < \$15 million | | Age of Firm (Yrs.) |
| | | <input type="checkbox"/> > \$15 million | | |