

EXHIBIT 1
FORM 3 - BUSINESS DATA SHEET

TO BE COMPLETED BY PRIME AND ALL SUBCONTRACTORS LISTED ON FORM 1

Completion of this Form and Form 1 (or Form 4) fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

PART A: BUSINESS DATA

1. Business Name: _____
2. Is your business currently a **DBE** certified by California Unified Certification Program (CUCP)?
(If marked "DBE", a copy of the certification letter for this business must be attached to this Form)
- | | | |
|--|--------------------------|--------------------------|
| | DBE | Non-DBE |
| | <input type="checkbox"/> | <input type="checkbox"/> |
- a. Certified by an organization outside of California?
Name of Certifying Agency: _____
3. Is your business currently participating in a Joint Venture?
(If answered YES, a copy of the Joint Venture Agreement must be attached to this Form)
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
4. Name of Joint Venture and Partners. Is this business currently a certified DBE?
- | | | |
|---------------------------------|--------------------------|--------------------------|
| a. Business Name _____ | DBE | Non-Cert. |
| Name of Certifying Agency _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Business Name _____ | DBE | Non-Cert. |
| Name of Certifying Agency _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Business Name _____ | DBE | Non-Cert. |
| Name of Certifying Agency _____ | <input type="checkbox"/> | <input type="checkbox"/> |
5. Primary Business Address: _____
(Street) (City) (State) (Zip)
6. Mailing Address: _____
(Street) (City) (State) (Zip)
7. County Business is located in: _____
8. Name of Contact Person: _____, _____
(Name) (Title)
9. Owner(s) Ethnicity: _____
10. Phone: (____) _____ - _____
11. Email Address: _____
12. Fax: (____) _____ - _____
13. Age of Business: _____ Years _____ Months
14. If your business requires a license, complete below:
- a. License Type: _____
- b. License #: _____
- c. Expiration: _____
15. Business Annual Gross Receipts:
- | |
|---|
| a. <input type="checkbox"/> Less than \$500,000 |
| b. <input type="checkbox"/> \$500,000 to \$1,000,000 |
| c. <input type="checkbox"/> \$1,000,000 to \$2,000,000 |
| d. <input type="checkbox"/> \$2,000,000 to \$5,000,000 |
| e. <input type="checkbox"/> \$5,000,000 to \$25,000,000 |
| f. <input type="checkbox"/> Over \$25,000,000 |
16. If the Work/Services require DIR Registration, per California Labor Code §1725.5, complete below:
- a. DIR Registration No.: _____
- b. DIR Registration Date: _____

EXHIBIT 1
FORM 3 - BUSINESS DATA SHEET (Continued)

PART B: WORK DESCRIPTIONS

17. Identify the scope of work that will be performed by this DBE business. Please provide ONLY applicable Northern America Industry Classification System (NAICS)¹ code(s) to be performed on this contract.

Description of Work, Service, or Material Supplied	DBE NAICS (6 digits)

18. Will your business provide trucking company services on this project? Yes ☐ No ☐

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? _____
- b. How many trucks does your company lease? _____
- c. How many trucks are registered to your company? _____

PART C: SIGNATURE

The undersigned Director, Officer, General Partner, or similarly situated Principal of the business declares he/she is informed and believe, and thereon allege, that to the best of their knowledge, information and belief, the information set forth on this page of this document and any attachments, is current, complete and accurate.

Business Name: _____

Authorized Signature: _____
(Signature of Director, Officer, General Partner or similarly situated Principal of the Business)

Printed Name: _____

Title: _____

Date: _____

¹To receive credit, your firm must be certified in applicable NAICS codes.