

**RFQu #PUARC-1716 COUNTY OF RIVERSIDE CONTRACTOR'S INFORMAL  
PUBLIC PROJECTS UNDER \$200,000  
PREQUALIFICATION PACKET - 2024**

**SECTION 1 – GENERAL INFORMATION**

Contractors choosing to qualify for more than one Trade shall list all license classifications.

**Company name:** \_\_\_\_\_ Union \_\_\_\_\_ Non-Union \_\_\_\_\_  
(As it appears on Contractor's License)

**Legal Entity Name** (if different than above): \_\_\_\_\_

**Check One:** Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Joint Venture \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_ **Date Business Formed:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City, State, Zip Code)

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

**Name of Main Contact Person for bids/quotes:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Office Contact for administrative questions:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**CSLB License No.** \_\_\_\_\_ **Class(s):** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Department of Industrial Relations (DIR) Registration No#** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

Have you ever been licensed in California under a different name or different license number?

\_\_\_\_ Yes \_\_\_\_\_ No -- **If yes, list all name(s) and license number(s) on a separate sheet.**

**Exclusive Small Projects:** \_\_\_\_\_ **(MUST indicate "yes" or "no")**

Instructions:

By indicating "**Yes**," your company will be placed on a list and only be contacted for projects which are not estimated to exceed \$25,000. No DIR contractor registration or bonding is required for these projects. Prevailing wage payment and maintaining correct records is still required for all Public Works as defined by Labor code 1720 and according to payment limits in Labor Code 1771. Review DIR Newline 2017-52 and 2017-56 for details.

By indicating "**No**," your company will be placed on a list and may be contacted for all projects under \$200,000. DIR contractor registration is required and payment bonds of 100% are required for all projects over \$25,000, regardless of competitive bidding process. Each project over \$25,000 will be registered with the DIR for compliance monitoring and Contractor will upload their eCPR using the assigned project number provided by County.

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**SECTION 1 – GENERAL INFORMATION (cont'd)**

1. In the past 10 yrs., what other business has the corporate officers been involved in?

*(List on a separate signed page if not enough space)*

2. Has there been any recent change in control of the company? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
*(If yes, explain on separate signed page.)*

3. Is the company or its owners connected with any other companies as a subsidiary, parent, holding or affiliate? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
*(\*If "yes", explain on separate signed page, listing companies, business addresses, and phone numbers.)*

4. Corporate Officers – Partners – Proprietors – Owners – Key Personnel:

Name	Position	Years w/Firm	% of Ownership

5. If a corporation: Date incorporated \_\_\_\_\_ State Entity # \_\_\_\_\_

6. If a partnership: Date of organization \_\_\_\_\_ State Entity # \_\_\_\_\_  
Check One: General \_\_\_\_\_ Limited \_\_\_\_\_ Association \_\_\_\_\_

7. In what type of construction do you specialize? \_\_\_\_\_

8. Is the company currently prequalified with any other public agencies in California: Yes\* \_\_\_\_\_ No \_\_\_\_\_

*(\*If "YES" please indicate which agencies on a separate sheet of paper and include contact information such as name, email and phone number. County may choose to contact the agency listed to verify status and performance history.)*

**(Use Attachments 1.1 and 1.2 for copy of contractor license and DIR registration)**

County Use Only:	
Verified by _____	Date _____
License Verified: Yes _____ No _____	DIR Registration Verified: Yes ___ No ___ N/A ___

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**SECTION 2 – QUESTIONS (All Applicants)**

A. Essential Evaluation Criteria:

	Please check the appropriate box to the right to indicate a yes or no response to each question. Questions below are scored on a pass or fail basis.	Y E S	N O
1.	Contractor possesses a valid active and current California Contractor's license for the project(s) for which it intends to submit a bid(s) or provide work.		
2.	Contractor is currently registered with the California Department of Industrial Relations (DIR) as required by California Labor Code Section 1725.5? If Exempt, check here _____ (Prequalifying for Exclusive Small Projects)		
3.	Contractor has a general liability insurance policy with a policy per project limit of at least \$2,000,000 per occurrence and \$4,000,000 aggregate. (If no, contractor is not qualified.)		
4.	Contractor has a current workers' compensation insurance policy as required by the Labor Code or is legally self-insured pursuant to Labor Code section 3700 et. seq. (If no, contractor is not qualified.) _____ Check here if you are exempt from this requirement – no employees		
5.	Have you attached a statement from an admitted surety insurer (approved by the California Department of Insurance and authorized to issue bonds in the State of California), which states your current bonding capacity? Statement must be from the surety company, not an agent or broker, and must be specific to the prequalification. (N/A applicable for exclusive small project Contractors. Check here for N/A: _____)		
6.	Has the Contractor's license been suspended, put on probation, or revoked? (If yes, Contractor is not qualified unless an acceptable explanation is provided, use a separate piece of paper.)		
7.	Has your firm been assessed liquidated damages in the past 5 years? (If yes, please answer the additional questions below; 1. How many times has Liquidated damages been assessed? _____ 2. What were the dollar amounts of the assessment(s)? \$ _____ (If yes, Contractor is not qualified unless an acceptable explanation is provided, use a separate piece of paper.)		
8.	Has your firm defaulted on a contract or declared bankruptcy or been placed in receivership within the past seven (7) years? (If yes, Contractor is not qualified unless an acceptable explanation is provided, use a separate piece of paper.)		
9.	Has your firm been disqualified, debarred, forbidden, or found non-responsible or otherwise prohibited from performing work and/or bidding on work for any other public agency in the State of California within the past five (5) years? (If yes, Contractor is not qualified unless an acceptable explanation is provided, use a separate piece of paper.)		
10.	Has your firm been terminated for cause by any public agency on any project in the State of California within the past five (5) years? (If yes, Contractor is not qualified unless an acceptable explanation is provided, use a separate piece of paper.)		
11.	Is your firm ineligible to bid on or be awarded a public contract, or perform as a subcontractor on a public contract, pursuant to either Labor Code section 1777.1 or Labor Code section 1777.7? (If yes, Contractor is not qualified unless an acceptable explanation is provided, use a separate piece of paper.)		
12.	Has your firm or any of its owners, officers, or partners ever been found liable in a civil suit, or found guilty in a criminal action, for making any false claim or material misrepresentation to any public entity or agency? (If yes, Contractor is not qualified unless an acceptable explanation is provided, use a separate piece of paper.)		

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**SECTION 2 – QUESTIONS (All Applicants – cont'd)**

**B. Rating Questions**

A score of less than **45** points in this section may disqualify the Contractor from being prequalified for projects proposed by the County. **Do not enter the points! Points will be calculated by County.**

Questions	Response	Points (For County Use Only)
<b>1.</b> How many years has your firm been in business in California as a contractor under your present business name and license number? (Less than 3 Yrs. = 1 pt., 3-6 Yrs. = 3 pts., 6+ = 5 pts.)	_____Years	Pts.
<b>2.</b> How many years have your firm performed public projects for any County of Riverside department/agency/division? (Less than 3 Yrs. = 1 pt., 3-6 Yrs. = 3 pts., 6+ = 5 pts.)	_____Years	Pts.
<b>3.</b> How many stop notices have been defended in court by your firm; proceeding to judgment against your firm and/or the owner? (0 = 6 pts., 1-3 = 4 pts., 3+ = 0 pts.)	_____ Stop Notices	Pts.
<b>4.</b> How many legal proceedings, including arbitration, has your firm initiated against an owner? (0 = 6 pts., 1-3 = 4 pts., 3+ = 0 pts.)	_____ Legal Proceed	Pts.
<b>5.</b> Has a client ever made a demand on your performance bond? (Yes = 0 pts., No = 6 pts.)	____Yes____No	Pts.
<b>6.</b> Has your firm had insurance terminated by a carrier in the past 5 years due to an excessive claims history and/or nonpayment of premium? (Yes = 0 pts., No = 5 pts.)	____Yes____No	Pts.
<b>7.</b> Does your firm currently have a safety plan which complies with the current OSHA standards? (Yes = 2 pts., No = 0 pts.)	____Yes____No	Pts.
<b>8.</b> What is your current Worker's Compensation Experience Modification Rate (EMR)? (Obtained from Contractors Insurance Firm. Note N/A if not applicable) (<1 = 5 pts., 1.0 – 1.25 = 3 pts., 1.25 – 1.50 = 2 pts., 1.50+ = 0 pts.)	____Rate	Pts.
<b>9.</b> How many public works projects has your firm completed in California in the past 5 years? (5+ = 5 pts., 4 = 4 pts., 3 = 3 pts., 2 = 2 pts., 1 or less = 0pts.)	_____ Number of Projects	Pts.

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**SECTION 2 – QUESTIONS (All Applicants – cont'd)  
B. Rating Questions**

<p><b>10.</b> Within the past 5 years, have any of your employees or another entity filed a complaint against your firm with the California Contractors State License Board? If yes, how many complaints were filed? (No = 5 pts., 1 = 4 pts., 2 = 3 pts., 3 = 2 pts., 3+ = 0 pts.)</p>	<p style="text-align: center;">___Yes___No _____</p> <p>Complaints</p>	Pts.
<p><b>11.</b> Within the past 3 years has your firm or any principal of your firm paid penalties for a Labor Code violation? (No = 5 pts., 1 = 3 pts., 2 = 2 pts., 3 = 1 pts., 3+ = 0 pts.)</p>	<p style="text-align: center;">___Yes___No _____</p> <p>Violations</p>	Pts.
<p><b>12.</b> Within the past 3 years has your firm or any principal ever settled a claim for under payment of wages with a worker or the Labor Board? (No = 5 pts., 1 = 3 pts., 2 = 2 pts., 3 = 2 pts., 3+ = 0 pts.)</p>	<p style="text-align: center;">___Yes___No _____</p> <p>Claims</p>	Pts.
<p><b>13.</b> Has your firm or any principal of your firm been cited or found guilty of violating any federal, state or local law, rule or regulation regarding a construction contract? (Yes = - 5 pts., No = 5 pts.)</p>	<p style="text-align: center;">_____Yes _____No</p>	Pts.
<b><u>Total Points</u></b>		_____
		<b>(For County Use ONLY)</b>

**County Use Only:**

Verified by \_\_\_\_\_ Date \_\_\_\_\_

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

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**SECTION 3 – SAFETY RECORD**

1. List the firms Workers Compensation Experience Modification Rate (EMR) for the three (3) most recent years (if applicable). Your EMR should be obtained from your insurance agent. Attach a letter from the insurance agent/carrier identifying the EMR rate for the past three years. If this is not applicable, the letter should state the reason why EMR does not apply. **(Use Attachment 3.1 for EMR letter)** *Must score 70% or higher of eligible points*

**Provide actual information in all boxes – Do not enter the points! Points will be calculated by County.**

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>Total Points</u>
Number of fatalities (enter number <b>per year</b> , if none enter "0"): 1 or more = 0 pts, 0 = 5 pts (Points are per year)				
Workers Compensation Experience Modification Rate (EMR) (Enter EMR <u>per year</u> if applicable) <1= 10 pts, (1.1-1.4) = 8 pts, (1.5-1.7) = 6 pts, (1.8-2.) = 4 pts, >2 = 0 pts (Points are per year)				
OSHA Violations (enter number of violations per year, if none enter "0") <0=5 pts, 1-2 = 3 pts, >2 = 0 pts (Points are per year)				

For County Use ONLY

**TOTAL POINTS**

--

2. Do you hold safety meetings for field supervisors and employees? Yes \_\_\_\_\_ No \_\_\_\_\_  
How often? (Check One) Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ As Needed \_\_\_\_\_
3. Does your company conduct project safety inspections? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Does your company have a written safety program? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Does your company have a safety orientation program for new employees?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. State any additional areas of your company's safety program and policies that you feel would be appropriate in the County's evaluation. **(Use a separate sheet/sheets of paper and include the response in the submission.)**
7. Has your company had OSHA violations in the last five (5) years? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
**(If yes, please attach OSHA letter describing violation and resolution.)**

**County Use Only:**

Verified by \_\_\_\_\_ Date \_\_\_\_\_

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

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**SECTION 4 – INSURANCE**

1. Does the firm currently have a minimum of \$2,000,000 per occurrence combined single limit Commercial General Liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: If/when Contractor does any work for the County, the policy must be endorsed to add County as additionally insured prior to project start date.

2. Does the firm currently have a minimum of \$1,000,000 per occurrence combined single limit Business Auto Liability? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: If/when Contractor does any work for the County, the policy must be endorsed to add County as additionally insured prior to project start date.

3. Does the firm currently have Worker's Compensation Employers Liability of \$1,000,000 including Occupational Disease with limits not less than \$1,000,000 per person per accident? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: If/when Contractor does any work for the County, Workers Compensation policy must be endorsed to waive subrogation in favor of the County prior to project start date.

4. Insurance provider **must** be California admitted, with a minimum of AM Best Rating of **A: VIII (8)**.

5. Does the firm have Umbrella Liability coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, how much per occurrence: \$ \_\_\_\_\_ aggregate: \$ \_\_\_\_\_

6. Contractor **MUST** provide a copy of their Certificate of Insurance as verification only, an Acord form listing the minimum limits noted above will suffice. County may require additional insurance limits for high risk projects. **(Use Attachment 4.1 noted on page 15 of 18)**

7. Insurance Company Provider Information Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

**County Use Only:**

Verified by \_\_\_\_\_ Date \_\_\_\_\_

Insurance Verified: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Insurance Expiration: \_\_\_\_\_

Certificates Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

AM's Best Rating: \_\_\_\_\_ CA Admitted: Yes \_\_\_\_\_ No \_\_\_\_\_

Meets Required Limits: Yes \_\_\_\_\_ No \_\_\_\_\_

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**SECTION 5 – SURETY INFORMATION**

1. List all surety companies below, not agencies, utilized by the firm in the last five (5) years. (Use a separate sheet of paper if more space is needed) **A letter stating per project and aggregate bondability amounts from the current surety provide is required. (Attachment 5.1)** (*This is not applicable to Contractors wishing to qualify for Exclusive Small Projects.*)

Surety Company	Contact & Phone #	Largest Bond	List Years Used

Please explain on a separate page, with dates of occurrences, any positive answer to the following questions.

<b>2. Has your company, any owner, or affiliated company ever:</b>	<b>NO</b>	<b>YES</b>
a. Been unable to obtain a bond or been denied a bond for a contract?		
b. Defaulted on a contract resulting in a tender to a surety?		
c. Failed to complete a contract within the authorized contract time?		
d. Declared bankruptcy?		
e. Been in receivership?		
f. Had any arbitration (not litigation) on a contract?		
g. Had any outstanding liens/stop notices for labor and/or material filed against the firm on any contracts which have been completed or are being completed by the firm?		
h. Been in litigation related to construction?		
i. Had any of the sureties bonding your jobs required or requested to complete any part of your work during the last five (5) years?		

**County Use Only:**

Verified by \_\_\_\_\_ Date \_\_\_\_\_

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

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**SECTION 6 – LETTER OF GOOD STANDING FROM FINANCIAL INSTITUTE**

A letter of good standing from the company’s financial institute must be included (**Use Attachment 6.1**). Contact information must be provided for County to verify authenticity of letter.

The letter should provide sufficient detail to assure the County of Riverside that the company can support the services being offered and as a Contractor the firm will not seek early payment for services delivered, request expedited payments or request checks to be delivered by any means other than regular mail through the County Auditor/Controller’s Office unless the contractor has elected to participate in electronic payments during (or by updating) their vendor registration profile.

**The letter may include how long the firm has been with the financial institute but **DO NOT** include account numbers or identifying information.**

***Letter of Good Standing will be reviewed and scored as a "Pass or Fail" criteria.***

<b><u>County Use Only:</u></b>	
Verified by _____	Date _____
Pass: _____	Fail: _____

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**SECTION 7 – AFFIDAVIT DECLARATION**

I, \_\_\_\_\_, hereby declare that I am  
the (Printed name)  
\_\_\_\_\_ of \_\_\_\_\_  
(Title) (Name of applicant firm)

Submitting this Prequalification Package; that I am duly authorized to execute this Prequalification Package on behalf of the above named contractor; and that all information set forth in this Prequalification Package and all attachments hereto are, to the best of my knowledge, true, accurate, and complete as of its submission date.

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was Subscribed at \_\_\_\_\_ (location and city), County of \_\_\_\_\_, State of \_\_\_\_\_

On \_\_\_\_\_ (date).

Signature of Applicant: \_\_\_\_\_  
(Shall be original signature)

If signed by other than the sole proprietor, a general partner, or corporate officer, attaches original notarized power of attorney or corporate resolution.)

All financial information submitted for prequalification evaluation will be considered official information acquired in confidence and the County will maintain its confidentiality to the extent permitted by law.

***The Applicant of the foregoing statement of experience and financial condition has read the same and it is true to the best of his or her knowledge. The statement is for the purpose of inducing the County to supply the Applicant with plans and specifications and any depository, vendor, or other agency named therein is hereby authorized to supply the County with any information necessary to verify the statement. Should the foregoing statement at any time cease to properly and truly represent the experience and financial condition of the Applicant in any material respect, the Applicant will notify County of said material change and refrain from further participation in County work until a revised and corrected statement is submitted.***

**Applicant shall provide a copy of the most recent certificate from the Secretary of State indicating the standing of the Corporation or partnership if applicable. Sole Proprietors shall provide a letter stating their status. (Use Attachment 7.1)**

County Use Only:

Verified by \_\_\_\_\_ Date \_\_\_\_\_

Certificate from Secretary of State Attached: Yes \_\_\_\_\_ No \_\_\_\_\_ Sole Prop: Yes \_\_\_\_\_ No \_\_\_\_\_

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**Section 8 – Prevailing Wage and Apprenticeship Compliance Record**

*(must score 70% or higher of eligible points)*

1. Has there been more than one occasion during the last five years in which your firm was required to pay either back wages or penalties for your own firm's failure to comply with the **state's** prevailing wage laws?

NOTE: This question refers only to your own firm's violation of prevailing wage laws, not to violations of the prevailing wage laws by a subcontractor.

Yes\*       No      \_\_\_\_\_ Points

(No = 5 pts., 1 = 3 pts., 2 = 2 pts., 3 = 1 pts., 3+ = 0 pts.)

If "yes," attach a separate signed page or pages, describing the nature of each violation, identifying the name of the project, the date of its completion, the public agency for which it was constructed; the number of employees who were initially underpaid and the amount of back wages and penalties that you were required to pay.

2. Provide the **name, address and telephone number** of the apprenticeship program (approved by the California Apprenticeship Council) from whom you intend to request the dispatch of apprentices to your company for use on any public work project for which you are awarded a contract by *[Public Entity]*.

\_\_\_\_\_ Points

\_\_\_\_\_

(At least 1 = 5 pts., Any other answer = 0 pts.)

3. If your firm operates its own State-approved apprenticeship program:

(a) Identify the craft or crafts in which your firm provided apprenticeship training in the past year.

\_\_\_\_\_

(b) State the year in which each such apprenticeship program was approved and attach evidence of the most recent California Apprenticeship Council approval(s) of your apprenticeship program(s).

\_\_\_\_\_

(c) State the number of individuals who were employed by your firm as apprentices at any time during the past three years in each apprenticeship and the number of persons who, during the past three years, completed apprenticeships in each craft while employed by your firm.

\_\_\_\_\_ Points

\_\_\_\_\_

\_\_\_\_\_

(1 or more person = 5 pts., No persons = 0 pts.)

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4. At any time during the last five years, has your firm been found to have violated any provision of California apprenticeship laws or regulations, or the laws pertaining to use of apprentices on public works?

**NOTE: You may omit reference to any incident that occurred prior to January 1, 1998, if the violation was by a subcontractor and your firm, as general contractor on a project, had no knowledge of the subcontractor's violation at the time they occurred.**

Yes\*       No

If "yes," provide the date(s) of such findings, and attach copies of the Department's final decision(s).

(No = 5 pts., 1 = 3 pts., 2 = 2 pts., 3 = 1 pts., 3+ = 0 pts.)

**County Use Only:**

Verified by \_\_\_\_\_

Date \_\_\_\_\_

Pass: \_\_\_\_\_

Fail: \_\_\_\_\_

Total Points \_\_\_\_\_

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**Section 9 – Certificate of Reported Compliance  
In-Use Off-Road Diesel-Fueled Fleets Regulation**

As of January 1, 2024, contracting entities (public works awarding bodies and prime contractors) are required to obtain and retain a fleet’s valid Certificate of Reported Compliance prior to awarding or hiring a fleet. Any public works awarding body that awards contracts involving the operation of self-propelled off-road diesel vehicles 25 horsepower or greater and most two-engine vehicles owned and operated in California, including vehicles that are rented or leased.

All contracting obligations start January 1, 2024, for both prime contractors and public works awarding bodies.

- For a project involving the use of vehicles subject to the regulation, the prime contractor or public works awarding body must obtain copies of the valid Certificate of Reported Compliance (Certificate) for the fleets and subcontractors that are listed in the contract.
- Certificates must be obtained prior to awarding or renewing a contract.
- Noncompliant fleets, i.e., those without a valid Certificate, are prohibited from being contracted.
- Copies of the Certificates must be retained for three years after the project is complete.
- Records must be provided to CARB within five business days, upon request.

**IN-USE OFF-ROAD DIESEL-FUELED FLEET CERTIFICATE OF REPORTED COMPLIANCE** – Valid Certificates of Reported Compliance as described in California Code of Regulations, title 13, section 2449(n) for fleets of vehicles subject to 13 CCR section 2449 are required for this project.

I certify that I have reviewed and agree to the above requirements on behalf of the company listed below.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Name and title: \_\_\_\_\_

Company: \_\_\_\_\_

Please advise if this applicable \_\_\_\_\_

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**Attachment Section 1.1**

**Applicant shall exchange this page for a copy of  
The California State License Board (CSLB) Contractor's license**

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**Attachment Section 1.2**

**Applicant shall exchange this page for a copy of  
The Contractor's DIR Registration (if applicable)  
This section is not required for Exclusive  
Small Projects**

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**Attachment 3.1**

**Applicant shall exchange this page for the  
EMR Letter from the insurance agent/carrier.**

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**Attachment 4.1**

**Applicant shall exchange this page for  
a current certificate of liability insurance  
reflecting all coverages limits**

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**Attachment 5.1**

**Applicant shall exchange this page for a current letter of bondability which clearly shows bonding agency's estimate of largest single bond amount most likely approvable as well as per project and aggregate bond amounts of the firm.**

(As noted from Section 2 Questions, A. Essential Evaluation Criteria, Question #5)

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**Attachment 6.1**

**Applicant shall exchange this page for  
Letter of Good Standing.**

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**Attachment 7.1**

**Applicant shall exchange this page  
for California Secretary of State most recent certificate  
indicating the standing of the Corporation or Partnership (if applicable)  
or Sole Proprietor letter.**