COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

900 SOUTH FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331
Telephone: (626) 458-5100
www.ladpw.org

DONALD L. WOLFE, Director

ADDRESS ALL CORRESPONDENCE TO:
P.O. BOX 1460
ALHAMBRA, CALIFORNIA 91802-1460

IN REPLY PLEASE
REFER TO FILE: AS-0

December 5, 2006

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

AS-NEEDED VEHICLE AND EQUIPMENT REPAIR AND TOWING SERVICES PROGRAM
ALL SUPERVISORIAL DISTRICTS
3 VOTES

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve the enclosed Master Agreement (Enclosure A) for a variety of as-needed vehicle and equipment repair and towing services with various contractors, effective January 1, 2007, for a contract period of one year with two 1-year options, not to exceed a total contract period of three years.

2. Approve the enclosed list of 76 contractors and their hourly rates (Enclosures B and C).

3. Authorize Public Works to encumber $1,500,000, representing the combined maximum annual cost for these services. Funds are available in Public Works' 2006-07 Internal Service Fund.

4. Delegate authority to the Director of Public Works to execute each individual contract under this Master Agreement with each contractor listed; to renew each contract for each additional renewal option, if, in the opinion of the Director, renewal is warranted, for the convenience of the County; to approve changes in the contracting entity; and to terminate one

or more of the contracts, if, in the opinion of the Director, it is in the best interest of the County to do so.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Public Works requires a variety of as-needed vehicle and equipment repair and towing services. Through this Master Agreement process, Public Works will be able to secure necessary repair services throughout the County for its vehicles and equipment housed at the Alhambra Headquarters and field facilities as well as towing services. These vehicles and equipment are maintained and repaired at six departmental repair shops located in Baldwin Park, Altadena, Westchester, Hollydale, Central Los Angeles (Lincoln Heights), and Palmdale. Since 1988, Public Works has contracted for these services to respond to periods of peak workload when vehicles and equipment are backlogged, waiting for service by the shops, and/or to meet critical repair time requirements. These services also cover vehicle and equipment repairs that are extraordinary and/or highly technical in nature and are beyond the expertise of Public Works personnel.

Implementation of Strategic Plan Goals

This action is consistent with the County Strategic Plan Goal of Organizational Effectiveness. These contracts will support internal operations through the utilization of these contractors' expertise to effectively provide these services in a timely and responsive manner.

FISCAL IMPACT/FINANCING

There is no impact on net County cost. These contracts are for an annual aggregate amount not to exceed $1,500,000. This amount represents Public Works' estimated annual cost to perform these as-needed services. Should additional work be required that exceeds the amount authorized, approval of additional funds will be sought.

These contracts will commence on January 1, 2007, for a one-year period. With the Board's delegated authority, the Director may renew these contracts from year to year for a total contract period not to exceed three years.

Funds for the first year of these services are available in Public Works' 2006-07 Internal Service Fund. Funds to finance the contracts' renewal years will be made available through Public Works' annual budget process.

These contracts allow cost-of-living adjustments for the additional optional years in accordance with County policy established by the Chief Administrative Office.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Prior to the Director executing these contracts, which will be substantially similar to Enclosure A, each contractor will execute their individual contract and County Counsel will review them as to form.

Public Works has evaluated and determined that the Living Wage Program (Los Angeles County Code Chapter 2.201) does not apply to these recommended contracts that are for services required on an as-needed and intermittent basis.

ENVIRONMENTAL DOCUMENTATION

These recommended contracts do not constitute a project as defined by California Environmental Quality Act (CEQA) and, therefore, is not subject to the provisions of CEQA.

CONTRACTING PROCESS

On September 14, 2006, Public Works solicited proposals from 463 independent contractors and community business organizations to accomplish this work. Also, a notice of Request for Proposals (RFP) was placed on the County's bid website (Enclosure D) and an advertisement was placed in the *Los Angeles Times*. On November 2, 2006, in order to obtain additional proposals, Public Works reopened the solicitation process and placed notice of this on the County's bid website as well as mailed notification to 417 independent contractors and community business organizations.

Pursuant to the Memorandum of Understanding, the RFP of this contracted service was submitted on September 14, 2006, to the Local 660 union for review before being released to the public. The Union declined to meet with Public Works.

On October 16, 2006, 51 proposals were received, and on November 13, 2006, an additional 27 proposals were received. Upon evaluation, it was determined that all proposers, except for two who failed to provide their pricing, met the RFP's minimum requirements. In accordance with the award criteria outlined in the RFP, Public Works is recommending that all 76 parties listed on Enclosure B be offered the opportunity to enter into a contract with the County for their specialized services.

Enclosure E reflects the minority participation of the proposers. All contractors were selected upon final analysis and consideration without regard to race, creed, gender, or color.

These contracts contain terms and conditions supporting Board-sponsored policies, such as contractor responsibility and debarment (revised), jury service requirements, the Safely Surrendered Baby Law, and charitable activities compliance.

Proof of the required Garage Liability and Garagekeeper's Legal Liability insurance policies, naming the County as additional insured, and evidence of Workers' Compensation insurance will be obtained from each contractor before the contractor will be allowed to accept work from Public Works.

As requested by your Board, each contractor has submitted a safety record that reflects that its past activities have been conducted according to reasonable standards of safety.

In accordance with the Chief Administrative Officer's June 15, 2001, instructions, this is Public Works' assurance that these contractors will not be requested to perform work which will exceed the Board's approved amount, scope of work, and/or terms for these services.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The award of these contracts will not result in the displacement of any County employees since Public Works has been contracting for these services with the private sector for the past 18 years. During this same period, we have furnished quarterly reports to each Supervisor providing the amount of activity with each contractor and the cumulative total. We propose to continue this reporting procedure.

CONCLUSION

One adopted copy of this letter is requested.

Respectfully submitted,

DONALD L. WOLFE
Director of Public Works

KV
P:\aspub\CONTRACT\Jeanette\VEHICLE\2007\BL-VEHICLE.doc

Enc. 5

cc: Chief Administrative Office
County Counsel

SAMPLE AGREEMENT FOR AS-NEEDED VEHICLE AND EQUIPMENT REPAIR AND TOWING SERVICES PROGRAM

THIS AGREEMENT, made and entered into this ____ day of _____, 2006, by and between the COUNTY OF LOS ANGELES, a subdivision of the State of California, a body corporate and politic (hereinafter referred to as COUNTY), and [NAME OF CONTRACTOR], a [Form of Entity] (hereinafter referred to as CONTRACTOR).

WITNESSETH

FIRST: The CONTRACTOR, for the consideration hereinafter set forth and the acceptance by the Board of Supervisors of said COUNTY of the CONTRACTOR'S Proposal filed with the COUNTY on _____, 2006, hereby agrees to provide services as described in the attached specifications for As-Needed Vehicle and Equipment Repair and Towing Services Program, including, but not limited to, Exhibit A, Scope of Work.

SECOND: This AGREEMENT, together with Exhibit A, Scope of Work; Exhibit B, Service Contract General Requirements; Exhibit C, Internal Revenue Service Notice 1015; Exhibit D, Safely Surrendered Baby Law Posters; and the CONTRACTOR'S Proposal, all attached hereto; the Request for Proposals; and Addenda to the Request for Proposals, all of which are incorporated herein by reference, and are agreed by the COUNTY and the CONTRACTOR to constitute an integral part of the Contract documents.

THIRD: The COUNTY agrees, in consideration of satisfactory performance of the foregoing services in strict accordance with the Contract specifications to the satisfaction of the Director of Public Works, to pay the CONTRACTOR pursuant to the Schedule of Prices set forth in the Proposal and attached hereto as Form PW-2. In no event will the COUNTY pay any and all contractors providing service under this Program an aggregate annual amount to exceed $1,500,000 (Maximum Contract Sum), or such greater amount as the Board may approve.

FOURTH: This Contract's initial term shall be for a period of one year commencing on January 1, 2007. At the discretion of the COUNTY, this Contract may be extended in increments of one year, not to exceed a total contract period of three years. The COUNTY, acting through the Director, may give a written notice of intent to extend this Contract at least 30 days prior to the end of each term.

FIFTH: The CONTRACTOR shall bill upon completion of the work order. Work performed shall be billed at the hourly rates and/or unit prices quoted in Form PW-2, Schedule of Prices. The CONTRACTOR shall present invoices for all work performed and approved by the Contract Manager, Shop Superintendent, or Transportation Unit supervisor at the time of pickup, delivery, or return. The CONTRACTOR'S invoice shall be legible and shall include: date of service; make and model of vehicle or equipment serviced or towed; COUNTY vehicle/equipment identification number; current

vehicle/equipment mileage and/or hour meter readings; description of type of service and/or repair performed; itemized cost for each type of service as well as itemized parts supplied minus the agreed discount; indicate any special circumstances when appropriate; name of Contract Manager, Shop Superintendent, or the Transportation Unit supervisor who ordered or authorized the service; signature of authorized Contract Manager, Shop Superintendent, or Transportation Unit supervisor; work order number; and this Contract number.

SIXTH: Public Works will make payment to the CONTRACTOR within 30 days of receipt of a properly completed invoice. Public Works reserves the right to return improperly submitted invoice(s) to the CONTRACTOR without action. Each invoice shall be in triplicate (original and two copies) and shall itemize the work completed. The invoices shall be submitted to:

County of Los Angeles Department of Public Works
Attention Fiscal Division, Accounts Payable
P.O. Box 7508
Alhambra, CA 91802-7508

The CONTRACTOR shall not hand over or deliver an invoice(s) to the Contract Manager, Shop Superintendent, Transportation Unit supervisor, any Public Works driver, or mail to a Public Works Fleet Maintenance Shop. The CONTRACTOR shall only submit their invoices to Fiscal Division as noted.

SEVENTH: In no event shall the aggregate total amount of compensation paid to any and all contractors under this Program exceed the amount of compensation authorized by the Board. Such aggregate total amount is the Maximum Contract Sum.

EIGHTH: The CONTRACTOR understands and agrees that only the designated Public Works Contract Manager, Shop Superintendents, and Transportation Unit supervisor are authorized to request or order work under this Contract. The CONTRACTOR acknowledges that the designated Contract Manager, Shop Superintendents, or Transportation Unit supervisor are not authorized to request or order any work that would result in the CONTRACTOR earning an aggregate compensation in excess of this Contract's Maximum Contract Sum.

NINTH: The CONTRACTOR shall not perform or accept work requests from the Contract Manager, Shop Superintendents, Transportation Unit supervisor, or any other person that will cause the Maximum Contract Sum of this Contract to be exceeded. The CONTRACTOR shall monitor the balance of this Contract's Maximum Contract Sum. When the total of the CONTRACTOR'S paid invoices, invoices pending payment, invoices yet to be submitted, and ordered services reaches 75 percent of the Maximum Contract Sum, the CONTRACTOR shall immediately notify the Contract Manager in writing. The CONTRACTOR shall send written notification to the Contract Manager when this Contract is within six months from expiration of the term as provided for hereinabove.

//

//

TENTH: The Director shall adjust the rate of compensation set forth in Form PW-2 (Schedule of Prices) annually based on the increase or decrease in the U.S. Department of Labor, Bureau of Labor Statistics', All Urban Consumers Price Index for the Los Angeles-Riverside-Orange County Area (CPI). The contract anniversary date shall be the effective date for any such cost-of-living adjustment. The percentage change in the rate of compensation shall equal 12 times the average monthly change in the CPI over the first nine months of the contract term preceding the effective date. However, any percentage increase shall not exceed the general salary movement granted to COUNTY employees as determined by the COUNTY'S Chief Administrative Office as of July 1 for the prior 12-month period. Furthermore, should fiscal circumstances ultimately prevent the Board from approving any increase in COUNTY employee salaries, no cost-of-living adjustment will be granted.

ELEVENTH: In the event that terms and conditions, which may be listed in the CONTRACTOR'S Proposal, conflict with the COUNTY'S specifications, requirements, and terms and conditions as reflected in this AGREEMENT, including, but not limited to, Exhibits A through D, inclusive, the COUNTY'S provisions shall control and be binding.

TWELFTH: The CONTRACTOR agrees in strict accordance with the Contract specifications and conditions to meet the COUNTY'S requirements.

THIRTEENTH: This Contract constitutes the entire AGREEMENT between the COUNTY and the CONTRACTOR with respect to the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings.

//
//
//
//
//
//
//
//
//
//
//
//
//
//
//
//
//
//
//
//
//
//
//

IN WITNESS WHEREOF, the COUNTY has, by order of its Board of Supervisors, caused these presents to be subscribed by the Director of Public Works, and the CONTRACTOR has subscribed its name by and through its duly authorized officers, as of the day, month, and year first written above.

COUNTY OF LOS ANGELES

By _____
Director of Public Works

APPROVED AS TO FORM:

RAYMOND G. FORTNER, JR.
County Counsel

By _____
Deputy

[NAME OF CONTRACTOR]

By _____
Its President

_____
Type or Print Name

By _____
Its Secretary

_____
Type or Print Name

P:\aspub\CONTRACT\Jeanette\VEHICLE\2007\AGREEMENT.doc

ENCLOSURE B

LIST OF CONTRACTORS TO BE AWARDED
"AS-NEEDED VEHICLE AND EQUIPMENT REPAIR AND TOWING SERVICES PROGRAM"

A&K Auto and Truck Repair
1223 West 135th Street
Altadena, CA 90247

Advanced Infrastructure Technologies
16422 South Avalon Boulevard
Gardena, CA 90248

American Eagle and Transmission and
Automotive Center
937 West Mission Boulevard
Pomona, CA 91766

ATCO Transmission
5452 Laurel Canyon Boulevard
North Hollywood, CA 91607

Bob Wondries Ford
400 South Atlantic Boulevard
Alhambra, CA 91801

Cellular West
425 North Santa Anita Avenue, Suite A
Arcadia, CA 91106

Roandra Inc., d.b.a. Clark and Howard Towing
840 East R Avenue
Palmdale, CA 93550

Carroll's Brake Service
2360 West Main Street
Alhambra, CA 91801

Controlled Motion Solutions
911 North Poinsettia Street
Santa Ana, CA 92701

Bragg Investment Co., Inc.
d.b.a Coastline Equipment
P.O. Box 22732
Long Beach, CA 90801

Covina Auto Trim
425 East San Bernardino Road
Covina, CA 91723

ACS Hydraulics
756 North Hariton Street
Orange, CA 92868

All Star Glass
1845 Morena Boulevard
San Diego, CA 92110-3699

Anthony's Smog Station
2601 West Main Street, #B
Alhambra, CA 91801-1653

Betts Spring Company, Inc.
2100 Williams Street
San Leandro, CA 94577

Bourret Glass & Upholstery, Inc.
11605 Goldring Road, Suite E
Arcadia, CA 91006-5875

California's Best Radiator, Inc.
2743 North San Fernando Road
Los Angeles, CA 90065

CCI Van and Truck Equipment, Inc.
991 Fifth Street
Norco, CA 92860

California Frame & Axle
6049 Rugby Avenue
Huntington Park, CA 90255

Concepts Plus, Inc
9950 Bell Ranch Drive, #105/106
Santa Fe Springs, CA 90670

California Clutch & Gear, Inc.
14021 Dinard Avenue
Santa Fe Springs, CA

Downey Ford
9500 Lakewood Boulevard
Downey, CA 90240

LIST OF CONTRACTORS TO BE AWARDED
"AS-NEEDED VEHICLE AND EQUIPMENT REPAIR AND TOWING SERVICES PROGRAM"

F&H Tire Co.
540 East Holt Avenue
Pomona, CA 91767

Mighty Transport Inc., d.b.a. Frank Scotto Towing
1750 West 223rd Street
Torrance, CA 90501

Garvey Equipment Company
430 South Pine Street
San Gabriel, CA 91776

Haaker Equipment Company
2070 North White Avenue
LA Verne, CA 91750

Inter City Towing, Inc.
1483 South Alameda Street
Los Angeles, CA 90021

URTI, d.b.a. Keystone Towing
7817 Woodley Avenue
Van Nuys, CA 91406

Lancaster Transmission
325 West Pondera
Lancaster, CA 93534

Lou & Sons Mobile Tire Service
P.O. Box 2530
Lancaster, CA 93539

Master Body Sales & Service, Inc.
9824 Atlantic Avenue
South Gate, CA 90280

MGS Motors, d.b.a. AAMCO Transmissions
121 East Whittier Boulevard, Space A
Montebello, CA 90640

Ostrom Chevrolet
310 West Whittier Boulevard
Montebello, CA 90640-5324

Ford of Montebello
2747 Via Campo Road
Montebello, CA 90640

GMS Auto Glass
15060 Ventura Boulevard, Suite 212
Sherman Oaks, CA 91403

Haddick's Auto Body & Towing
15120 East Valley Boulevard
Industry, CA 91746

Harbor Diesel and Equipment, Inc.
537 West Anaheim Street
Long Beach, CA 90813

J&J Mufflers, Inc.
1054 South La Brea Avenue
Inglewood, CA 90301

L.B.I. Air, Inc.
5161 Azusa Canyon Road
Baldwin Park, CA 91706

Lancaster Auto Interiors
220 West Avenue I
Lancaster, CA 93534

Lynn's Auto Air, Inc.
13255 Woodruff Avenue
Downey, CA 90242

Mr. G's Custom Upholstery
900 South Vail Avenue
Montebello, CA 90640

Markham & Boiling Autobody, Inc.
1133 East Walnut Street
Pasadena, CA 91106

Pacific Radiator Sales & Service
450 West Colorado Street
Glendale, CA 91204

LIST OF CONTRACTORS TO BE AWARDED
"AS-NEEDED VEHICLE AND EQUIPMENT REPAIR AND TOWING SERVICES PROGRAM"

Parkhouse Tire, Inc.
5960 Shull Street
Bell Gardens, CA 90201

Phenix Enterprises
1785 Mount Vernon Avenue
Pomona, CA 91768

Quinn Power Systems
3500 Shepherd Street
Whittier, CA 90601-1794

Reids Sierra Auto Body
45116 Yucca Street
Lancaster, CA 93535

Royal Coaches Autobody & Towing
14827 Ramona Boulevard
Baldwin Park, CA 91706

Zalado, Inc., d.b.a. Super Dollar Wise
5651 East Imperial Highway
South Gate, CA 90280

Sopp Chevrolet
6400 South Atlantic Avenue
Bell, CA 90201

Southside Tow Service, Inc.
5366 East Slauson Avenue
City of Commerce, CA 90040

Sunset Tow, Inc.
526 Chevy Chase Drive
Glendale, CA 91204

Safelite Auto Glass
2303 South Tubeway Avenue
City of Commerce, CA 90040

Serrano's Auto Supply
326 South Atlantic Boulevard
Los Angeles, CA 90022

Peck Road Ford Truck Center
2450 Kella Avenue
Whittier, CA 90601

Plumbers Depot, Inc.
14404 Gramercy Place
Gardena, CA 90249

Quality Fleet and Truck Centers
19122 South Vermont Avenue
Gardena, CA 90248

Renegade Truck Repair and Leasing
828 East Manchester Avenue
Los Angeles, CA 90001

SRECO – Flexible, Inc.
139 Illinois Street
El Segundo, CA 90245

South Bay Ford, Inc.
5100 Rosecrans Avenue
Hawthorne, CA 90250

Southern California Fleet Services, Inc.
12701 Magnolia Avenue
Riverside, CA 92503

Speedo Electric, Inc.
5608 East Washington Boulevard
City of Commerce, CA 90040

Sharp Auto Painting & Collision
18206 Parthenia Street
Northridge, CA 91325

S&M Automotive
502 South Garfield Avenue
Alhambra, CA 91801

Truck Hydraulic Equipment Company, Inc.
1426 Whittram Avenue
Fontana, CA 92335

LIST OF CONTRACTORS TO BE AWARDED
"AS-NEEDED VEHICLE AND EQUIPMENT REPAIR AND TOWING SERVICES PROGRAM"

Thorson GMC Truck-Buick Motor Co.
3456 East Colorado Boulevard
Pasadena, CA 91107

Valley Speedo & Tach. West
2904 North Durfee Avenue
El Monte, CA 91732

Wondries Chevrolet
1247 West Main Street
Alhambra, CA 91801

Wayne Harmeier Inc.,
d.b.a. Wayne Electric Co.
1560 West Anaheim Street
Long Beach, CA 90813

Western Truck Exchange
159 East Manchester Avenue
Los Angeles, CA 90003

United Diesel Service
1903 Penn Mar Avenue
South El Monte, CA 91733

Valco Transmission Ltd.
7826 Pearblossom Highway
Littlerock, CA 93543

Western Automatic Transmission Ex., Inc.
1807 5th Avenue
Los Angeles, CA 90019

West Covina Motors, Inc.,
d.b.a. Clippinger Chevrolet
1900 East Garvey Avenue
West Covina, CA 91791

Western Power & Equipment Corp.
8271 Commonwealth Avenue
Buena Park, CA 90621

P:\aspub\CONTRACT\Jeanette\VEHICLE\2007\Enclosure B_List of Contractors.doc

ENCLOSURE C

HOURLY RATES BY SERVICE CATEGORY

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
1.1 AUTO/LIGHT TRUCKS			
a. ENGINE REPAIR			
GAS ONLY			
	Serrano's Auto Supply & Service	$60	5%
	South Bay Ford	$85	25%
	Super Dollar Wise	$75	0%
DIESEL ONLY			
	Quinn Power Systems	$100	0%
	Harbor Diesel & Equipment	$100	10%
	South Bay Ford	$115	25%
GAS & DIESEL - BOTH			
	Bob Wondries Ford	$70	25%
	Keystone Towing	$75	10%
	A & K Auto and Truck Repair	$75	10%
	S & M Automotive	$65	5%
	United Diesel Service	$88	25%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$95	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$45	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$75	0%
	American Eagle Transmission & Automotive Service Center	$67	10%
	MGS Motors dba AAMCO Transmissions	$60	15%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$69	20%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$75	11%
	Thorson GMC Truck-Buick Motor Co.	$81	0%
ALERNATE FUEL			
	Bob Wondries Ford	$70	25%
	Keystone Towing	$75	10%
	A & K Auto and Truck Repair	$75	10%
	S & M Automotive	$65	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$95	20%
	Renegade Group	$65	8%
	Quinn Power Systems	$100	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$75	0%
	American Eagle Transmission & Automotive Service Center	$67	10%
	MGS Motors dba AAMCO Transmissions	$60	15%
	Harbor Diesel & Equipment	$100	10%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$69	20%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$75	11%
	South Bay Ford	$85	25%
	Thorson GMC Truck-Buick Motor Co.	$81	0%
ELECTRIC			
	Keystone Towing	$75	10%
	S & M Automotive	$65	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$95	20%
	Renegade Group	$65	8%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$75	0%
	American Eagle Transmission & Automotive Service Center	$67	10%
	MGS Motors dba AAMCO Transmissions	$60	15%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$69	20%
	Southern California Fleet Services, Inc.	$85	0%
	Thorson GMC Truck-Buick Motor Co.	$81	0%
b. DRIVE TRAIN REPAIR			
	Serrano's Auto Supply & Service	$60	5%
	Bob Wondries Ford	$70	25%
	Keystone Towing	$75	10%
	A & K Auto and Truck Repair	$75	10%
	S & M Automotive	$65	5%
	Western Truck Exchange	$89	10%
Transmissions & Clutch.....	Valco Transmission Ltd	$67.50	10%
	California Clutch & Gear, Inc.	$79.50	0%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$95	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$75	0%
	American Eagle Transmission & Automotive Service Center	$67	10%
	Western Automatic Transmission Ex., Inc.	$65	20%
	MGS Motors dba AAMCO Transmissions	$60	15%
	California Frame & Axle	$55	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$69	20%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$75	11%
	South Bay Ford	$85	25%
	Super Dollar Wise	$75	0%
	Lancaster Transmission	$68	5%
	Thorson GMC Truck-Buick Motor Co.	$81	0%
c. ELECTRICAL REPAIR			
	Serrano's Auto Supply & Service	$60	5%
	Bob Wondries Ford	$70	25%
	Keystone Towing	$75	10%
	A & K Auto and Truck Repair	$75	10%
	S & M Automotive	$65	5%
	Master Body Sales & Services, Inc.	$60	5%
	Lynn's Auto Air, Inc.	$65	25%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Concepts Plus, Inc.	$80	15%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$95	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$65	0%
	American Eagle Transmission & Automotive Service Center	$67	10%
	Anthony's Smog Station	$70	0%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$69	20%
	Speedo Electric, Inc.	$68	25%
	Wayne Electric Company	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$75	11%
	South Bay Ford	$85	25%
	Super Dollar Wise	$75	0%
	Thorson GMC Truck-Buick Motor Co.	$81	0%
d. STEERING, WHEEL & BRAKE REPAIR			
	Serrano's Auto Supply & Service	$60	5%
	Bob Wondries Ford	$70	25%
	Keystone Towing	$75	10%
	A & K Auto and Truck Repair	$75	10%
	S & M Automotive	$65	5%
	Parkhouse Tires, Inc.	$75	20%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	Ostrom Chevrolet	$95	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	Royal Coaches Auto Body & Towing	$75	0%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$65	0%
	American Eagle Transmission & Automotive Service Center	$67	10%
	MGS Motors dba AAMCO Transmissions	$60	15%
	California Frame & Axle	$55	0%
	Carroll's Brake Service	$50	0%
	Anthony's Smog Station	$70	0%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$69	20%
	Betts Spring Company, Inc.	$40	0%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$75	11%
Brake replacement @ $53/hr.....	South Bay Ford	$85	25%
	Super Dollar Wise	$75	0%
	F & H Tire Co.	$75	0%
	Thorson GMC Truck-Buick Motor Co.	$81	0%
e. SUSPENSION & FRAME REPAIR			
	Serrano's Auto Supply & Service	$60	5%
	Bob Wondries Ford	$70	25%
	Keystone Towing	$75	10%
	A & K Auto and Truck Repair	$75	10%
	S & M Automotive	$65	5%
	Master Body Sales & Services, Inc.	$60	5%
Suspension only.....	Parkhouse Tires, Inc.	$75	20%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$95	20%
	Reid Sierra Auto Body	$55	0%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	Royal Coaches Auto Body & Towing	$75	0%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$65	0%
	American Eagle Transmission & Automotive Service Center	$67	10%
	California Frame & Axle	$55	0%
	Carroll's Brake Service	$50	0%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$69	20%
	Betts Spring Company, Inc.	$40	0%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$75	11%
	South Bay Ford	$85	25%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
Suspension only.....	Super Dollar Wise	$75	0%
	F & H Tire Co.	$75	0%
	Markham & Boling Body Shop, Inc.	$60	0%
	Thorson GMC Truck-Buick Motor Co.	$81	0%
f. OPERATING & HYDRAULIC REPAIR			
	Keystone Towing	$75	10%
	A & K Auto and Truck Repair	$75	10%
	S & M Automotive	$65	5%
	Master Body Sales & Services, Inc.	$60	5%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	ACS Hydraulics, Inc.	$50	20%
	Phenix Enterprises, Inc.	$55	0%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$95	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	American Eagle Transmission & Automotive Service Center	$67	10%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
On Site Hydraulic & Pneumatic Hose Repair (OT $100/hour).....	Controlled Motion Solutions	$75	25%
Aerials & Cranes.....	Truck Hydraulic Equipment Co., Inc.	$65	10%
	Downey Ford	$69	20%
	Haaker Equipment Company	$98	0%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$75	11%
	South Bay Ford	$85	25%
g. PAINT & BODY REPAIR			
	S & M Automotive	$65	5%
	Master Body Sales & Services, Inc.	$60	5%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Phenix Enterprises, Inc.	$55	0%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$38	20%
	Reid Sierra Auto Body	$42	0%
	Quality Fleet and Truck Center	$55	10%
	Royal Coaches Auto Body & Towing	$42	0%
	West Covina Motors, Inc.	$38	30%
	Sharp Auto Painting & Collision	$38	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$38	20%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Markham & Boling Body Shop, Inc.	$40	0%
	Thorson GMC Truck-Buick Motor Co.	$38	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
h. EXTERNAL WEARING PARTS REPAIR			
	Bob Wondries Ford	$70	25%
	Keystone Towing	$75	10%
	S & M Automotive	$65	5%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$95	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$55	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	American Eagle Transmission & Automotive Service Center	$67	10%
	Anthony's Smog Station	$70	0%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$69	20%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
	Markham & Boling Body Shop, Inc.	$40	0%
	Thorson GMC Truck-Buick Motor Co.	$81	0%
i. WINDOW GLASS			
	Serrano's Auto Supply & Service	$60	5%
	Bob Wondries Ford	$70	25%
	Keystone Towing	$75	10%
	S & M Automotive	$65	5%
	Master Body Sales & Services, Inc.	$60	5%
	Western Truck Exchange	$89	10%
	Bourret Glass & Upholstery (per nags)	$10	25%
	All Star Glass (per nags)	$18.75	43%
Windshields.....	Safelite Auto Glass	$16	40%
Curved Tempered.....	Safelite Auto Glass	$16	35%
	California Best Radiators, Inc.	$55	25%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$95	20%
	Quality Fleet and Truck Center	$55	10%
	Royal Coaches Auto Body & Towing	$42	0%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$38	0%
	Ford of Montebello	$45	0%
	Peck Road Ford Truck Center	$95	25%
$110 Flat up to 3 NAGS Hours; $120 Flat over 3 NAGS Hours (Tempered).....	GMS Auto Glass	$110	50%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Markham & Boling Body Shop, Inc.	$40	0%
	Thorson GMC Truck-Buick Motor Co.	$81	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
j. AIR CONDITIONING			
	Serrano's Auto Supply & Service	$60	5%
	Bob Wondries Ford	$70	25%
	Keystone Towing	$75	10%
	A & K Auto and Truck Repair	$75	10%
	S & M Automotive	$65	5%
	Lynn's Auto Air, Inc.	$65	25%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Concepts Plus, Inc.	$80	15%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$95	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$55	10%
	Quinn Power Systems	$100	0%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$65	0%
	American Eagle Transmission & Automotive Service Center	$67	10%
Mobile Service (Portal to Portal, plus $0.50/mile).....	L.B.I. Air, Inc.	$89	2%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$69	20%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Wayne Electric Company	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$75	11%
	South Bay Ford	$85	25%
	Super Dollar Wise	$75	0%
	Markham & Boling Body Shop, Inc.	$40	0%
	Thorson GMC Truck-Buick Motor Co.	$81	0%
	Pacific Radiator Sales & Service, Inc.	$55	25%
k. SMOG/SMOKE, EMISSION, OR STATUTORY INSPECTION OR REPAIRS			
	Bob Wondries Ford	$70	25%
	A & K Auto and Truck Repair	$75	10%
	S & M Automotive	$65	5%
	United Diesel Service	$88	25%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$95	20%
	Renegade Group	$65	8%
	Quinn Power Systems	$100	0%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	American Eagle Transmission & Automotive Service Center	$67	10%
	Anthony's Smog Station	$40	0%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	Truck Hydraulic Equipment Co., Inc.	$65	10%
	Downey Ford	$69	20%
$85 for travel time.....	Southern California Fleet Services, Inc.	$50/Veh	0%
	Maurice J. Sopp & Sons	$80	11%
Smog Emissions.....	J & J Mufflers, Inc.	$50	20%
	Super Dollar Wise	$75	0%
	Thorson GMC Truck-Buick Motor Co.	$81	0%
I. OTHER REPAIR			
Any Not Stated.....	S & M Automotive	$65	5%
Diesel Fuel Injection.....	United Diesel Service	$88	25%
Heaters & Radiators.....	Lynn's Auto Air, Inc.	$65	25%
Upholstery.....	Lancaster Auto Interiors	$70	0%
Front End Alignment Plus Parts..	Parkhouse Tires, Inc.	$69.95	20%
Upholstery.....	Covina Auto Trim	$65	0%
Upholstery.....	Bourret Glass & Upholstery	$25	0%
Radiators & Condensers.....	California Best Radiators, Inc.	$55	25%
GPS, Emergency Lighting & Siren, Radio, Metal Fabrication, Camera & Monitor.....	Concepts Plus, Inc.	$80	15%
Any Not Stated.....	Ostrom Chevrolet	$95	20%
Boom & Ariel.....	Renegade Group	$65	8%
Transmissions - Automatic & Manual, Differentials, Clutches, Drive Shafts, Transfer Cases...	ATCO Transmission	$65	20%
Tire Repair, Mount & Dismount of Tires Only.....	Lou & Sons Mobile Tire Service	$60	0%
Any Not Stated.....	American Eagle Transmission & Automotive Service Center	$67	10%
Sewer Jetters & Rodders; Mainline Camera Systems; Combo Units; Sweepers; Bucket Units.....	Advanced Infrastructure Technologies, Inc.	$85	2%
Vehicle Maintenance.....	Anthony's Smog Station	$70	0%
Any Not Stated.....	Peck Road Ford Truck Center	$95	25%
Cranes, Aerials, Diggers, Winches, etc.....	Truck Hydraulic Equipment Co., Inc.	$65	10%
Speedometer, Tachometer & Instrument Cluster.....	Speedo Electric, Inc.	$68	25%
Smoke Capacity Testing.....	Southern California Fleet Services, Inc.	$50/Veh	0%
Exhaust System Repair.....	J & J Mufflers, Inc.	$50	20%
Install, Balance & Repair Tires, Wheel Alignments.....	F & H Tire Company	Various flat rates	0%
Speedometer & Tachometer.....	Valley Speedo & Tech. West	$55	25%
A/C Recharge.....	Markham & Boling Body Shop, Inc.	$86	0%
Front Wheel Alignment.....	Markham & Boling Body Shop, Inc.	$80	0%
Four Wheel Alignment.....	Markham & Boling Body Shop, Inc.	$120	0%
Upholstery.....	Mr. G's Upholstery	$75	0%
Radiator Repair.....	Pacific Radiator Sales & Service, Inc,	$55	25%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
1.2 MEDIUM/HEAVY-DUTY TRUCKS			
a. ENGINE REPAIR			
GAS ONLY			
	South Bay Ford	$85	25%
DIESEL ONLY			
	Harbor Diesel & Equipment	$100	10%
	South Bay Ford	$115	25%
GAS & DIESEL - BOTH			
	Bob Wondries Ford	$70	25%
	Keystone Towing	$85	10%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$70	5%
	United Diesel Service	$88	25%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$115	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	Quinn Power Systems	$100	0%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$75	0%
	American Eagle Transmission & Automotive Service Center	$70	10%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$72	20%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$85	11%
	Thorson GMC Truck-Buick Motor Co.	$91	0%
ALERNATE FUEL			
	Bob Wondries Ford	$70	25%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$70	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$115	20%
	Renegade Group	$65	8%
	Quinn Power Systems	$100	0%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$75	0%
	American Eagle Transmission & Automotive Service Center	$70	10%
	Harbor Diesel & Equipment	$100	10%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$72	20%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$85	11%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	South Bay Ford	$85	25%
	Thorson GMC Truck-Buick Motor Co.	$91	0%
ELECTRIC	Bob Wondries Ford	$70	25%
	S & M Automotive	$70	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$115	20%
	Renegade Group	$65	8%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$75	0%
	American Eagle Transmission & Automotive Service Center	$70	10%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
	Thorson GMC Truck-Buick Motor Co.	$91	0%
b. DRIVE TRAIN REPAIR			
	Bob Wondries Ford	$70	25%
	Keystone Towing	$85	10%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$70	5%
	Western Truck Exchange	$89	10%
Transmissions & Clutch.....	Valco Transmission Ltd	$69.50	10%
	California Clutch & Gear, Inc.	$79.50	0%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$115	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$75	0%
	American Eagle Transmission & Automotive Service Center	$70	10%
	Western Automatic Transmission Ex., Inc.	$65	20%
	MGS Motors dba AAMCO Transmissions	$60	15%
	California Frame & Axle	$65	0%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$72	20%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$85	11%
	South Bay Ford	$85	25%
	Thorson GMC Truck-Buick Motor Co.	$91	0%
c. ELECTRICAL REPAIR			
	Bob Wondries Ford	$70	25%
	Keystone Towing	$85	10%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$70	5%
	Master Body Sales & Services, Inc.	$60	5%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	Lynn's Auto Air, Inc.	$65	25%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Concepts Plus, Inc.	$80	15%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$115	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$65	0%
	American Eagle Transmission & Automotive Service Center	$70	10%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$72	20%
	Speedo Electric, Inc.	$68	25%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Wayne Electric Company	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$85	11%
	South Bay Ford	$85	25%
	Thorson GMC Truck-Buick Motor Co.	$91	0%
d. STEERING, WHEEL & BRAKE REPAIR			
	Bob Wondries Ford	$70	25%
	Keystone Towing	$85	10%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$70	5%
	Parkhouse Tires, Inc.	$75	20%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$115	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	Royal Coaches Auto Body & Towing	$85	0%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$65	0%
	American Eagle Transmission & Automotive Service Center	$70	10%
	MGS Motors dba AAMCO Transmissions	$60	15%
	California Frame & Axle	$65	0%
	Carroll's Brake Service	$65	0%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$72	20%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Betts Spring Company, Inc.	$40	0%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$85	11%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
Brake replacement @ $53/hr.....	South Bay Ford	$85	25%
	Thorson GMC Truck-Buick Motor Co.	$91	0%
e. SUSPENSION & FRAME REPAIR			
	Bob Wondries Ford	$70	25%
	Keystone Towing	$85	10%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$70	5%
Suspension only.....	Parkhouse Tires, Inc.	$75	20%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$115	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	Royal Coaches Auto Body & Towing	$85	0%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$65	0%
	American Eagle Transmission & Automotive Service Center	$70	10%
	California Frame & Axle	$65	0%
	Carroll's Brake Service	$65	0%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$72	20%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Betts Spring Company, Inc.	$40	0%
	Haaker Equipment Company	$98	0%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$85	11%
	South Bay Ford	$85	25%
	Markham & Boling Body Shop, Inc.	$60	0%
	Thorson GMC Truck-Buick Motor Co.	$91	0%
f. OPERATING & HYDRAULIC REPAIR			
	Bob Wondries Ford	$70	25%
	Keystone Towing	$85	10%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$70	5%
	Master Body Sales & Services, Inc.	$60	5%
	Plumbers Depot, Inc.	$65	10%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	ACS Hydraulics, Inc.	$50	20%
	Phenix Enterprises, Inc.	$55	0%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$115	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	American Eagle Transmission & Automotive Service Center	$70	10%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
On Site Hydraulic & Pneumatic Hose Repair (OT $100/hour).....	Controlled Motion Solutions	$75	25%
	Truck Hydraulic Equipment Co., Inc.	$65	10%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$85	11%
	South Bay Ford	$85	25%
g. PAINT & BODY REPAIR			
	Bob Wondries Ford	$70	25%
	S & M Automotive	$70	5%
	Master Body Sales & Services, Inc.	$60	5%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Phenix Enterprises, Inc.	$55	0%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$115	20%
	Reid Sierra Auto Body	$44	0%
	Quality Fleet and Truck Center	$55	10%
	Royal Coaches Auto Body & Towing	$62	0%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$38	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$38	20%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Markham & Boling Body Shop, Inc.	$40	0%
	Thorson GMC Truck-Buick Motor Co.	$55	0%
h. EXTERNAL WEARING PARTS REPAIR			
	Bob Wondries Ford	$70	25%
	Keystone Towing	$85	10%
	S & M Automotive	$70	5%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Ostrom Chevrolet	$115	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$55	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	American Eagle Transmission & Automotive Service Center	$70	10%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$72	20%
	Southern California Fleet Services, Inc.	$85	0%
	Markham & Boling Body Shop, Inc.	$40	0%
	Thorson GMC Truck-Buick Motor Co.	$91	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
i. WINDOW GLASS			
	Keystone Towing	$85	10%
	Bob Wondries Ford	$70	25%
	S & M Automotive	$70	5%
	Western Truck Exchange	$89	10%
	Bourret Glass & Upholstery (per nags)	$10	25%
Windshields.....	Safelite Auto Glass	$16	40%
Curved Tempered.....	Safelite Auto Glass	$16	35%
	California Best Radiators, Inc.	$55	25%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$115	20%
	Quality Fleet and Truck Center	$55	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$38	0%
	Ford of Montebello	$45	0%
	Peck Road Ford Truck Center	$95	25%
$110 Flat up to 3 NAGS Hours; $120 Flat over 3 NAGS Hours (Tempered).....	GMS Auto Glass	$110	50%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Markham & Boling Body Shop, Inc.	$40	0%
	Thorson GMC Truck-Buick Motor Co.	$91	0%
j. AIR CONDITIONING			
	Bob Wondries Ford	$70	25%
	Keystone Towing	$85	10%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$70	5%
	Lynn's Auto Air, Inc.	$65	25%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$115	20%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	Sharp Auto Painting & Collision	$65	0%
	American Eagle Transmission & Automotive Service Center	$70	10%
Mobile Service (Portal to Portal, plus $0.50/mile).....	L.B.I. Air, Inc.	$89	2%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Downey Ford	$72	20%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Wayne Electric Company	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$85	11%
	South Bay Ford	$85	25%
	Markham & Boling Body Shop, Inc.	$40	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	Thorson GMC Truck-Buick Motor Co.	$91	0%
	Pacific Radiator Sales & Service, Inc,	$55	25%
k. SMOG/SMOKE, EMISSION, OR STATUTORY INSPECTION OR REPAIRS			
	Bob Wondries Ford	$70	25%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$70	5%
	United Diesel Service	$88	25%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Ostrom Chevrolet	$115	20%
	Renegade Group	$65	8%
	Quinn Power Systems	$100	0%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$80	30%
	American Eagle Transmission & Automotive Service Center	$70	10%
	Ford of Montebello	$65	0%
	Peck Road Ford Truck Center	$95	25%
	Truck Hydraulic Equipment Co., Inc.	$65	10%
	Downey Ford	$72	20%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	$90	11%
Smog Emissions.....	J & J Mufflers, Inc.	$50	20%
	Thorson GMC Truck-Buick Motor Co.	$91	0%
l. OTHER REPAIR			
Any not Stated.....	S & M Automotive	$70	5%
Diesel Fuel Injection.....	United Diesel Service	$88	25%
Heater & Radiator.....	Lynn's Auto Air, Inc.	$65	25%
Upholstery.....	Lancaster Auto Interiors	$70	0%
Front End Alignment Plus Parts..	Parkhouse Tires, Inc.	$120/ea	20%
Rear End Alignment Plus Parts..	Parkhouse Tires, Inc.	$150/ea	20%
Upholstery.....	Covina Auto Trim	$65	0%
Upholstery.....	Bourret Glass & Upholstery (per nags)	$25	25%
Radiators & Condensers.....	California Best Radiators, Inc.	$55	25%
GPS, Emergency Lighting & Siren, Radio, Metal Fabrication, Camera & Monitor.....	Concepts Plus, Inc.	$80	15%
Any Not Stated.....	Ostrom Chevrolet	$115	20%
Boom & Aerial.....	Renegade Group	$65	8%
Transmissions - Automatic & Manual, Differentials, Clutches, Drive Shafts, Transfer Cases.....	ATCO Transmission	$65	20%
Tire Repair, Mount & Dismount of Tires Only.....	Lou & Sons Mobile Tire Service	$60	0%
Any Not Stated.....	American Eagle Transmission & Automotive Service Center	$70	10%
Sewer Jetters & Rodders; Mainline Camera Systems; Combo Units; Sweepers; Bucket Units.....	Advanced Infrastructure Technologies, Inc.	$85	2%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
Any Not Stated.....	Peck Road Ford Truck Center	$95	25%
Cranes, Aerials, Diggers, Winches, etc.....	Truck Hydraulic Equipment Co., Inc.	$65	10%
Speedometer, Tachometer & Instrument Cluster.....	Speedo Electric, Inc.	$68	25%
D.C. Motors.....	Wayne Electric Company	$75	10%
Smoke Capacity Testing.....	Southern California Fleet Services, Inc.	$50/Veh	0%
Exhaust System Repairs.....	J & J Mufflers, Inc.	$50	20%
Install, Balance & Repair Tires, Wheel Alignments.....	F & H Tire Company	Various flat rates	0%
Speedometer & Tachometer.....	Valley Speedo & Tech. West	$55	25%
A/C Recharge.....	Markham & Boling Body Shop, Inc.	$86	0%
Front Wheel Alignment.....	Markham & Boling Body Shop, Inc.	$80	0%
Four Wheel Alignment.....	Markham & Boling Body Shop, Inc.	$120	0%
Upholstery.....	Mr. G's Upholstery	$75	0%
Radiator Repair.....	Pacific Radiator Sales & Service, Inc,	$55	25%
Tymco Sweeper Repair (in Shop).....	Western Power & Equipment Corp.	$100	0%
1.3 CONSTRUCTION EQUIPMENT			
a. ENGINE REPAIR			
GAS ONLY			
DIESEL ONLY			
	Quinn Power Systems	$100	0%
	Harbor Diesel & Equipment	$100	10%
GAS & DIESEL - BOTH			
	Keystone Towing	$85	10%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$75	5%
	United Diesel Service	$88	25%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$75	0%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
ALERNATE FUEL			
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$75	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quinn Power Systems	$100	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$75	0%
	Harbor Diesel & Equipment	$100	10%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Haaker Equipment Company	$98	0%
	Southern California Fleet Services, Inc.	$85	0%
ELECTRIC			
	S & M Automotive	$75	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$75	0%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
b. DRIVE TRAIN REPAIR			
	Keystone Towing	$85	10%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$75	5%
	Western Truck Exchange	$89	10%
Transmissions & Clutch.....	Valco Transmission Ltd	$69.50	10%
	California Clutch & Gear, Inc.	$79.50	0%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
I	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$75	0%
	Western Automatic Transmission Ex., Inc.	$65	20%
	MGS Motors dba AAMCO Transmissions	$60	15%
	Southern California Fleet Services, Inc.	$85	0%
c. ELECTRICAL REPAIR			
	Keystone Towing	$85	10%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$75	5%
	Master Body Sales & Services, Inc.	$60	5%
	Lynn's Auto Air, Inc.	$65	25%
	Western Truck Exchange	$89	10%
	Concepts Plus, Inc.	$80	15%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
I	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	Quinn Power Systems	$100	0%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$65	0%
	Speedo Electric, Inc.	$68	25%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Wayne Electric Company	$75	10%
	Southern California Fleet Services, Inc.	$85	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
d. STEERING, WHEEL & BRAKE REPAIR			
	Keystone Towing	$85	10%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$75	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$65	0%
	MGS Motors dba AAMCO Transmissions	$60	15%
	California Frame & Axle	$65	0%
	Betts Spring Company, Inc.	$40	0%
	Southern California Fleet Services, Inc.	$85	0%
e. SUSPENSION AND FRAME REPAIR			
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$75	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$65	0%
	Betts Spring Company, Inc.	$40	0%
	Southern California Fleet Services, Inc.	$85	0%
	Markham & Boling Body Shop, Inc.	$60	0%
f. OPERATING AND HYDRAULIC REPAIR			
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$75	5%
	Western Truck Exchange	$89	10%
	ACS Hydraulics, Inc.	$50	20%
	Phenix Enterprises, Inc.	$55	0%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
On Site Hydraulic & Pneumatic Hose Repair (OT $100/hour)....	Controlled Motion Solutions	$75	25%
	Truck Hydraulic Equipment Co., Inc.	$65	10%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Haaker Equipment Company	$98	0%
	Southern California Fleet Services, Inc.	$85	0%
g. PAINT & BODY REPAIR			
	S & M Automotive	$75	5%
	Master Body Sales & Services, Inc.	$60	5%
	Western Truck Exchange	$89	10%
	Phenix Enterprises, Inc.	$55	0%
	Coastline Equipment (shop)	$78	10%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	Coastline Equipment (field)	$85	10%
	Reid Sierra Auto Body	$44	0%
	Quality Fleet and Truck Center	$55	10%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$38	0%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Markham & Boling Body Shop, Inc.	$40	0%
h. EXTERNAL WEARING PARTS REPAIR			
	Keystone Towing	$85	10%
	S & M Automotive	$75	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$55	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Haaker Equipment Company	$98	0%
	Southern California Fleet Services, Inc.	$85	0%
	Markham & Boling Body Shop, Inc.	$40	0%
i. AIR CONDITIONING			
	Keystone Towing	$85	10%
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$75	5%
	Lynn's Auto Air, Inc.	$65	25%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	Quinn Power Systems	$100	0%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$65	0%
Mobile Service (Portal to Portal, plus $0.50/mile).....	L.B.I. Air, Inc.	$89	2%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Wayne Electric Company	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
	Markham & Boling Body Shop, Inc.	$40	0%
	Pacific Radiator Sales & Service, Inc,	$55	25%
j. SMOG/SMOKE, EMISSION, OR STATUTORY INSPECTION OR REPAIRS			
	A & K Auto and Truck Repair	$90	10%
	S & M Automotive	$75	5%
	United Diesel Service	$88	25%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quinn Power Systems	$100	0%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	Truck Hydraulic Equipment Co., Inc.	$65	10%
	Southern California Fleet Services, Inc.	$85	0%
Smog Emissions.....	J & J Mufflers, Inc.	$50	20%
k. OTHER REPAIR			
Any Not Stated.....	S & M Automotive	$75	5%
Diesel Fuel Injection.....	United Diesel Service	$88	25%
Heater & Radiator.....	Lynn's Auto Air, Inc.	$65	25%
Upholstery.....	Lancaster Auto Interiors	$70	0%
Upholstery.....	Covina Auto Trim	$65	0%
Glass & Upholstery.....	Bourret Glass & Upholstery	$25	0%
Radiators & Condensers.....	California Best Radiators, Inc.	$55	25%
GPS, Emergency Lighting & Siren, Radio, Metal Fabrication, Camera & Monitor.....	Concepts Plus, Inc.	$80	15%
Hydraulic Cylinders.....	Renegade Group	$65	8%
Transmissions - Automatic & Manual, Differentials, Clutches, Drive Shafts, Axles, Transfer Cases.....	ATCO Transmission	$65	20%
Tire Repair, Mount & Dismount of Tires Only.....	Lou & Sons Mobile Tire Service	$60	0%
Sewer Jetters & Rodders; Mainline Camera Systems; Combo Units; Sweepers; Bucket Units.....	Advanced Infrastructure Technologies, Inc.	$85	2%
Laminated Safety Glass.....	GMS AutoGlass	$100 (flat)	59%
Cranes, Aerials, Diggers, Winches, etc.....	Truck Hydraulic Equipment Co., Inc.	$65	10%
Speedometer, Tachometer & Instrument Cluster.....	Speedo Electric, Inc.	$68	25%
D.C. Motors.....	Wayne Electric Company	$75	10%
Smoke Opacity Testing.....	Southern California Fleet Services, Inc.	$50/Veh	0%
Exhaust System Repair.....	J & J Mufflers, Inc.	$50	20%
Install, Balance & Repair Tires...	F & H Tire Company	$75	0%
Speedometer & Tachometer.....	Valley Speedo & Tech. West	$55	25%
A/C Recharge.....	Markham & Boling Body Shop, Inc.	$86	0%
Front Wheel Alignment.....	Markham & Boling Body Shop, Inc.	$80	0%
Four Wheel Alignment.....	Markham & Boling Body Shop, Inc.	$120	0%
Radiator Repair.....	Pacific Radiator Sales & Service, Inc.	$55	25%
1.4 SMALL EQUIPMENT			
a. ENGINE REPAIR			
GAS ONLY			
Air Cooled Gas, 2 & 4 Cycle.....	Garvey Equipment Company	$36	15%
	CCI Van & Truck Equipment, Inc.	$75	10%
DIESEL ONLY			
	Harbor Diesel & Equipment	$100	10%
GAS & DIESEL - BOTH			
	Keystone Towing	$75	10%
	S & M Automotive	$55	5%
	United Diesel Service	$88	25%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$45	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$75	0%
	American Eagle Transmission & Automotive Service Center	$65	10%
	Southern California Fleet Services, Inc.	$85	0%
ALERNATE FUEL			
	S & M Automotive	$55	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$75	0%
	American Eagle Transmission & Automotive Service Center	$65	10%
	Harbor Diesel & Equipment	$100	10%
	Southern California Fleet Services, Inc.	$85	0%
ELECTRIC			
	S & M Automotive	$55	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$75	0%
	American Eagle Transmission & Automotive Service Center	$65	10%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
b. DRIVE TRAIN REPAIR			
	Keystone Towing	$75	10%
	S & M Automotive	$55	5%
	Western Truck Exchange	$89	10%
Transmissions & Clutch.....	Valco Transmission Ltd	$67.50	10%
	California Clutch & Gear, Inc.	$79.50	0%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$75	0%
	American Eagle Transmission & Automotive Service Center	$65	10%
	Western Automatic Transmission Ex., Inc.	$65	20%
	MGS Motors dba AAMCO Transmissions	$60	15%
	Garvey Equipment Company	$36	15%
	Southern California Fleet Services, Inc.	$85	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
c. ELECTRICAL REPAIR			
	Keystone Towing	$75	10%
	S & M Automotive	$55	5%
	Master Body Sales & Services, Inc.	$60	5%
	Lynn's Auto Air, Inc.	$65	25%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Concepts Plus, Inc.	$80	15%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$65	0%
	American Eagle Transmission & Automotive Service Center	$65	10%
	Garvey Equipment Company	$36	15%
	Speedo Electric, Inc.	$68	25%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Wayne Electric Company	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
d. STEERING, WHEEL & BRAKE REPAIR			
	Keystone Towing	$75	10%
	S & M Automotive	$55	5%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$65	0%
	American Eagle Transmission & Automotive Service Center	$65	10%
	MGS Motors dba AAMCO Transmissions	$60	15%
	Garvey Equipment Company	$36	15%
	California Frame & Axle	$65	0%
	Southern California Fleet Services, Inc.	$85	0%
e. SUSPENSION AND FRAME REPAIR			
	S & M Automotive	$55	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$65	0%
	American Eagle Transmission & Automotive Service Center	$65	10%
	Garvey Equipment Company	$36	15%
	California Frame & Axle	$65	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	Southern California Fleet Services, Inc.	$85	0%
	Markham & Boling Body Shop, Inc.	$60	0%
f. OPERATING AND HYDRAULIC REPAIR			
	S & M Automotive	$55	5%
	Master Body Sales & Services, Inc.	$60	5%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	ACS Hydraulics, Inc.	$50	20%
	Phenix Enterprises, Inc.	$55	0%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	American Eagle Transmission & Automotive Service Center	$65	10%
	Garvey Equipment Company	$36	15%
On Site Hydraulic & Pneumatic Hose Repair (OT $100/hour)....	Controlled Motion Solutions	$75	25%
	Truck Hydraulic Equipment Co., Inc.	$65	10%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
g. PAINT & BODY REPAIR			
	S & M Automotive	$55	5%
	Master Body Sales & Services, Inc.	$60	5%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Phenix Enterprises, Inc.	$55	0%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Reid Sierra Auto Body	$44	0%
	Quality Fleet and Truck Center	$55	10%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$38	0%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Markham & Boling Body Shop, Inc.	$40	0%
h. EXTERNAL WEARING PARTS REPAIR			
	Keystone Towing	$75	10%
	S & M Automotive	$55	5%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$55	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	American Eagle Transmission & Automotive Service Center	$65	10%
	Garvey Equipment Company	$36	15%
	Southern California Fleet Services, Inc.	$85	0%
	Markham & Boling Body Shop, Inc.	$40	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
i. AIR CONDITIONING			
	Keystone Towing	$75	10%
	S & M Automotive	$55	5%
	Western Truck Exchange	$89	10%
	California Best Radiators, Inc.	$55	25%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	Quality Fleet and Truck Center	$75	10%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	Sharp Auto Painting & Collision	$65	0%
	American Eagle Transmission & Automotive Service Center	$65	10%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Wayne Electric Company	$75	10%
	Southern California Fleet Services, Inc.	$85	0%
	Markham & Boling Body Shop, Inc.	$40	0%
	Pacific Radiator Sales & Service, Inc,	$55	25%
j. SMOG/SMOKE, EMISSION, OR STATUTORY INSPECTION OR REPAIRS			
	United Diesel Service	$88	25%
	Western Truck Exchange	$89	10%
	Coastline Equipment (shop)	$78	10%
	Coastline Equipment (field)	$85	10%
	Renegade Group	$65	8%
	ATCO Transmission	$65	20%
	West Covina Motors, Inc.	$85	30%
	American Eagle Transmission & Automotive Service Center	$65	10%
Smoke Opacity Testing.....	Southern California Fleet Services, Inc.	$50/Veh	0%
Smog Emissions.....	J & J Mufflers, Inc.	$50	20%
k. OTHER REPAIR			
Any Not Stated.....	S & M Automotive	$55	5%
Diesel Injection- Injectors.....	United Diesel Service	$88	25%
Diesel Fuel Pumps - Injection.....	United Diesel Service	$88	25%
Diesel Injection Turbo.....	United Diesel Service	$88	25%
Diesel Injection - Electrical Injectors.....	United Diesel Service	$88	25%
Opacity Smoke Testing.....	United Diesel Service	$88	25%
Upholstery.....	Lancaster Auto Interiors	$70	0%
Glass & Upholstery.....	Bourret Glass & Upholstery	$25	0%
Radiators & Condensers.....	California Best Radiators, Inc.	$55	25%
GPS, Emergency Lighting & Siren, Radio, Metal Fabrication, Camera & Monitor.....	Concepts Plus, Inc.	$80	15%
Any Not Stated.....	Renegade Group	$65	8%
Transmissions - Automatic & Manual, Differentials, Clutches, Drive Shafts, Axles, Transfer Cases.....	ATCO Transmission	$65	20%
Tire Repair, Mount & Dismount of Tires Only.....	Lou & Sons Mobile Tire Service	$60	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
Any Not Stated.....	American Eagle Transmission & Automotive Service Center	$65	10%
Sewer Jetters & Rodders; Mainline Camera Systems; Combo Units; Sweepers; Bucket Units.....	Advanced Infrastructure Technologies, Inc.	$85	2%
Transmissions.....	Harbor Diesel & Equipment	$100	10%
Cranes, Aerials, Diggers, Winches, etc.....	Truck Hydraulic Equipment Co., Inc.	$65	10%
Speedometer, Tachometer & Instrument Cluster.....	Speedo Electric, Inc.	$68	25%
Exhaust System Repair.....	J & J Mufflers, Inc.	$50	20%
Speedometer & Tachometer.....	Valley Speedo & Tech. West	$55	25%
Front Wheel Alignment.....	Markham & Boling Body Shop, Inc.	$80	0%
Four Wheel Alignment.....	Markham & Boling Body Shop, Inc.	$120	0%
Radiator Repair.....	Pacific Radiator Sales & Service, Inc,	$55	25%
1.5 SPECIALIZED COMPONENTS			
Electrical Trouble Shooting.....	S & M Automotive	$55	5%
Welding, Special.....	S & M Automotive	$75	5%
Muffler Special Work.....	S & M Automotive	$55	5%
Custom Parts Fabrication.....	Master Body Sales & Services, Inc.	$60	5%
Parts Paints.....	Master Body Sales & Services, Inc.	$60	5%
Tire Polyfill.....	Parkhouse Tires, Inc.	$1.25/lb	20%
Tire Press labor.....	Parkhouse Tires, Inc.	$3/inch	20%
Wheel Reconditioing.....	Parkhouse Tires, Inc.	$17.0/Wheel	20%
Sewer Rodding Trucks.....	Plumbers Depot, Inc.	$60	10%
Sewer Jetters (Truck or Trailers).....	Plumbers Depot, Inc.	$60	10%
Combination Machines (Vacuum Jetting).....	Plumbers Depot, Inc.	$60	10%
Mainline Sewer Camera.....	Plumbers Depot, Inc.	$85	10%
All Sewer Maintenance Equipment.....	Plumbers Depot, Inc.	$65	10%
Charge Air & Oil Coolers; Heaters; & Fuel Tanks.....	California Best Radiators, Inc.	$55	25%
Mufflers (Palmdale only).....	California Best Radiators, Inc.	$55	25%
All Hydraulic Pumps, Motors, Cylinders, Transmissions, Valves, & Servos.....	ACS Hydraulics, Inc.	$50	20%
Reverse camera, monitor, DVR, VCR.....	Concepts Plus, Inc.	$80	15%
Power Windows, Mirrors.....	Concepts Plus, Inc.	$80	15%
Fuel Usage Monitors.....	Concepts Plus, Inc.	$80	15%
Fiberglass.....	Reid Sierra Auto Body	$50	0%
Hydraulic Booms.....	Renegade Group	$65	8%
Transmissions - Automatic & Manual, differentials, clutches, Drive shafts, axles, transfer cases.....	ATCO Transmission	$65	20%
14" to 16" Tires.....	Lou & Sons Mobile Tire Service	$15	0%
17.5" to 22.5" Tires.....	Lou & Sons Mobile Tire Service	$20	0%
24.5" Tires - Trucks.....	Lou & Sons Mobile Tire Service	$20	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
315x22.5 to 425x22.5" Tires.....	Lou & Sons Mobile Tire Service	$40	0%
16.9" to 17.5" Backhoe Tires.....	Lou & Sons Mobile Tire Service	$40	0%
1400x24" Grader Tires.....	Lou & Sons Mobile Tire Service	$55	0%
17.5" to 20.5" Loader Tires.....	Lou & Sons Mobile Tire Service	$55	0%
Tire Repair, Mount & Dismount of Tires Only.....	Lou & Sons Mobile Tire Service	$60	0%
Sewer Jetters & Rodders; Sewer Push & Mainline Camera Systems; Sewer Combo Units; Street Sweepers; Sewer Bucket Units; Sewer Pumps; Bucket Machines.....	Advanced Infrastructure Technologies, Inc.	$85	2%
Chain Saws (Repair, Parts & Sharpening).....	Garvey Equipment Company	$36	15%
Chippers/Shredders.....	Garvey Equipment Company	$36	15%
Stump Grinders.....	Garvey Equipment Company	$36	15%
Lawn Mowers.....	Garvey Equipment Company	$36	15%
String Trimmers, Hedgers, Blowers, (All 2 Cycle Equipment).....	Garvey Equipment Company	$36	15%
Honda Generators, Water Pumps, Trash Pumps.....	Garvey Equipment Company	$36	15%
All 4 Cycle, Air Cooled Engines.....	Garvey Equipment Company	$36	15%
ABS Diagnostics & Repair.....	Carroll's Brake Service	$50	0%
On Site Hydraulic & Pneumatic Hose Repair (OT $100/hour).....	Controlled Motion Solutions	$75	25%
Install & Repair Cellular Phones, Antennas.....	Cellular West	$100	0%
Cal/OSHA Annual Crain Certifications (6k to 60k).....	Truck Hydraulic Equipment Co., Inc.	$225/flat	10%
Cal/OSHA Quadrennial Inspection (6k to 60k).....	Truck Hydraulic Equipment Co., Inc.	$275/flat	10%
Aerial Inspections.....	Truck Hydraulic Equipment Co., Inc.	$200/flat	10%
Load Test Only (Aerials).....	Truck Hydraulic Equipment Co., Inc.	$150/flat	10%
Dielectric Test Only (Aerials).....	Truck Hydraulic Equipment Co., Inc.	$100/flat	10%
Travel Time.....	Truck Hydraulic Equipment Co., Inc.	$65	10%
90 day Inspection.....	Truck Hydraulic Equipment Co., Inc.	$175/flat	10%
Speedometer, Tachometer, Hour Meters & Instrument Cluster.....	Speedo Electric, Inc.	$68	25%
Lift Gates, Tool Boxes, Camper Shells, Emergency Lighting, Back-up Alarms, Running Boards, Winches, Ladder Racks, Generators.....	CCI Van & Truck Equipment, Inc.	$75	10%
Sweeper/Scrubber Repair.....	Haaker Equipment Company	$98	0%
Alternate Fuel Vehicle.....	Maurice J. Sopp & Sons	$85	11%
Speedometer & Tachometer.....	Valley Speedo & Tech. West	$55	25%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
Cooling, Heating & A/C System Repair.....	Pacific Radiator Sales & Service, Inc,	$55	25%
Sewer Jetters & Rodders.....	SRECO-Flexible	$85	0%
2. PICKUP AND DELIVERY COST			
a. PICKUP AND DELIVER DRIVABLE SMALL UNIT			
	Bob Wondries Ford	NC	
	Keystone Towing	$75	10%
	S & M Automotive	NC	
	Western Truck Exchange	$89	10%
	Bourret Glass & Upholstery	NC	
	Concepts Plus, Inc.	NC	
	Coastline Equipment	$80	10%
	Ostrom Chevrolet	NC	
	Renegade Group (flat fee)	$45	8%
	Quality Fleet and Truck Center	NC	
	Inter City Towing, Inc.	$75	0%
	West Covina Motors, Inc.	$200	30%
	Sharp Auto Painting & Collision	NC	
	American Eagle Transmission & Automotive Service Center	NC	
	Western Automatic Transmission Ex., Inc.	NC	
	MGS Motors dba AAMCO Transmissions	$60	15%
	Advanced Infrastructure Technologies, Inc.	$85	2%
	California Frame & Axle	$35	0%
	Carroll's Brake Service	$20	0%
	Downey Ford	NC	0%
	CCI Van & Truck Equipment, Inc.	$20	10%
	Wayne Electric Company	$50	10%
	Haaker Equipment Company	$98	0%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	NC	0%
No Charge within 5 miles.....	South Bay Ford	NC	0%
	Valley Speedo & Tech. West	NC	0%
$39 Hook -up + $3/mile.....	California's Best Radiators, Inc.	$39	25%
Altadena Yard Only.....	Markham & Boling Body Shop, Inc.	NC	0%
	Mr. G's Upholstery	NC	0%
	Pacific Radiator Sales & Service, Inc,	NC	25%
	SRECO-Flexible	$85	0%
b. PICKUP AND DELIVER DRIVABLE LARGE UNIT			
	Bob Wondries Ford	NC	
	Keystone Towing	$85	10%
	S & M Automotive	NC	
	Western Truck Exchange	$89	10%
	Bourret Glass & Upholstery	NC	
	Concepts Plus, Inc.	NC	
	Coastline Equipment	$80	10%
	Renegade Group (flat fee)	$45	8%
	Quality Fleet and Truck Center	NC	
	Inter City Towing, Inc.	$95	0%
	West Covina Motors, Inc.	$200	30%
	Sharp Auto Painting & Collision	NC	
	American Eagle Transmission & Automotive Service Center	NC	

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	Western Automatic Transmission Ex., Inc.	NC	
	Advanced Infrastructure Technologies, Inc.	$170	2%
	California Frame & Axle	$45	0%
	Downey Ford	NC	0%
	CCI Van & Truck Equipment, Inc.	$50	10%
	Wayne Electric Company	$75	10%
	Haaker Equipment Company	$98	0%
	Southern California Fleet Services, Inc.	$85	0%
	Maurice J. Sopp & Sons	NC	0%
	Valley Speedo & Tech. West	NC	0%
$39 Hook -up + $3/mile.....	California's Best Radiators, Inc.	$39	25%
	Mr. G's Upholstery	NC	0%
	SRECO-Flexible	$85	0%
c. SMALL TOW UNIT			
	Keystone Towing	$60	10%
	S & M Automotive	$40	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment	$80	10%
	Ostrom Chevrolet (DLR Cost + 10%)	NC	
	Renegade Group (flat fee)	$45	8%
	Quality Fleet and Truck Center	NC	
	Inter City Towing, Inc.	$95	0%
	West Covina Motors, Inc.	$200	30%
	Western Automatic Transmission Ex., Inc.	$45	20%
	MGS Motors dba AAMCO Transmissions	$60	15%
	Advanced Infrastructure Technologies, Inc.	$85	2%
	CCI Van & Truck Equipment, Inc.	$100	10%
within limits.....	Maurice J. Sopp & Sons	NC	0%
$39 Hook -up + $3/mile.....	California's Best Radiators, Inc.	$39	25%
$80 Flat + $10/mile.....	Markham & Boling Body Shop, Inc.	$80 flat	0%
Transport Seats Only.....	Mr. G's Upholstery	$60	0%
	SRECO-Flexible	$85	0%
d. LARGE TOW UNIT			
	Keystone Towing	$90	10%
	S & M Automotive	$55	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment	$80	10%
	Ostrom Chevrolet (DLR Cost + 10%)	NC	
	Renegade Group (flat fee)	$45	8%
	Quality Fleet and Truck Center	NC	
	ATCO Transmission	$55	20%
	Inter City Towing, Inc.	$110	0%
	West Covina Motors, Inc.	$200	30%
	Advanced Infrastructure Technologies, Inc.	$85	2%
	CCI Van & Truck Equipment, Inc.	$150	10%
	Maurice J. Sopp & Sons	$80	11%
	California's Best Radiators, Inc.	$145	25%
$80 Flat + $10/mile.....	Markham & Boling Body Shop, Inc.	$80 flat	0%
	SRECO-Flexible	$85	0%
e. SMALL HAUL UNIT			
	Keystone Towing	$90	10%
	S & M Automotive	$45	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment	$80	10%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	Renegade Group (flat fee)	$45	8%
	Quality Fleet and Truck Center	NC	
	Inter City Towing, Inc.	$95	0%
	West Covina Motors, Inc.	$200	30%
	MGS Motors dba AAMCO Transmissions	$60	15%
	Advanced Infrastructure Technologies, Inc.	$85	2%
	CCI Van & Truck Equipment, Inc.	$100	10%
$39 Hook -up + $3/mile.....	California's Best Radiators, Inc.	$39	25%
	SRECO-Flexible	$85	0%
f. LARGE HAUL UNIT			
	S & M Automotive	$65	5%
	Western Truck Exchange	$89	10%
	Coastline Equipment	$80	10%
	Renegade Group (flat fee)	$45	8%
	Quality Fleet and Truck Center	NC	
	ATCO Transmission	$75	20%
	Inter City Towing, Inc.	$110	0%
	West Covina Motors, Inc.	$200	30%
	Advanced Infrastructure Technologies, Inc.	$85	2%
	CCI Van & Truck Equipment, Inc.	$200	10%
Large Haul, No Permit.....	California's Best Radiators, Inc.	$125	25%
Large Haul, Permit.....	California's Best Radiators, Inc.	$150	25%
Large Haul, Permit, Pilot Car.....	California's Best Radiators, Inc.	$260	25%
	SRECO-Flexible	$85	0%
3. TOWING RATES			
a. LIGHT			
	Keystone Towing	$60	10%
	S & M Automotive	$45	5%
	Western Truck Exchange	$89	10%
	Quality Fleet and Truck Center	$50	10%
	Royal Coaches Auto Body & Towing	$75	0%
	ATCO Transmission	$45	20%
	Inter City Towing, Inc.	$75	0%
	West Covina Motors, Inc.	$200	30%
	Mighty Transport, Inc.	$65	10%
	Sharp Auto Painting & Collision	$96	0%
	Haddick's Auto Body & Towing (One Hr. Minimum, Charged in 1/4 Hr Increments)	$79.50	0%
	American Eagle Transmission & Automotive Service Center	$60	10%
	Western Automatic Transmission Ex., Inc.	$45	20%
	MGS Motors dba AAMCO Transmissions	$60	15%
	Sunset Tow, Inc.	$75	0%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Southside Tow & Transport	$85	0%
	Maurice J. Sopp & Sons	$70	11%
$39 Hook -up + $3/mile.....	California's Best Radiators, Inc.	$39	25%
$40 to $60 In town; $4/mile out of town.....	Clark and Howard Towing	$60	0%
$80 Flat + $10/mile.....	Markham & Boling Body Shop, Inc.	$80 flat	0%
b. MEDIUM			
	Keystone Towing	$90	10%
	S & M Automotive	$55	5%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	Western Truck Exchange	$89	10%
	Quality Fleet and Truck Center	$75	10%
	Royal Coaches Auto Body & Towing	$100	0%
	ATCO Transmission	$55	20%
	Inter City Towing, Inc.	$95	0%
	West Covina Motors, Inc.	$200	30%
	Mighty Transport, Inc.	$85	10%
	Sharp Auto Painting & Collision	$96	0%
	Haddick's Auto Body & Towing (One Hr. Minimum, Charged in 1/4 Hr Increments)	$113.25	0%
	American Eagle Transmission & Automotive Service Center	$70	10%
	MGS Motors dba AAMCO Transmissions	$60	15%
	Sunset Tow, Inc.	$95	0%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Southside Tow & Transport	$105	0%
	Maurice J. Sopp & Sons	$75	11%
$45 Hook -up + $3.50/mile.....	California's Best Radiators, Inc.	$45	25%
Portal to Portal.....	Clark and Howard Towing	$100	0%
$80 Flat + $10/mile.....	Markham & Boling Body Shop, Inc.	$80 flat	0%
c. HEAVY			
	Keystone Towing	$120	10%
	S & M Automotive	$65	5%
	Western Truck Exchange	$89	10%
	Quality Fleet and Truck Center	$75	10%
	Royal Coaches Auto Body & Towing	$125	0%
	Inter City Towing, Inc.	$110	0%
	West Covina Motors, Inc.	$200	30%
	Mighty Transport, Inc.	$125	10%
	Sharp Auto Painting & Collision	$186	0%
	Haddick's Auto Body & Towing (One Hr. Minimum, Charged in 1/4 Hr Increments)	$149	0%
	American Eagle Transmission & Automotive Service Center	$80	10%
	Sunset Tow, Inc.	$115	0%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Southside Tow & Transport	$125	0%
	Maurice J. Sopp & Sons	$89	11%
	California's Best Radiators, Inc.	$150	25%
Portal to Portal.....	Clark and Howard Towing	$150	0%
$80 Flat + $10/mile.....	Markham & Boling Body Shop, Inc.	$80 flat	0%
d. LANDOLL TRAILER			
	Keystone Towing	$120	10%
	S & M Automotive	$90	5%
	Western Truck Exchange	$89	10%
	Quality Fleet and Truck Center	$100	10%
	Royal Coaches Auto Body & Towing	$150	0%
	Inter City Towing, Inc.	$110	0%
	West Covina Motors, Inc.	$200	30%
	Mighty Transport, Inc.	$125	10%
	Haddick's Auto Body & Towing (One Hr. Minimum, Charged in 1/4 Hr Increments)	$147	0%
	Sunset Tow, Inc.	$125	0%

BID ITEM	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	CCI Van & Truck Equipment, Inc.	$75	10%
	Southside Tow & Transport	$125	0%
	California's Best Radiators, Inc.	$150	25%
Portal to Portal.....	Clark and Howard Towing	$150	0%
e. RECOVERY/WRECKER WORK			
	S & M Automotive	$80	5%
	Western Truck Exchange	$89	10%
	Quality Fleet and Truck Center	$150	10%
	Royal Coaches Auto Body & Towing	Open	0%
	Inter City Towing, Inc.	$159	0%
	West Covina Motors, Inc.	$200	30%
	Mighty Transport, Inc.	$125	10%
	Haddick's Auto Body & Towing (One Hr. Minimum, Charged in 1/4 Hr Increments)	$225	0%
	Sunset Tow, Inc.	$175	0%
	CCI Van & Truck Equipment, Inc.	$75	10%
	Southside Tow & Transport	$150	0%
	California's Best Radiators, Inc.	$150	25%
	Clark and Howard Towing	$294	0%
f. OTHER			
Light.....	Keystone Towing	$90	10%
Medium.....	Inter City Towing, Inc.	$75	0%
Flatbed Combo (Two Light Duty Vehicles).....	Haddick's Auto Body & Towing (One Hr. Minimum, Charged in 1/4 Hr Increments)	$119.25	0%
Air Bags.....	Sunset Tow, Inc.	$300	0%
Low Boy - Special Handling.....	California's Best Radiators, Inc.	$260	25%
g. OTHER			
Medium.....	Keystone Towing	$140	10%
Heavy.....	Inter City Towing, Inc.	$250	0%
Unlock, Jump States Light Duty Vehicles.....	Haddick's Auto Body & Towing (One Hr. Minimum, Charged in 1/4 Hr Increments)	$79.50	0%
Con-Gear.....	Sunset Tow, Inc.	$150	0%
4. REBUILT/EXCHANGE COMPONENTS			
Cars & Trucks - Engine.....	S & M Automotive	$65	5%
Cars & Trucks - Transmission....	S & M Automotive	$75	5%
All Diesel Engines Components.....	United Diesel Service	$88	25%
All Radiators.....	California Best Radiators, Inc.	$55	25%
All Hydraulics.....	ACS Hydraulics, Inc.	$50	20%
Alternators & Starters.....	Renegade Group (flat fee)	$65	8%
Power Train - Domestic.....	West Covina Motors, Inc.	$85	30%
Alternators, Starters, & Motors for all vehicles.....	Wayne Electric Company	$75	10%
Any type of Rebuilts.....	Southern California Fleet Services, Inc.	$85	0%
Transmissions, Alternators, Starters, A/C Compressors for Lght & Heavy vehicles.....	Maurice J. Sopp & Sons	$89	11%
Instrument Cluster F/ Ford, Chevy, and Dodge.....	Valley Speedo & Tech. West	$55	25%

Bid Detail Information

Bid Number : PW-ASD 633

Bid Title : As-Needed Vehicle and Equipment Repair and Towing Services Program (2006-AN022)

Bid Type : Service

Department : Public Works

Commodity : MAINTENANCE - GENERAL, VEHICLE (NOT OTHERWISE CLASSIFIED), TO INCLUDE OIL CHANGES, LUBRICATION, GUARANTEED MAINTENANCE PROGRAMS, ETC.

Open Date : 9/14/2006

Closing Date : 10/23/2006 5:30 PM

Bid Amount : N/A

Bid Download : Not Available

Bid Description : PLEASE TAKE NOTICE that Public Works is seeking proposals for the As Needed Vehicle and Equipment Repair and Towing Services Program (2006 AN022). As the current contracts for these services will be ending December 31, 2006, all current and new contractors are required to submit a new Schedule of Prices in order to receive or continue to receive work after 2006. The total annual cost of this program is estimated to be $1,500,000. If not enclosed with this letter, the Request for Proposals (RFP) with contract specifications, forms, and instructions for preparing and submitting proposals may be requested by accessing this link at ftp://dpwftp.co.la.ca.us/solicitationdocuments/vehicle&equipment&towing.pdf or from Ms. Jeanette Arismendez at (626) 458 4050, Monday through Thursday, 7 a.m. to 5 p.m. Please direct any questions to Ms. Arismendez.

Proposers must meet all minimum requirements set forth in the RFP, including, but not limited to, possessing a valid State Bureau of Automotive Repair license, where appropriate, and having one year's experience in performing the type of work for which the Proposer has provided a price(s).

The deadline to submit proposals is Monday, October 23, 2006, at 5:30 p.m.

Contact Name : Jeanette Arismendez

Contact Phone# : (626) 458-4050

Contact Email : jarismen@ladpw.org

Last Changed On : 10/3/2006 8:01:50 AM

Back to Last Window

Bid Detail Information

Bid Number : PW-ASD 637

Bid Title : AS-NEEDED VEHICLE AND EQUIPMENT REPAIR AND TOWING SERVICES (2006-AN022)

Bid Type : Service

Department : Public Works

Commodity : MAINTENANCE - GENERAL, VEHICLE (NOT OTHERWISE CLASSIFIED), TO INCLUDE OIL CHANGES, LUBRICATION, GUARANTEED MAINTENANCE PROGRAMS, ETC.

Open Date : 11/2/2006

Closing Date : 11/13/2006 5:30 PM

Bid Amount : $ 1,500,000

Bid Download : Not Available

Bid Description : PLEASE TAKE NOTICE that Public Works is continuing to seek proposals for the As Needed Vehicle and Equipment Repair and Towing Services Program (2006 AN022). As the current contracts for these services will be ending December 31, 2006, all current and new contractors are required to submit a new Schedule of Prices (Form PW-2) in order to receive or continue to receive work after 2006. The total annual cost of this program is estimated to be $1,500,000.

If not enclosed with this letter, the Request for Proposals (RFP) with contract specifications, forms, and instructions for preparing and submitting proposals may be requested by accessing this link at ftp://dpwftp.co.la.ca.us/solicitationdocuments/vehicle&equipment&towing.pdf or from Ms. Jeanette Arismendez at (626) 458 4050, Monday through Thursday, 7 a.m. to 5 p.m. Please direct any questions to Ms. Arismendez.

Proposers who have previously submitted proposals may await the evaluation of their proposals; withdraw them entirely; submit additional material; and/or withdraw, revise, and resubmit them until the new due date.

The deadline to submit proposals is Monday, November 13, 2006, at 5:30 p.m.

Proposers must meet all minimum requirements set forth in the RFP, including, but not limited to, possessing a valid State Bureau of Automotive Repair license, where appropriate, and having one year's experience in performing the type of work for which the Proposer has provided a price(s).

Contact Name : Jeanette Arismendez

Contact Phone# : (626) 458-4050

Contact Email : jarismen@ladpw.org

Last Changed On : 11/2/2006 4:35:00 PM

Back to Last Window

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: MAXINC / A&K complete Auto and Truck Repair

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 7					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						1
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1	1		4	

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	50 %
Women	%	%	%	%	%	50 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
[signature]	CEO	10/18/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	ACS HYDRAULICS
My County (WebVen) Vendor Number:	AS-0? 001404?

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	7				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					1	2
Asian or Pacific Islander						
American Indian						
Filipino						
White	1		1		2	

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Larry Dulling	MANAGER/TREASURER	10/20/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	Advanced Infrastructure Technologies, LLC
My County (WebVen) Vendor Number:	

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☐ I AM NOT ☑ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☑	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☑ Other (Please Specify): LLC					
Total Number of Employees (including owners): 7					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American	1					
Hispanic/Latino			1		2	1
Asian or Pacific Islander						
American Indian						
Filipino						
White	1			1	1	

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	40 %	%	%	%	%	60 %
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
	President	10/23/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: ALL STAR GLASS

My County (WebVen) Vendor Number:

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☑ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☑ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 384					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American				1	8	3
Hispanic/Latino			20	4	124	33
Asian or Pacific Islander			1	1	8	3
American Indian			1		2	
Filipino			0	0		
White	2	2	30	20	10	30

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	82.5 %
Women	%	%	%	%	%	82.5 %

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
[signature]	Secretary	Oct 12, 06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: AMERICAN EAGLE TRANSMISSION & AUTOMOTIVE SERVICE CENTER

My County (WebVen) Vendor Number: 13202001

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☐ I AM NOT ☒ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☒ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					

Total Number of Employees (including owners): 5

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino			1		3	
Asian or Pacific Islander						
American Indian						
Filipino						
White			1			

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
NA					

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	OWNER	10-18-2006

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	Anthony's Smog Station
My County (WebVen) Vendor Number:	PENDING

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☑ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☑ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	1				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	1					
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	**Title:**	**Date:**
[signature]	OWNER	OCT-17'06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	ATCO Transmission
My County (WebVen) Vendor Number:	513104401

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☐ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☑ I AM	
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☑ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	6				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino			1		4	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1					

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
[signature]	Pres.	10/10/06

ENCLOSURE E.8

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	Belle Spring Company
My County (WebVen) Vendor Number:	

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 239					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			0	0	96	2
Hispanic/Latino			4	0	63	4
Asian or Pacific Islander			1	0	24	6
American Indian			0	0	0	0
Filipino			0	0	0	0
White	2	1	21	2	94	10

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	Human Resources Mgr	11-9-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	Bob Wondries Ford
My County (WebVen) Vendor Number:	04211701

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 90					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					1	1
Hispanic/Latino			1		39	5
Asian or Pacific Islander			3		10	1
American Indian					4	2
Filipino						
White	1	1	4	3	10	5

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	75 %
Women	%	%	%	%	%	25 %

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
	Wholesale Parts Man.	10-20-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	BOURRET GLASS & UPHOLSTERY, INC
My County (WebVen) Vendor Number:	2277

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☐ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☑ I AM	
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☑ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	6				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					3	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1	1			

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Ted R Bourret	PRESIDENT	10-6-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Cellular West
My County (WebVen) Vendor Number:

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☐ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐ I AM	
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☒ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 5					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino		1	2			1
Asian or Pacific Islander						
American Indian						
Filipino						
White					1	

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	100 %	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
	MANAGER	11/20/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	CALIFORNIA'S BEST RADIATORS, INC.
My County (WebVen) Vendor Number:	

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☑ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☑ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	10				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			1		1	
Hispanic/Latino	1		1		4	
Asian or Pacific Islander						
American Indian						
Filipino						
White			1	1		

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
N.A.					

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
	PRESIDENT	OCT. 23, 2006

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Roandra Inc DBA Clark & Howard

My County (WebVen) Vendor Number: 50630501

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 18					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					3	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1			10	3

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	**Hispanic/ Latino**	**Asian or Pacific Islander**	**American Indian**	**Filipino**	**White**
Men	%	%	%	%	%	50 %
Women	%	%	%	%	%	50 %

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Dustin Jones	Office Manager	11-7-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: CCI Van and Truck ~~Equipment~~ equipment, inc
My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☑ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐ I AM	
☑	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☑ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	\				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	X		X		X	
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Daniel Pared	President	11-13-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	CARROLL'S BRAKE SERVICE
My County (WebVen) Vendor Number:	13614801

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☒ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 3					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					1	
Asian or Pacific Islander						
American Indian						
Filipino						
White	2		2			

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
N/A					

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	PARTNER	10/12/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: California Frame & Axle

My County (WebVen) Vendor Number: 51227401

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☐ I AM NOT ☒ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☒	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☒ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					

Total Number of Employees (including owners): 8

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino			1		6	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1					

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	Owner	10-13-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Controllen Motion Solutions, LLC

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐ I AM	
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 78					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						1
Hispanic/Latino					13	4
Asian or Pacific Islander					5	3
American Indian						
Filipino						
White	2		0	2	30	9

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	Q.A. Mgr	10/13/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Concepts Plus Inc.

My County (WebVen) Vendor Number: 12977401

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 2					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American	[illegible]		[illegible]			
Hispanic/Latino	1		1			
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
[signature]	President / C.E.O	10.21.2006

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	Bragg Investment Co., Inc. DBA Coastline Equipment
My County (WebVen) Vendor Number:	06123101

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 180					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	50 %
Women	%	%	%	%	%	50 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
J. Kent	Payroll/AR	10-23-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: California Clutch + Gear, Inc.
My County (WebVen) Vendor Number:

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☐ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 19 full time					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			1		5	
Hispanic/Latino			1		9	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1	1			

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	49 %
Women	%	%	%	%	%	51 %

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
Nancy Jones	Owner	10/5/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Covina Auto Trim

My County (WebVen) Vendor Number:

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☒ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 4					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	1		1		2	
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
Dioclero F. Garcia	OWNER	10/9/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Downey Ford

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐ I AM	
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American					2	
Hispanic/Latino	1		2	2	62	10
Asian or Pacific Islander					4	
American Indian						
Filipino						
White			2	1	5	

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	**Hispanic/ Latino**	**Asian or Pacific Islander**	**American Indian**	**Filipino**	**White**
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	**Minority**	**Women**	**Disadvantaged**	**Disabled Veteran**	**Expiration Date**

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	**Title:**	**Date:**
Pat Mahon	Controller	11-21-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	F & H Tire Co.
My County (WebVen) Vendor Number:	51781101

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	14				
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					7	1
Asian or Pacific Islander						
American Indian						
Filipino						
White	1		2		1	2

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Frank M. Tomp	President	11/9/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: FORD OF MONTEBELLO

My County (WebVen) Vendor Number: —

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☐ Sole ☐ Partnership ☒ Corporation ☐ Nonprofit ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 87

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American	1		2	2	1	
Hispanic/Latino			5	1	59	12
Asian or Pacific Islander					2	
American Indian						
Filipino						
White					1	1

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	100 %	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
—	—	—	—		
	—	—	—		

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Cherie O Harris	Sec/Treasurer Bus. Mgr.	10/20/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	MIGHTY TRANSPORT, INC.
My County (WebVen) Vendor Number:	

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 48					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American				1	11	2
Hispanic/Latino					9	9
Asian or Pacific Islander						
American Indian						
Filipino						
White	2	1			7	6

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	**Hispanic/ Latino**	**Asian or Pacific Islander**	**American Indian**	**Filipino**	**White**
Men	%	%	%	%	%	50 %
Women	%	%	%	%	%	50 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	**Minority**	**Women**	**Disadvantaged**	**Disabled Veteran**	**Expiration Date**

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	**Title:**	**Date:**
Frank Lotto	PRESIDENT	10-17-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	GMS AUTO GLASS
My County (WebVen) Vendor Number:	52382901

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☐ I AM NOT ☒ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	13				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino				1	1	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1		4	1	3	2

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
Steven M Butts	SALES MANAGER	10/2/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	Garvey Equipment Company
My County (WebVen) Vendor Number:	50465201

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☐ I AM NOT ☒ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	6				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	1			1	3	
Asian or Pacific Islander						
American Indian						
Filipino						
White		1				

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	50 %	%	%	%	%
Women	%	%	%	%	%	50 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
Staee of CA/DGS			0015939		4/30/09

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
John Garvey	President	10/22/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	Haddick's Towing, Inc.
My County (WebVen) Vendor Number:	

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	57				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino			1	1	32	5
Asian or Pacific Islander						1
American Indian						
Filipino						
White		2	2		8	5

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	**Hispanic/ Latino**	**Asian or Pacific Islander**	**American Indian**	**Filipino**	**White**
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	**Title:**	**Date:**
[signature]	V.P. - owner	Oct. 23, 2006

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: HARKER DEVELOPMENT CO

☒ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐ I AM	

☐ As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number:

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☐ Sole Proprietorship ☐ Partnership ☒ Corporationn ☐ Nonprofit ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 51

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American	0	0	0	0	0	0
Hispanic/Latino	0	0	0	0	12	6
Asian or Pacific Islander	0	0	0	0	0	0
American Indian	0	0	0	0	0	0
Filipino	0	0	0	0	0	0
White	3		4	2	18	6

III **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	0 %	0 %	0 %	0 %	0 %	100 %
Women	0 %	0 %	0 %	0 %	0 %	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
NONE	0	0	0	0	0

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
[signature]	CEO / SALES MANAGER	NOV 21 '05

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Harbor Diesel & Flywheel Inc

My County (WebVen) Vendor Number: 514331

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 56					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					2	
Hispanic/Latino			2		20	
Asian or Pacific Islander						
American Indian						
Filipino						
White	2				30	

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
[signature]	CFO	10/23/2006

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Inter City Towing, Inc.

My County (WebVen) Vendor Number: 13614601

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					

Total Number of Employees (including owners): 19

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					12	1
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1	1		2	1

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	0 %	0 %	0 %	0 %	0 %	50 %
Women	0 %	0 %	0 %	0 %	0 %	50 %

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
Elisa Bakhshi	President	Oct. 16, 2006

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: J&J MUFFLERS INC.

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☐ Sole ☐ Partnership ☒ Corporation ☐ Nonprofit ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): (5) FIVE

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	2				3	
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
A Garcia	PRESIDENT	11-09-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: URTI dba: Keystone Towing

My County (WebVen) Vendor Number: 51827501

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐ I AM	
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					

Total Number of Employees (including owners): 50

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			1		3	
Hispanic/Latino				1	20	4
Asian or Pacific Islander						
American Indian						1
Filipino						
White			3	2	11	4

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

N/A

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

N/A

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
	General Manager	10-23-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: L. B. I. Air, Inc.

My County (WebVen) Vendor Number: 50444701

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☐ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☒	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 2					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	1/2		1/2			
Asian or Pacific Islander						
American Indian						
Filipino						
White	1/2		1/2			

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	50 %	%	%	%	50 %
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
Lothar J. [signature]	Secretary	October 16, 2006

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	LANCASTER TRANSMISSION
My County (WebVen) Vendor Number:	

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☒ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 3					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					1	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1		1			

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	Owner	10-15-2006

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Lancaster Auto Interiors

My County (WebVen) Vendor Number: 500531O1

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☑ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☑ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 6					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						1
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1			3	

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	50 %
Women	%	%	%	%	%	50 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Cathy Reed	Owner	10/9/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	Low + Son's Mobile Tire Service
My County (WebVen) Vendor Number:	052289-01

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☒ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	1				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	X		n/a		n/a	
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
n/a					

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
[signature]	Owner	10-4-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	Lynn's Auto Air INC.
My County (WebVen) Vendor Number:	50471001

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	9				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino			2		5	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1			1		

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
[signature]	President	10-12-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Master Body Sales & Serv., Inc.

My County (WebVen) Vendor Number: 008335

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☐ I AM NOT ☒ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☒	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☐ Sole ☐ Partnership ☒ Corporation ☐ Nonprofit ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 26

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino				1	18	1
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1	2	1	1	

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	President	10 15 2006

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Mr. G's Custom Upholstery

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☒ Sole ☐ Partnership ☐ Corporation ☐ Nonprofit ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 4

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino		X		X	X	X
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	50 %	%	%	%	%
Women	%	50 %	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
[signature]	OWNER	11/7/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: MGS Motors, dba Aamco Transmissions

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☑ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 7					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	2		1		3	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1					

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	67 %	%	%	%	33 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	President	6-23-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Markham and Boling Autobody, Inc.

My County (WebVen) Vendor Number: #10182901

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

■ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	■ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					

Total Number of Employees (including owners): 9

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino			1		5	
Asian or Pacific Islander						
American Indian						
Filipino						
White		1		1	1	

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
None					

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
	President	11-7-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Ostrom Chevrolet

My County (WebVen) Vendor Number: 0222531

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☑ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐ I AM	
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☑ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 80					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					2	
Hispanic/Latino			√		28	5
Asian or Pacific Islander				1	2	
American Indian						
Filipino						
White	1		4	1	27	4

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
D Dale	Sales	10-3-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: PACIFIC RADIATOR SALES + SERVICE INC.

My County (WebVen) Vendor Number:

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	15				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	8		2		6	
Asian or Pacific Islander						
American Indian						
Filipino						
White	6	1	3		4	

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	56 %
Women	%	%	%	%	%	44 %

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
	PRESIDENT	11-6-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Parkhouse Tire Inc

My County (WebVen) Vendor Number:

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☑ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 341					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			2	1	4	3
Hispanic/Latino			10		185	10
Asian or Pacific Islander						
American Indian						
Filipino						
White	3		32	9	101 41	15

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
N/A					

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
Brian Parkhouse	President	10-22-02

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	PECK ROAD FORD TRUCK CENTER.
My County (WebVen) Vendor Number:	03246901

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☑ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐ I AM	
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☑ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	84				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners:		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American		1				1
Hispanic/Latino			1		55	
Asian or Pacific Islander						
American Indian					1	
Filipino				1		
White	1		6		13	5

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
[signature]	SEC'Y / TREAS	10-18-00

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: PHENIX ENTERPRISES, INC

My County (WebVen) Vendor Number:

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☐ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☑ I AM	
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☑ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 44					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American					1	
Hispanic/Latino	3	1	4		30	1
Asian or Pacific Islander						
American Indian						
Filipino						
White			1		2	1

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	67 %	%	%	%	%
Women	%	33 %	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
WOMEN & MINORITY CLEARINGHOUSE BUSINESS	X				10/06
COUNTY OF LOS ANGELES	X				5/08

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Todd Davis	VICE. PRESIDENT	10/5/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Plumbers Depot Inc.

My County (WebVen) Vendor Number: 113464

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☐ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☒ I AM	
☒	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					

Total Number of Employees (including owners): 8

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino		1	2	1	3	1
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
	PRESIDENT	10-06-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: QUINN POWER SYSTEMS
My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☒ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 218					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					3	0
Hispanic/Latino				2	55	6
Asian or Pacific Islander					6	2
American Indian					3	0
Filipino					0	0
White	1		25	1	99	15

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	MGR.TRUCK SERVICE	10/20/2006

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Quality Fleet.

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☐ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☒ I AM	
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☐ Sole ☐ Partnership ☒ Corporation ☐ Nonprofit ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 30

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					2	
Hispanic/Latino			3	1	20	
Asian or Pacific Islander						
American Indian						
Filipino					1	
White					1	

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	General Manager	10/1/08

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Rios Sierra Auto Body

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☑ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☑ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 1					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White	1					

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	50 %
Women	%	%	%	%	%	50 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
[signature]	OWNER	10/3/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: RENEGADE TRUCK REPAIR AND LEASING

My County (WebVen) Vendor Number: —

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☐ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☑ I AM	
☑	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☑ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 13					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	1		1	1	8	2
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
SMALL BUSINESS AND DUBE	X				2008
CBE - MBE	X				2008

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
[signature]	PRESIDENT	10-11-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Royal Coaches Auto Body & Towing

My County (WebVen) Vendor Number: 51049701

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☐ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (Including owners): 26					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	3	1			20	2
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	**Hispanic/ Latino**	**Asian or Pacific Islander**	**American Indian**	**Filipino**	**White**
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	**Minority**	**Women**	**Disadvantaged**	**Disabled Veteran**	**Expiration Date**

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	**Title:**	**Date:**
BILL SALAZAR	CORPORATE OFFICER	10-13-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: SREO- Flexible

My County (WebVen) Vendor Number:

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☑ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☑ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 44					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American	1		Ø			
Hispanic/Latino		12	1			
Asian or Pacific Islander	1		Ø			
American Indian	Ø		Ø			
Filipino	Ø		Ø			
White	32		5	1		

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	/ %	/ %	/ %	/ %	/ %	100 %
Women	/ %	/ %	/ %	/ %	/ %	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
	Sales Manager	11/21/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: ZALADO INC DBA SUPER DOLLAR WISE

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☐ Sole ☐ Partnership ☒ Corporation ☐ Nonprofit ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 9

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	0	0	2		3	1
Asian or Pacific Islander						
American Indian						
Filipino						
White IRANIAN	3					

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	PRESIDENT	11-9-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	South Bay Ford, Inc.
My County (WebVen) Vendor Number:	51978401

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American	0	0	1	0	5	4
Hispanic/Latino	0	0	2	1	68	7
Asian or Pacific Islander	0	0	2	0	4	0
American Indian	0	0	0	0	1	0
Filipino	0	0	0	0	0	0
White	1	0	12	2	35	6

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	0 %	0 %	0 %	0 %	0 %	100 %
Women	0 %	0 %	0 %	0 %	0 %	0 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
N/A					

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
B. Cawley	Parts & Service Director	11-6-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	SOPP CHEVROLET
My County (WebVen) Vendor Number:	

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☐ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☒ I AM	
☒	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 161					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					2	
Hispanic/Latino			9		97	35
Asian or Pacific Islander			1			
American Indian						
Filipino				2		
White	2	1	8		2	2

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	1.2 %	65.8 %	.6 %	%	%	1.8 %
Women	%	21.8 %	%	%	1.2 %	7.4 %

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
N/A					

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
W. G. Hall	Bus. Mgr	11/13/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Southern California Fleet Services, Inc.

My County (WebVen) Vendor Number: 13638401

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☐ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 70					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American					1	
Hispanic/Latino			1		18	4
Asian or Pacific Islander					2	
American Indian						
Filipino						
White	1		6	2	31	4

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title: President	Date: 11/13/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	SOUTHSIDE TOW SERVICE, INC.
My County (WebVen) Vendor Number:	LIC:# 381101

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☑ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☑ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 6					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino		1	1		2	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1				1	

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	50 %
Women	%	50 %	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Sergio Rodriguez	DISPATCHER	11-13-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Speedo Electric INC
My County (WebVen) Vendor Number:

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 3					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White	2	1				

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
[signature]	Pres	11-21-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	Sunset Tow, Inc.
My County (WebVen) Vendor Number:	50002501

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☐ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☒ I AM	
☒	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	7				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White	2	2	1	1	5	2

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	100 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Jane Greenhalgh	President	10/20/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: SHARP AUTO PAINTING & COLLISION

My County (WebVen) Vendor Number: 1325450

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☐ I AM NOT ☑ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☑	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☑ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 7

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander	1		1			
American Indian						
Filipino			1			
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	100 %	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	OWNER	10-12-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: SATELITE GLASS

My County (WebVen) Vendor Number: 51005001

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☐ Sole ☐ Partnership ☒ Corporation ☐ Nonprofit ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 6,103 (Excluding owners)

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			34	10	709	493
Hispanic/Latino			21	2	490	128
Asian or Pacific Islander			7	1	95	25
American Indian			4	0	13	10
Filipino			0	0	0	0
White			403	72	2,478	1,038

OWNERSHIP COMPRISED OF INVESTORS - DATA NOT AVAILABLE

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
N/A					

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	GENERAL MANAGER	10-18-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	S and M Automotive Services
My County (WebVen) Vendor Number:	0001426

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☒ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):	4				

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					1	
Asian or Pacific Islander					1	
American Indian						
Filipino						
White	1				1	

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
[signature]	OWNER	10-18-2006

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Serrano's Auto Supply & Service

My County (WebVen) Vendor Number: Applied for, have not recived number.

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☒	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☒ Sole ☐ Partnership ☐ Corporation ☐ Nonprofit ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 3

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino		1	1			1
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	100 %	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Hilda Serrano	Owner	10/30/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: TRUCK HYDRAULIC EQUIPMENT CO, INC

My County (WebVen) Vendor Number: 03069701

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 18

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					7	1
Asian or Pacific Islander						
American Indian						
Filipino						
White	3		1		6	

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	79 %
Women	%	%	%	%	%	21 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	PRESIDENT	11/10/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Thomson Motor Center
My County (WebVen) Vendor Number:

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (Including owners): 85					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					4	1
Hispanic/Latino					27	6
Asian or Pacific Islander					3	1
American Indian						
Filipino						
White	2		6	2	31	2

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title: President	Date: 11-16-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: United Diesel Service

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
1. ☒	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 14					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					3	
Asian or Pacific Islander					4	
American Indian					-	
Filipino					-	
White	1	1	2		3	+

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	49 %
Women	%	%	%	%	%	51 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Janet Grossmann	CFO	10/17/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Valley Speech + Tech. West.

My County (WebVen) Vendor Number: SRAP-100-799840.

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☐ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☑ Sole	☐ Partnership	☐ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): (2)					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	1	1				
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	100 %	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	Title:	Date:
[signature]	OWNER	11/10/06.

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Valco Transmission Ltd

My County (WebVen) Vendor Number: - 95-2793763

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☑ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☑ Corporation	☐ Nonprofit	☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 10

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					5	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	2	1		1	

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	49 %
Women	%	%	%	%	%	51 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	President	10-18-06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	Wondries Chevrolet
My County (WebVen) Vendor Number:	51843901

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American					1	
Hispanic/Latino	1		2	1	22	8
Asian or Pacific Islander				2	4	
American Indian						
Filipino						
White	1	1	3	1		2

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	49 %	%	%	%	51 %
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
		11/9/06

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Western Automatic Transmission & Inc
My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☑ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☑ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners):					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					2	
Hispanic/Latino					4	
Asian or Pacific Islander						
American Indian						
Filipino						1
White	1					

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title: President	Date: 10-13-06

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: WAYNE Harmeier INC, DBA WAYNE ELECTRIC CO,	
☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐ As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole Proprietorship	☐ Partnership	☒ Corporationn	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 16					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					7	
Asian or Pacific Islander						
American Indian						
Filipino						
White	3	1			2	1

III PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	49 %
Women	%	%	%	%	%	51 %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Steven A. Oehler	MANAGER	11/21/2006

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and
SBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: West Covina Motors Inc., d.b.a. Clippinger Chevrolet

☒ I AM NOT
☐ I AM

A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.

☐ As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number:

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☐ Sole Proprietorship ☐ Partnership ☒ Corporationn ☐ Nonprofit ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 191

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			1		5	
Hispanic/Latino			10		65	20
Asian or Pacific Islander			1		3	
American Indian						
Filipino					1	
White	1		8	4	58	14

III PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
Maureen E. Looks	Direct Human Resources	11/21/2006

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	Western Truck Exchange
My County (WebVen) Vendor Number:	

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT ☐ I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	☐ Sole	☐ Partnership	☒ Corporation	☐ Nonprofit	☐ Franchise
☐ Other (Please Specify):					
Total Number of Employees (including owners): 30					

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	**Owners/Partners/ Associate Partners**		**Managers**		**Staff**	
	Male	Female	Male	Female	Male	Female
Black/African American			1	1		
Hispanic/Latino			3		25	
Asian or Pacific Islander						
American Indian						
Filipino						
White	2					

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	**Hispanic/ Latino**	**Asian or Pacific Islander**	**American Indian**	**Filipino**	**White**
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature:	**Title:**	**Date:**
Western Truck Exchange	pres	9/07

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: GCS WESTERN POWER & EQUIPMENT

My County (WebVen) Vendor Number: 0566648 -01

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
☐ I AM	
☐	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☐ Sole ☐ Partnership ☒ Corporation ☐ Nonprofit ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 225

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	[illegible]		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American	Publicly				3	1
Hispanic/Latino	Traded		3		18	1
Asian or Pacific Islander	Company					
American Indian			1		4	
Filipino						
White			15	1	155	23

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	Publicly %	Traded %	Company %	%	%	%
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
[signature]	VP Finance & CFO	11-7-06