

**PROPOSERS' CONFERENCE FOR AS-NEEDED CRANE
CERTIFICATION AND CRANE SERVICES (2014-AN013)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
THURSDAY, APRIL 10, 2014, AT 9 A.M., LONGDEN YARD**

Please print clearly and leave (2) two of your business cards.

Page 1 of 2

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>ALL CAL Equip</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Bill Thompson</u> <small>Attendee's Name</small> <u>President</u> <small>Title</small>	Mailing Address: <u>P.O. Box 30035</u> City: <u>Stockton</u> State: <u>CA</u> Zip: <u>95213</u> Telephone Number: <u>(209) 993-5657</u> FAX: <u>(209) 464-2314</u> E-Mail Address: <u>bthompson@allcales.com</u>
<u>NORTH AMERICAN CRANE</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Shaun Price</u> <small>Attendee's Name</small> <u>REGIONAL SALES MANAGER</u> <small>Title</small>	Mailing Address: <u>2041 E. LOUST CT.</u> City: <u>ONTARIO</u> State: <u>CA</u> Zip: <u>91761</u> Telephone Number: <u>(562) 905-2006</u> FAX: <u>(562) 905-2004</u> E-Mail Address: <u>SPRICE@NACRANE.NET</u>
<u>ALL AMERICAN CRANE</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>TED SPEER</u> <small>Attendee's Name</small> <u>OPERATIONS</u> <small>Title</small>	Mailing Address: <u>20464 CARRY ROAD</u> City: <u>WALNUT</u> State: <u>CA</u> Zip: <u>91789</u> Telephone Number: <u>(909) 598-7116</u> FAX: <u>(909) 598-4772</u> E-Mail Address: <u>SPEER@AACM.NET</u>
<u>CRANEVEYOR</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Mike Douglas</u> <small>Attendee's Name</small> <u>Service Manager</u> <small>Title</small>	Mailing Address: <u>1524 Potrero Ave</u> City: <u>South El Monte</u> State: <u>CA</u> Zip: <u>91733</u> Telephone Number: <u>(626) 442-1524</u> FAX: <u>(626) 442-7308</u> E-Mail Address: <u>mdouglas@craneveyor.com</u>
<u>CRANEVEYOR</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Service Sales</u> <small>Attendee's Name</small> <u>AS</u> <small>Title</small>	Mailing Address: <u>1524 N. POTRERO AVE</u> City: <u>S. EL MONTE</u> State: <u>CA</u> Zip: <u>91733</u> Telephone Number: <u>(626) 442-1524</u> FAX: <u>(626) 442-7308</u> E-Mail Address: <u>POTRERO@CRANEVEYOR.COM</u>

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THURSDAY, APRIL 10, 2014, AT 9 A.M., LONGDEN YARD**

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Konecranes</u> Company Name Name of Parent Company (if Applicable)	<u>Calvin LeClair</u> Attendee's Name <u>BUSINESS DEVELOPMENT</u> Title	Mailing Address: <u>10310-Z PIONEER BLVD.</u> City: <u>SANTA FE SPRING</u> State: <u>CA</u> Zip: <u>90702</u> Telephone Number: <u>(862) 833-7322</u> FAX: () E-Mail Address: <u>calvin.leclair@konecranes.com</u>
 Company Name Name of Parent Company (if Applicable)	 Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
 Company Name Name of Parent Company (if Applicable)	 Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
 Company Name Name of Parent Company (if Applicable)	 Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
 Company Name Name of Parent Company (if Applicable)	 Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____

**WALK-THROUGH
AS-NEEDED CRANE CERTIFICATION AND CRANE SERVICES (2014-AN013)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(THURSDAY, APRIL 10, 2014) IRWINDALE PUMP STATION**

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<p><u>NORTH AMERICAN NACC CRANE</u> Company Name</p> <p>_____ Name of Parent Company (if Applicable)</p>	<p><u>SHAUN PRICE</u> Attendee's Name</p> <p>_____ Title</p>	<p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: (____) _____ FAX: (____) _____</p> <p>E-Mail Address: _____</p>
<p><u>ALL CAL EQUIP</u> Company Name</p> <p>_____ Name of Parent Company (if Applicable)</p>	<p><u>BILL THOMPSON</u> Attendee's Name</p> <p>_____ Title</p>	<p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: (____) _____ FAX: (____) _____</p> <p>E-Mail Address: _____</p>
<p><u>CRANEVEYOR</u> Company Name</p> <p>_____ Name of Parent Company (if Applicable)</p>	<p><u>PAT TERRELL</u> Attendee's Name</p> <p><u>SERV. SALES</u> Title</p>	<p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: (____) _____ FAX: (____) _____</p> <p>E-Mail Address: _____</p>
<p><u>ALL AMERICAN CRANE</u> Company Name</p> <p>_____ Name of Parent Company (if Applicable)</p>	<p><u>TED SPEER</u> Attendee's Name</p> <p><u>OPERATIONS</u> Title</p>	<p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: (____) _____ FAX: (____) _____</p> <p>E-Mail Address: _____</p>
<p><u>CRANEVEYOR CORP</u> Company Name</p> <p>_____ Name of Parent Company (if Applicable)</p>	<p><u>MIKE DOUGLAS</u> Attendee's Name</p> <p><u>SERVICE MANAGER</u> Title</p>	<p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: (____) _____ FAX: (____) _____</p> <p>E-Mail Address: _____</p>

WALK-THROUGH
AS-NEEDED CRANE CERTIFICATION AND CRANE SERVICES (2014-AN013)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(THURSDAY, APRIL 10, 2014) SAN GABRIEL DAM

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<p><u>CRANE VIDEOS</u> Company Name</p> <p>_____ Name of Parent Company (if Applicable)</p>	<p><u>MIKE DOUGLAS</u> Attendee's Name</p> <p><u>SERVICE MANAGER</u> Title</p>	<p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: () _____ FAX: () _____</p> <p>E-Mail Address: _____</p>
<p><u>CRANE VIDEO</u> Company Name</p> <p>_____ Name of Parent Company (if Applicable)</p>	<p><u>RAY TERRELL</u> Attendee's Name</p> <p><u>SERV. SUPER</u> Title</p>	<p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: () _____ FAX: () _____</p> <p>E-Mail Address: _____</p>
<p><u>ALL CAL EQUIP</u> Company Name</p> <p>_____ Name of Parent Company (if Applicable)</p>	<p><u>BILL THOMPSON</u> Attendee's Name</p> <p><u>PRESIDENT</u> Title</p>	<p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: () _____ FAX: () _____</p> <p>E-Mail Address: _____</p>
<p><u>ALL AMERICAN CRANE</u> Company Name</p> <p>_____ Name of Parent Company (if Applicable)</p>	<p><u>KEEL SPEN</u> Attendee's Name</p> <p><u>OPERATIONS</u> Title</p>	<p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: () _____ FAX: () _____</p> <p>E-Mail Address: _____</p>
<p><u>NACL</u> Company Name</p> <p>_____ Name of Parent Company (if Applicable)</p>	<p><u>SHAWN PRICE</u> Attendee's Name</p> <p>_____ Title</p>	<p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: () _____ FAX: () _____</p> <p>E-Mail Address: _____</p>

**WALK-THROUGH
AS-NEEDED CRANE CERTIFICATION AND CRANE SERVICES (2014-AN013)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(THURSDAY, APRIL 10, 2014) MORRIS DAM**

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>NACC</u> Company Name Name of Parent Company (if Applicable)	<u>SHAUN PRICE</u> Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>CraneVendor</u> Company Name Name of Parent Company (if Applicable)	<u>Rog Terrence</u> Attendee's Name <u>SEAN SUES</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>CraneVeyor</u> Company Name Name of Parent Company (if Applicable)	<u>Mike Douglas</u> Attendee's Name <u>Service Manager</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>AN AMERICAN CRANE</u> Company Name Name of Parent Company (if Applicable)	<u>Ted Speer</u> Attendee's Name <u>Operations</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>ALL CAL Equip</u> Company Name Name of Parent Company (if Applicable)	<u>Bill Thompson</u> Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____