

**GOLDEN GATE BRIDGE, HIGHWAY & TRANSPORTATION DISTRICT**  
**Prime Contractor and Subcontractor/Subconsultant/Supplier Report**

Bidder's Name: STAN BOYETT & SON, INC. dba BOYETT PETROLEUM Contract # and Name: \_\_\_\_\_  
 Address: 601 MCHENRY AVE., MODESTO CA 95350 Is your firm a Disadvantaged Business Enterprise: Yes \_\_\_\_\_ No X  
 Owner or Contact Person: KENNETH TAYLOR Phone: (209) 549-5700 Fax: (209) 544-7359

**Instructions:** (1) Bidder is required to furnish the following information on ALL subcontractors that will perform work, provide labor or render services in connection with this contract pursuant to §§4100-4114 of the Public Contract Code of the State of California and the District's sub-bid reporting requirements.  
 (2) In addition, Bidder MUST provide the following information on ALL subcontractors/subconsultants/suppliers that provided Bidder a bid, quote, or proposal for work, services or supplies associated with this contract. This information shall be provided for all sub-bidders regardless of tier for both DBEs and non-DBEs alike. Include all bid acceptance(s) AND rejection(s). Signature is required on page two of this form.

Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information	Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
1 Name: <u>ALLIANCE TANK LINES</u> Address: <u>6888 TREHANT RD. DIXON CA, 95620</u> Contact Person: <u>JOE GUZMAN</u> Phone & Fax: <u>(530) 979-7045 (530) 678-4315</u>	<u>N/A</u>	<u>NO</u>	<u>COMMON FUEL CARRIER</u>	<u>TBD</u>	<u>Yes</u>	
2 Name: <u>BOYETT PETROLEUM</u> Address: <u>601 MCHENRY AVE. MODESTO CA, 95350</u> Contact Person: <u>KENNETH TAYLOR</u> Phone & Fax: <u>(209) 549-5700 (209) 544-7359</u>	<u>N/A</u>	<u>NO</u>	<u>COMMON FUEL CARRIER</u>	<u>"</u>	<u>Yes</u>	
3 Name: <u>FIGUEROA TANK LINES</u> Address: <u>1313 PARKER ST. BERKELEY CA, 94702-0861</u> Contact Person: <u>MARCO FIGUEROA</u> Phone & Fax: <u>(510) 848-5240 (510) 687-9510</u>	<u>N/A</u>	<u>NO</u>	<u>COMMON FUEL CARRIER</u>	<u>"</u>	<u>Yes</u>	
4 Name: <u>WILLIAMS TANK LINES</u> Address: <u>1477 TILLY LEWIS DR. STOCKTON CA, 95206</u> Contact Person: <u>TOM TURNER</u> Phone & Fax: <u>(900) 877-0213 x4 (209) 944-0149</u>	<u>N/A</u>	<u>NO</u>	<u>COMMON FUEL CARRIER</u>	<u>"</u>	<u>Yes</u>	

**Prime Contractor and Subcontractor/Subconsultant/Supplier Report (Continued)**


Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information	Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
6 Name: HENNER TANK LINES Address: 6723 BYRNES RD. VACAVILLE CA, 95094 Contact Person: DOUG HENNER Phone & Fax: (530) 902-8549 (707) 450-0131	N/A	NO	COMMON FUEL CARRIER	"	Yes	
7 Name: FUEL DELIVERY SERVICES Address: P.O. BOX 1369 STOCKTON CA, 95201-1369 Contact Person: MIKE BOSWORTH Phone & Fax: (209) 942-1100 (209) 942-0324	N/A	NO	COMMON FUEL CARRIER	"	Yes	
8 Name: Address: Contact Person: Phone & Fax:						

Attach additional sheets as necessary.

DBE Amount: \$ \_\_\_\_\_ = \_\_\_\_\_ % Bidder's DBE Achievement  
 Total Bid Amount: \$ \_\_\_\_\_

- \* If Yes, please also provide Unified Certification Program certification number in box. Bidders need to be aware that state and local governments may have other types of certifications with different requirements.
- \*\* Do not indicate more than one "Yes" for alternative subcontractors for the same work.
- \*\*\* DBE participation includes that portion of the work actually performed by a certified DBE with its own forces. For example, for DBE supplier, count 60% of the costs of materials and supplies.

The undersigned will enter into a formal agreement with the subcontractor(s), subconsultant(s) and/or supplier(s) whose bid/quote was accepted conditioned upon execution of a contract with the Golden Gate Bridge, Highway & Transportation District. I certify under penalty of perjury that the information included on this form is accurate and true.

  
 \_\_\_\_\_  
 Signature of Owner or Authorized Representative

\_\_\_\_\_  
 GATE MANAGER  
 Title

\_\_\_\_\_  
 10/24/11  
 Date

**GOLDEN GATE BRIDGE, HIGHWAY & TRANSPORTATION DISTRICT**  
**Prime Contractor and Subcontractor/Subconsultant/Supplier Report**

Bidder's Name: Falcon Fuels Inc. Contract # and Name: N/A  
 Address: 1500 Grand Blvd Is your firm a Disadvantaged Business Enterprise: Yes    No     
 Owner or Contact Person: Alcand Chavez Phone: (907) 272-4226 ext 22 Fax:   

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1 Name: Address: Contact Person: Phone & Fax:						
2 Name: Address: Contact Person: Phone & Fax:						
3 Name: Address: Contact Person: Phone & Fax:						

Paramount  
 P.O. Box 747  
 9723

FALCON FUELS, INC.

N/A

**Prime Contractor and Subcontractor/Subconsultant/Supplier Report (Continued)**

Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information		Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
6	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
7	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
8	Name:	N/A					
	Address:						
	Contact Person:						
	Phone & Fax:						

Attach additional sheets as necessary.

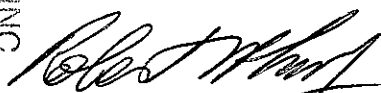
DBE Amount: \$ \_\_\_\_\_ = \_\_\_\_\_ % Bidder's DBE Achievement  
 Total Bid Amount: \$ \_\_\_\_\_

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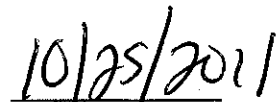
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 Signature of Owner or Authorized Representative

  
 Title

  
 Date

**GOLDEN GATE BRIDGE, HIGHWAY & TRANSPORTATION DISTRICT**  
**Prime Contractor and Subcontractor/Subconsultant/Supplier Report**

Bidder's Name: IPC, (USA)  
 Address: 20 Pacific, Ste 650, Irvine, CA 92618  
 Owner or Contact Person: Blanca Hurtado

Contract # and Name: 2012-MD-1 UCSD and Untreated Gasoline  
 Is your firm a Disadvantaged Business Enterprise: Yes \_\_\_\_\_ No X  
 Phone: (949) 448-5620 Fax: (949) 448-5612

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1 Name: Address: Contact Person: Phone & Fax:						
2 Name: Address: Contact Person: Phone & Fax:						
3 Name: Address: Contact Person: Phone & Fax:						
4 Name: Address: Contact Person: Phone & Fax:						



**GOLDEN GATE BRIDGE, HIGHWAY & TRANSPORTATION DISTRICT**  
**Prime Contractor and Subcontractor/Subconsultant/Supplier Report**

Bidder's Name: Mansfield Oil Company  
 Address: 1025 Airport Parkway, SW  
 Owner or Contact Person: David Zarfoss

Contract # and Name: 2012-MD-1  
 Is your firm a Disadvantaged Business Enterprise: Yes  No   
 Phone: (800) 695-6626 Fax: (678) 450-2242

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1	Name: Fuel Delivery Services Address: 4895 S. Airport Way Stockton, CA 95296 Contact Person: Rick Freitas Phone & Fax: (209) 751-2110 / (209) 234-7568	N/A	No		TBD	Yes	N/A
2	Name: Golden Gate Petroleum Address: 1340 Arnold Drive # 231 Martinez, CA 94553 Contact Person: Pat O'Keefe Phone & Fax: (925) 228-2222 / (925) 957-9587	N/A	No		TBD	Yes	N/A
3	Name: Address: Contact Person:3 Phone & Fax:	N/A					
4	Name: Address: Contact Person: Phone & Fax:	N/A					

**Prime Contractor and Subcontractor/Subconsultant/Supplier Report (Continued)**


Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information		Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
6	Name:	N/A					
	Address:						
	Contact Person:						
	Phone & Fax:						
7	Name:	N/A					
	Address:						
	Contact Person:						
	Phone & Fax:						
8	Name:	N/A					
	Address:						
	Contact Person:						
	Phone & Fax:						

Attach additional sheets as necessary.

DBE Amount: \$  = \_\_\_\_\_ % Bidder's DBE Achievement  
 Total Bid Amount: \$

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 \_\_\_\_\_ David Zarfoss Director of Pricing 10/27/11  
 Signature of Owner or Authorized Representative Title Date

**GOLDEN GATE BRIDGE, HIGHWAY & TRANSPORTATION DISTRICT**  
**Prime Contractor and Subcontractor/Subconsultant/Supplier Report**

Bidder's Name: Merrimac Energy Group <sup>90857</sup> Contract # and Name: 2012-MD-1 ultra low sulfur diesel + unleaded gas  
 Address: 1240 E. Wardlaw Road, Long Beach, CA Is your firm a Disadvantaged Business Enterprise: Yes  No   
 Owner or Contact Person: Mary Hazelrigg <sup>90857</sup> Phone: (562) 427-0565 Fax: (562) 427-6556

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1 Name: <u>Tresoro Refining</u> Address: <u>111 West Ocean Blvd, Suite 1600</u> <u>Long Beach, CA 90802</u> Contact Person: <u>Armin Ray</u> Phone & Fax: <u>916-685-9361, 562-495-6869</u>		no	<u>Refining - supply of gasoline + diesel</u>		Yes	—
2 Name: <u>Valero</u> Address: <u>5380 El Arbol Street</u> <u>Carlsbad, CA 92008</u> Contact Person: <u>Anthony Gawn</u> Phone & Fax: <u>562-644-5671</u>		NO	<u>Refining - supply of diesel</u>		YES	—
3 Name: <u>CONOCOPHillips</u> Address: <u>3900 Kytroy Way, Suite 210</u> <u>Long Beach, CA</u> Contact Person: <u>3 Dan Schultz</u> Phone & Fax: <u>562-425-2731</u>		NO	<u>Refining - supply of diesel</u>		NO	—
4 Name: <u>GALAXION LLC</u> Address: Contact Person: <u>Michael Callahan</u> Phone & Fax: <u>916-320-6340</u>		NO	<u>Refining - supply of diesel</u>		No	—

**Prime Contractor and Subcontractor/Subconsultant/Supplier Report (Continued)**

Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information	Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
6 Name: <u>LORO Petroleum Corp</u> Address: <u>308 W. Market Street</u> <u>Salinas, CA 93901</u> Contact Person: <u>MIKE</u> Phone & Fax: <u>831-424-1691</u>		No	<u>Transportation</u>		No	—
7 Name: <u>Williams Tank Winc</u> Address: <u>P.O. Box 6126</u> <u>Stockton, CA</u> Contact Person: <u>Corrine Hill</u> Phone & Fax: <u>209-944-5613, 944-0134</u>		No	<u>Transportation</u>		Yes	—
8 Name: <u>GRIFFIN</u> Address: <u>8845 Forest St. Gilroy CA</u> <u>95020</u> Contact Person: <u>Steve Boyle</u> Phone & Fax: <u>408-842-3545</u>		No	<u>Transportation</u>		No	—

Attach additional sheets as necessary.

DBE Amount: \$  = 100 % Bidder's DBE Achievement  
 Total Bid Amount: \$

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Mary Hartzberg Signature of Owner or Authorized Representative  
President Title  
10/28/11 Date

**GOLDEN GATE BRIDGE, HIGHWAY & TRANSPORTATION DISTRICT**  
**Prime Contractor and Subcontractor/Subconsultant/Supplier Report**

Bidder's Name: Petroleum Traders Corporation  
 Address: 7120 Pointe Inverness Way, Fort Wayne, IN 46804  
 Owner or Contact Person: Gayle Newton, Contract Sales Manager

Contract # and Name: Contract No. 2012-MD-1, Ultra Low Sulfur Diesel and Unleaded Gasoline  
 Is your firm a Disadvantaged Business Enterprise: Yes \_\_\_\_\_ No X  
 Phone: (800)348-3705 x1002 Fax: (260) 207-6347

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1	Name: KAGWEST Address: 4076 Seaport Blvd West Sacramento, CA 95691 Contact Person: Toni Gotter Phone & Fax: 800-536-3638 & 916-371-1333	FEIN 810610404	NO	Common Carrier - Will deliver fuel to location			N/A
2	Name: Bertetta Tanklines, Inc Address: 2370 Market St. San Francisco, CA 94114 Contact Person: Jessica - Dispatch Phone & Fax: 650-872-2900 & 650-676-4485	FEIN 710954959	NO	Common Carrier - Will deliver fuel to location			N/A
3	Name: Address: Contact Person: Phone & Fax:						
4	Name: Address: Contact Person: Phone & Fax:						

**Prime Contractor and Subcontractor/Subconsultant/Supplier Report (Continued)**


Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information		Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
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	Phone & Fax:						
8	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						

Attach additional sheets as necessary.

DBE Amount: \$ 0.00 = 0 % Bidder's DBE Achievement  
 Total Bid Amount: \$ 0.00

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 Signature of Owner or Authorized Representative Linda Stephens

Vice President  
 Title

10/28/2011  
 Date

**PINNACLE PETROLEUM, INC.**  
 7911 PROFESSIONAL CIRCLE  
 HUNTINGTON BEACH, CA 92648

**GOLDEN GATE BRIDGE, HIGHWAY & TRANSPORTATION DISTRICT**  
**Prime Contractor and Subcontractor/Subconsultant/Supplier Report**

Bidder's Name: Pinnacle Petroleum Incorporated Contract # and Name: 2012-MD-1 Ultra-low Sulfur Diesel; Unleaded Gasoline  
 Address: 7911 Professional Circle, Huntington Beach, CA Is your firm a Disadvantaged Business Enterprise: Yes X No \_\_\_\_\_  
 Owner or Contact Person: Liz McKinley 926440 Phone: (714) 841-8877 Fax: (714) 841-8855

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1	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
2	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
3	Name:						
	Address:						
	Contact Person:3						
	Phone & Fax:						
4	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						

**PINNACLE PETROLEUM, INC.**  
**7911 PROFESSIONAL CIRCLE**  
**HUNTINGTON BEACH, CA 92648**

**Prime Contractor and Subcontractor/Subconsultant/Supplier Report (Continued)**

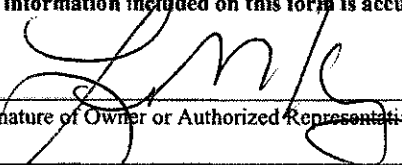
Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information		Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
6	Name:						
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	Address:						
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President
10/25/11  
 \_\_\_\_\_  
 Signature of Owner or Authorized Representative      Title      Date

**PINNACLE PETROLEUM, INC.**  
**7911 PROFESSIONAL CIRCLE**  
**HUNTINGTON BEACH, CA 92648**

**GOLDEN GATE BRIDGE, HIGHWAY & TRANSPORTATION DISTRICT**  
**Prime Contractor and Subcontractor/Subconsultant/Supplier Report**

Bidder's Name: REDWOOD COAST PETROLEUM  
 Address: 3111 DEPOT RD, HAYWARD, CA 94545  
 Owner or Contact Person: ROBERT DUNCAN

Contract # and Name: 2012-MD-1 Ultra Low Sulfur Diesel and Unl. Gasoline  
 Is your firm a Disadvantaged Business Enterprise: Yes  No   
 Phone: 909/615-0275 Fax: 909/421-2422

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1 Name: <u>THOMPSON AND HARVEY</u> Address: <u>16530 RAILROAD AVE</u> <u>MORGAN HILL, CA 95037</u> Contact Person: <u>FRANK HARVEY</u> Phone & Fax: <u>408-778-2600</u>		<u>NO</u>				
2 Name: <u>FIGUEROA TANK LINES</u> Address: <u>P.O. BOX 2861</u> <u>BERKELEY, CA 94702</u> Contact Person: <u>MARCO FIGUEROA</u> Phone & Fax: <u>510-848-5240</u>		<u>NO</u>				
3 Name: <u>WILLIAMS TANK LINES</u> Address: <u>1477 Tillie Lewis Drive</u> <u>Stockton, CA 95206</u> Contact Person: <u>3 MARK LIL</u> Phone & Fax: <u>209-944-5613/209-944-9230</u>		<u>NO</u>				
4 Name: Address: Contact Person: Phone & Fax:						

**Prime Contractor and Subcontractor/Subconsultant/Supplier Report (Continued)**

Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information		Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
6	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
7	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
8	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						

Attach additional sheets as necessary.

DBE Amount: \$  = \_\_\_\_\_ % Bidder's DBE Achievement  
 Total Bid Amount: \$

- \* If Yes, please also provide Unified Certification Program certification number in box. Bidders need to be aware that state and local governments may have other types of certifications with different requirements.
- \*\* Do not indicate more than one "Yes" for alternative subcontractors for the same work.
- \*\*\* DBE participation includes that portion of the work actually performed by a certified DBE with its own forces. For example, for DBE supplier, count 60% of the costs of materials and supplies.

The undersigned will enter into a formal agreement with the subcontractor(s), subconsultant(s) and/or supplier(s) whose bid/quote was accepted conditioned upon execution of a contract with the Golden Gate Bridge, Highway & Transportation District. I certify under penalty of perjury that the information included on this form is accurate and true.

Signature of Owner or Authorized Representative

Business DEVELOPMENT REPRESENTATIVE 10-28-11  
 Title Date

**GOLDEN GATE BRIDGE, HIGHWAY & TRANSPORTATION DISTRICT**  
**Prime Contractor and Subcontractor/Subconsultant/Supplier Report**

Bidder's Name: Ramos Oil Company  
 Address: 1515 Do. River Rd. West Sacramento, Ca  
 Owner or Contact Person: Irish Bilafes - Sales

Contract # and Name: 2012-MD-1 - Ultra-low sulfur Diesel and Unleaded Gasoline  
 Is your firm a Disadvantaged Business Enterprise: Yes  No   
 Phone: 916) 371-6495 Fax: 916) 371-6192

**Instructions:** (1) Bidder is required to furnish the following information on ALL subcontractors that will perform work, provide labor or render services in connection with this contract pursuant to §§4100-4114 of the Public Contract Code of the State of California and the District's sub-bid reporting requirements.  
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Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information	Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
1 Name: <u>KAG WEST</u> Address: <u>PO BOX 1496</u> <u>W. SAC, CA 95691</u> Contact Person: <u>Dispatch</u> 916 Phone & Fax: <u>916-371-4580 / 371-1333</u>		No	<u>Transportation</u>			
2 Name: <u>Alliance Tank Lines</u> Address: <u>220 Alvin Lane</u> <u>DIXON, CA 95620</u> Contact Person: <u>Dispatch</u> 707 Phone & Fax: <u>530-979-7645 / 678-1315</u>		No	<u>Transportation</u>			
3 Name: Address: Contact Person: 3 Phone & Fax:						
4 Name: Address: Contact Person: Phone & Fax:						



N/A

**GOLDEN GATE BRIDGE, HIGHWAY & TRANSPORTATION DISTRICT  
Prime Contractor and Subcontractor/Subconsultant/Supplier Report**

Bidder's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner or Contact Person: \_\_\_\_\_

Contract # and Name: \_\_\_\_\_  
Is your firm a Disadvantaged Business Enterprise: Yes \_\_\_\_\_ No \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Instructions:** (1) Bidder is required to furnish the following information on ALL subcontractors that will perform work, provide labor or render services in connection with this contract pursuant to §§4100-4114 of the Public Contract Code of the State of California and the District's sub-bid reporting requirements.  
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Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information		Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
1	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
2	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
3	Name:						
	Address:						
	Contact Person:3						
	Phone & Fax:						
4	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						

**Prime Contractor and Subcontractor/Subconsultant/Supplier Report (Continued)**

Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information		Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
6	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
7	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
8	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						

Attach additional sheets as necessary.

DBE Amount: \$  = \_\_\_\_\_ % Bidder's DBE Achievement  
 Total Bid Amount: \$

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\_\_\_\_\_  
 Signature of Owner or Authorized Representative Title Date

**GOLDEN GATE BRIDGE, HIGHWAY & TRANSPORTATION DISTRICT  
Prime Contractor and Subcontractor/Subconsultant/Supplier Report**

Bidder's Name: Southern Counties Oil Co. dba SC Fuel Contract # and Name: 2012-MD-1 for ULSD and Unleaded Gas  
 Address: 1800 W. Katella Ave. Ste 400, Orange, CA Is your firm a Disadvantaged Business Enterprise: Yes  No   
 Owner or Contact Person: Karen Koep Phone: (805) 389-3550 Fax: (805) 389-3554

**Instructions:** (1) Bidder is required to furnish the following information on ALL subcontractors that will perform work, provide labor or render services in connection with this contract pursuant to §§4100-4114 of the Public Contract Code of the State of California and the District's sub-bid reporting requirements.  
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	Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information	Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
1	Name: <u>Higueroa Tank Lines</u> Address: <u>1313 Parker St</u> <u>Berkley CA 94702</u> Contact Person: <u>Marco Higueroa</u> Phone & Fax: <u>510-848-5240</u>	<u>N/A</u>	<u>NO</u>	<u>Delivery of fuel</u>	<u>1.5%</u>	<u>Yes</u>	<u>N/A</u>
2	Name: Address: Contact Person: Phone & Fax:						
3	Name: Address: Contact Person:3 Phone & Fax:						
4	Name: Address: Contact Person: Phone & Fax:						



**GOLDEN GATE BRIDGE, HIGHWAY & TRANSPORTATION DISTRICT**  
**Prime Contractor and Subcontractor/Subconsultant/Supplier Report**

Bidder's Name: SPARTAN TANK LINES INC.  
 Address: P.O. BOX 1367 SAN JOSE CA 95109  
 Owner or Contact Person: Bob BROWN

Contract # and Name: \_\_\_\_\_  
 Is your firm a Disadvantaged Business Enterprise: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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1	Name:	N/A					
	Address:						
	Contact Person:						
	Phone & Fax:						
2	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
3	Name:						
	Address:						
	Contact Person:3						
	Phone & Fax:						
4	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						

**Prime Contractor and Subcontractor/Subconsultant/Supplier Report (Continued)**

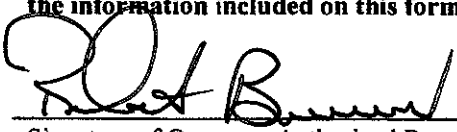
Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information		Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
6	Name:						
	Address:						
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	Address:						
	Contact Person:						
	Phone & Fax:						
8	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						

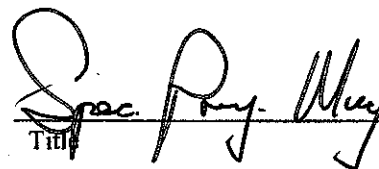
Attach additional sheets as necessary.

DBE Amount: \$                      = \_\_\_\_\_ % Bidder's DBE Achievement  
 Total Bid Amount: \$                     

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 Signature of Owner or Authorized Representative

  
 Title

10/28/11  
 Date