



April 5, 2018

**Prospective Bidders for  
Furnishing Labor and Equipment  
for On-Call Material Crushing Services  
for the Period Commencing July 1, 2018  
and Ending June 30, 2019, 2020 or 2021  
Oakland, California**

**ADDENDUM NO. 3**

The following are revisions to the Project Manual for **FURNISHING LABOR AND EQUIPMENT FOR ON-CALL MATERIAL CRUSHING SERVICES FOR THE PERIOD COMMENCING JULY 1, 2018 AND ENDING JUNE 30, 2019, 2020 OR 2021, OAKLAND, CALIFORNIA**, dated March 2018. Please transmit this information to your prospective sub-bidders, as applicable. This Addendum No. 3 is part of the Contract Documents and its receipt shall be acknowledged on Document 00400, Bid Form.

**1. DOCUMENT 00100 – INVITATION TO BID, page 00100-1**

REVISE the first paragraph of the Invitation to Bid to read as follows:

“The CITY OF OAKLAND, acting by and through its BOARD OF PORT COMMISSIONERS (the “Port”), will receive sealed Bids at the office of the Secretary of the Board of Port Commissioners, located at Room 629, 530 Water Street, Oakland, California, until 12:00 noon on Monday, April 16, 2018, for the following public work:”

**2. DOCUMENT 00200 – INSTRUCTIONS TO BIDDERS, page 00200-1**

REVISE the first sentence of Paragraph 1, Receipt of Bids, to read as follows:

“The Port will receive sealed bids from Bidders until 12:00 p.m., on Monday, April 16, 2018.”

3. ADDENDUM NO. 3 DOCUMENT 00420 – CONTRACTOR REGISTRATION AND SAFETY EXPERIENCE FORM

ADD the attached Addendum No. 3 Document 00420, Contractor Registration and Safety Experience Form.

Sincerely,

A handwritten signature in blue ink that reads "Chris Chan" followed by the date "4/5/18".

Chris Chan  
Chief Engineer/Director of Engineering

Attachment:  
Document 00420, Contractor Registration and Safety Experience Form

DOCUMENT 00420

CONTRACTOR REGISTRATION AND SAFETY EXPERIENCE FORM

**INSTRUCTIONS**

IN ORDER TO REGISTER TO UNDERTAKE WORK FOR THE CITY OF OAKLAND, ACTING BY AND THROUGH ITS BOARD OF PORT COMMISSIONERS, YOU MUST PROVIDE THE FOLLOWING:

- 1) FILL OUT THIS REGISTRATION FORM COMPLETELY; DO NOT LEAVE BLANKS.

**INDEPENDENT CONTRACTOR REGISTRATION**

CONTRACTORS LICENSE # \_\_\_\_\_

DATE: \_\_\_\_\_ FED I.D. # \_\_\_\_\_

FULL CORPORATE NAME OF COMPANY:

\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF PRINCIPAL CONTACT: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership

\_\_\_\_\_ Non Profit 501 C3 \_\_\_\_\_ Corporation

\_\_\_\_\_ Other (Please explain below)

**INSURANCE**

WORKER'S COMPENSATION:

CARRIER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

GENERAL LIABILITY:

CARRIER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

POLICY LIMITS: \$ \_\_\_\_\_

**SURETY**

The Surety as referred to in this contract, for performance and labor and material bonds shall be:

SURETY'S NAME: \_\_\_\_\_

STATUS (as Corporation, : \_\_\_\_\_  
partnership, etc. and  
state of organization)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**SAFETY EXPERIENCE**

The following statements as to the Bidder's safety experience are submitted with the Bid, as part thereof, and the Bidder guarantees the truthfulness and accuracy of all information.

1. List your firm's interstate Experience Modification Rate for the last three years.  
20\_\_ \_\_\_\_ 20\_\_ \_\_\_\_ 20\_\_ \_\_\_\_
- 1A. Based on the most recent Experience Modification Rate identified above for the most recent year being equal to or greater than 1.25 (Cal-OSHA TICF Assessment Threshold - California State Labor Code 62.7), Contractor acknowledges the designation of a Safety Representative(s) that shall be full-time and dedicated (100% of their time) to safety oversight of field operations for this Project.
2. Use your last year's OSHA 300, Log of Work-Related Injuries and Illnesses, to fill in the following number of injuries and illnesses:
  - a. Number of DART (Days Away, Restricted and Transfer cases rate) \_\_\_\_\_
  - b. Number of total recordable incidents \_\_\_\_\_
  - c. Number of fatalities \_\_\_\_\_
3. Employee hours worked last calendar year \_\_\_\_\_
4. State the name of your firm's Safety Representative/Competent Person:  
\_\_\_\_\_
- 4A. Based on Item 1A, Contractor has designated the individual noted in Item 4 to be the Contractor's Safety Representative for this Project. A resume or outline of this individual's safety and health qualifications and experience shall be submitted as indicated in Document 00200, Instructions to Bidders, Post-Notice Of Award Requirements. Refer to Section 01343 - Safety Program and Safety Representative Requirements.

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION IS CURRENT AND ACCURATE AND I AUTHORIZE THE PORT OF OAKLAND, AND ITS AGENTS AND REPRESENTATIVES TO OBTAIN A CREDIT REPORT AND/OR VERIFY ANY OF THE ABOVE INFORMATION.

[Insert Name of the Bidder]

By: \_\_\_\_\_  
Signature

Its: \_\_\_\_\_

\_\_\_\_\_  
Title and Name

\_\_\_\_\_  
Date

END OF DOCUMENT