

PROPOSERS' CONFERENCE
ON CALL CRANE CERTIFICATION AND CRANE MAINTENANCE SERVICES (BRC0000086)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
THURSDAY, SEPTEMBER 26, 2019, AT 9 A.M., LONGDEN YARD

Please print clearly and leave your business card.

Page ____ of ____

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>All CA Equipment</u> Company Name Name of Parent Company (if Applicable)	<u>Todd Drake</u> Attendee's Name <u>Vice President</u> Title	Mailing Address: <u>P.O. Box 30035</u> City: <u>Stockton</u> State: <u>CA</u> Zip: <u>95213</u> Telephone Number: <u>209, 244-7802</u> FAX: <u>209, 464-2314</u> E-Mail Address: <u>Tdrake@Allentech.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 # 2
ON CALL CRANE CERTIFICATION AND CRANE MAINTENANCE SERVICES (BRC0000086)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
THURSDAY, SEPTEMBER 26, 2019, AT MORRIS DAM
9500 NORTH SAN GABRIEL CANYON RD, AZUSA, CA 91702

Please print clearly and leave your business card.

Page ____ of ____

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Al-CAI Equipment Company Name Name of Parent Company (if Applicable)	Todd R Drake Attendee's Name Vice President Title	Mailing Address: P.O. 30035 City: Stockton State: CA Zip: 95213 Telephone Number: 209, 244-7802 FAX: 209, 464-2314 E-Mail Address: tdrake@alcaies.com
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 # 3
ON CALL CRANE CERTIFICATION AND CRANE MAINTENANCE SERVICES (BRC0000086)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
THURSDAY, SEPTEMBER 26, 2019, AT SAN GABRIEL DAM
9700 NORTH SAN GABRIEL CANYON RD, AZUSA, CA 91702

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Alca Equipment</u> Company Name	<u>Todd R Drake</u> Attendee's Name <u>Vice President</u> Title	Mailing Address: <u>P.O. Box 36035</u> City: <u>Stockton</u> State: <u>CA</u> Zip: <u>95213</u> Telephone Number: <u>209-244-7802</u> FAX: <u>209-467-2314</u> E-Mail Address: <u>tdr@drakeequipment.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:
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