## CITY AND COUNTY OF SAN FRANCISCO CONTRACT MONITORING DIVISION



## CHAPTER 14B CMD ATTACHMENT 1 Construction Contracts

## FORM 6A: CMD LBE TRUCKING FORM

This form must be submitted when the apparent low Bidder will be utilizing CMD certified LBE trucking firms. This form is to be completed to describe the complete scope of trucking work to be performed for the Contract and submitted to the CMD by 5 p.m. on the fifth day following Bid opening.

Contract Number:	Contract Name:
SECTION 1. TRUCKING ESTIMATE	
Products to be Hauled:	
Type of equipment needed/indicate maximum Number of trucks needed per day:	1
Quantity of product to be hauled:	
Estimated quantity per truckload:	
Estimated number of truckloads:	
Products to be hauled from (give point of orig	in):
Estimated Number of truck hours per trip:	
Trucking Rate:	
Estimate of total trucking (Number of loads ti hours per trip times trucking hourly rate):	mes
If an assigned Trucker is being paid for Administrative Work (i.e. Dispatcher), Describ State Amount to be Paid:	pe and
Is this assigned Trucking firm an LBE or Non-Li specify:	BE firm, LBE Non-LBE
Total Dollar Amount Committed to LBE Trucke	ers: \$
* Disposal fee and equipment rental fee	e will not be counted towards meeting the LBE trucking dollars amount.
SECTION 2. TRUCKING AND HAULING FIRMS	
	uling firms that will be utilized on this project along with any trucking firms that it will Copy this form for additional truckers and provide the requested information for each
Firm Name:	☐ LBE ☐ Non-LBE
Products to be hauled:	
Number of Trucks Needed:	
Type of Trucks Needed:	
Proposed Dollar Amount of subcontract:	

## CITY AND COUNTY OF SAN FRANCISCO CONTRACT MONITORING DIVISION

CHAPTER 14B CMD ATTACHMENT 1 Construction Contracts

	Firm Name:		] LBE	☐ Non-LBE
Products t	o be hauled:			
Number of Tru	ıcks Needed:			
Type of Tru	ıcks Needed:			
Proposed Dollar Amount of	subcontract:			
	Firm Name:		] LBE	☐ Non-LBE
Products t	o be hauled:			
Number of Tru	ıcks Needed:			
Type of Tru	ıcks Needed:			
Proposed Dollar Amount of	subcontract:			
	Firm Name:		] LBE	☐ Non-LBE
Products t	o be hauled:			
Number of Tru	ıcks Needed:			
Type of Tru	ıcks Needed:			
Proposed Dollar Amount of	subcontract:			
	Firm Name:		] LBE	☐ Non-LBE
Products to be hauled:				
Number of Trucks Needed:				
Type of Tru	ıcks Needed:			
Proposed Dollar Amount of	subcontract:			
I declare, under penalty of percorrect.	jury that I am t	he owner or authorized representative of this firm and that the fore	egoing	is true and
	Ov	wner/Authorized Representative (Signature)		
		Name and Title (Print)		
		Firm Name		
 Te	elephone	Email Date		