

**California Department of Transportation****DEPARTMENT OF TRANSPORTATION**

ADMINISTRATION

DIVISION OF PROCUREMENT AND CONTRACTS

1727 30<sup>th</sup> STREET, MS-65

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<https://dot.ca.gov/programs/procurement-and-contracts/>**August 26, 2026**

**Addendum No. 2**  
**Invitation for Price Quote (IFPQ) 07A6393**  
**Landscaping Maintenance Services in Los Angeles County, CA**

**NOTICE TO ALL PROSPECTIVE BIDDERS:**

Addendum No. 2 is issued for the above-referenced IFPQ. Bids for this work shall be with the full understanding of this Addendum.

**THE FOLLOWING REPRESENTS REVISIONS AND QUESTIONS RECEIVED FROM PROSPECTIVE CONTRACTORS AND DEPARTMENT OF TRANSPORTATION (CALTRANS) ANSWERS.**

The following changes have been added to **IFPQ, B) Bidder's Minimum Qualifications:**

- ~~2. Bidder shall have at time of bid submittal, continually thereafter, and for the duration of the Agreement, a current and valid **Qualified Applicator Certificate (QAC) in category Q or Qualified Applicator License (QAL) in category B** issued by the California Department of Pesticide Regulation. Bidder must submit a copy of their certification with its bid.~~
- ~~3. Bidder shall have at time of bid submittal, continually thereafter, and for the duration of the Agreement, a current and valid **Maintenance Gardener Pest Control Business (MGB)** license issued by the California Department of Pesticide Regulation. Bidder must submit a copy of their license with its bid.~~

The following changes have been added to **IFPQ, Attachment 3, Exhibit A, 7. C.**

**6) Weed Control**

- ~~b) Contractor shall use legally approved herbicides.~~
- ~~c) Upon execution of this Agreement, Caltrans Contract Manager will provide Contractor with a list of approved pre-emergent herbicides.~~
- f) Contractor shall perform weed control using non chemical methods only (e.g., hand pulling, mechanical cultivation, mulching). Contract may use any pesticide applications under a Caltrans Contract Manager authorization, and Contractor must hold appropriate California Department of Pesticide Regulation licenses/certifications/insurance. All documents must be provided to the Caltrans Contract Manager before pesticide applications.

## 8) Groundcover Care

~~a) Contractor shall control weeds with chemical systemic spray or by mechanical means using pre-emergent herbicides to prevent damage to planted materials.~~

The following changes have been added to **IFPQ, Attachment 3, Exhibit E,**

### **Item 2., A.**

~~2) Coverage shall also include Pesticide/Herbicide Applicator Coverage, or its equivalent, during the term of the contract.~~

### **Item 3.**

~~B. Contractor shall be properly certified in accordance with the laws of the State of California and shall possess a **Qualified Applicator Certificate (QAC) in category Q or Qualified Applicator License (QAL) in category B** issued by the California Department of Pesticide Regulation.~~

~~C. Contractor shall be properly licensed in accordance with the laws of the State of California and shall possess a **Maintenance Gardener Pest Control Business License** issued by the California Department of Pesticide Regulation.~~

~~H. If Contractor performs any pesticide applications under Caltrans Contract Manager authorization, Contractor must hold appropriate California Department of Pesticide Regulation licenses/certifications.~~

**Question 1:** Due to traffic can the property be serviced on the weekend?

**Answer 1:** No, services are not allowed on the weekend.

**Question 2:** We are a licensed C-27 Landscape Contractor but do not currently hold a QAC Category Q or QAL Category B. The solicitation lists this certification as a minimum bidder qualification. However, Exhibit A states that the Contractor will not be responsible for pest control or pesticide applications and that Caltrans will use a separate contractor for that work. At the same time, the weed-control section references the use of herbicides and pre-emergent herbicides. If we perform weed control entirely by physical or mechanical methods and do not apply any pesticide or herbicide that requires a QAC/QAL, would Caltrans allow us to bid without holding the QAC Category Q or QAL Category B certification? We would appreciate clarification because, as currently written, this requirement appears to make us ineligible even though pesticide application is stated to be outside the Contractor's scope.

**Answer 2:** Contractor will not be responsible for pest control or pesticide/herbicides application. Please see revisions above.

**Question 3:** Can we get the attendee list for the job walk on Wednesday, August 12, 2026?

**Answer 3:** Site Inspection sign in sheet has been attached to this addendum.

**Question 4:** Who is the current contractor? How many employees are they deploying per visit?

**Answer 4:** Caltrans does not have a current contract for these services. The previous contractor had four (4) employees per visit.

**Question 5:** What is the previous dollar award amount and for how many years?

**Answer 5:** The previous agreement was for 3 years at \$60,390.00.

**Question 6:** What are the names of the herbicide/fertilizers/chemicals (e.g. fertilizers, herbicides, etc.) and quantities that the current contractor utilized during the current contract?

**Answer 6:** There were no herbicide, fertilizers, or chemicals used by the last contractor.

**Question 7:** On p.2 of the B) Bidder's Minimum Qualifications; it states that a Qualified Applicator Certificate (QAC) in category Q or Qualified Applicator License (QAL) in category B, as well as a valid Maintenance Gardener Pest Control Business (MGB) license issued by the California Department of Pesticide Regulation. However, under Exhibit A Commercial Services–State p.16, states the following: 7) Contractor will not be responsible for any pest control or application of pesticides during its service visits to the LARTMC facility. Can you please clarify whether the required QAC-Q/QAL-B/MGB licenses are still necessary, especially if the awarded contractor is not expected to apply pesticides?

**Answer 7:** Please refer to the answer provided for question 2.

**Question 8:** What is the current DIR class code/job classification the current contractor is utilizing for the current landscaping contract?

**Answer 8:** Please refer to the answer provided for question 4. The classification is Landscape Maintenance Laborer.

**Question 9:** Do you have a total tonnage and/or expenses for the organic waste generated under the previous contract?

**Answer 9:** No, we do not have that information.

**Question 10:** Can you please send over the job walk sign-in sheet for the Landscaping Maintenance Services in Los Angeles County project? It is Event ID 07A6393.

**Answer 10:** Please refer to the answer provided for question 3.

**ALL OTHER TERMS AND CONDITIONS SET FORTH IN THE IFPQ REMAIN IN FULL FORCE AND EFFECT.**

Sincerely,  
John Leyva,  
Contract Analyst

## SITE INSPECTION SIGN-IN SHEET

ADM-0293 (REV 03/2020)

CONTRACT NUMBER

07A6393

|                                                                                                                          |                                                                                                              |                                                                 |                                                                    |                           |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|---------------------------|
| CONTRACT ANALYST (Print Name)<br>John Leyva                                                                              |                                                                                                              | PHONE NUMBER<br>(279) 599-2837                                  | DATE<br>08/12/2026                                                 | START TIME<br>9:00am      |
| CONTRACT MANAGER (Print Name)<br>Renee DeLaHay                                                                           |                                                                                                              | PHONE NUMBER<br>(213) 317-0608                                  | DISTRICT<br>07                                                     | SOLICITATION TYPE<br>IFPQ |
| SERVICE TYPE (Enter Title of Work)<br>IFPQ 07A6393 titled Landscaping Maintenance Services in Los Angeles County         |                                                                                                              |                                                                 | SERVICE LOCATION(S)<br>2901 W. Broadway Street, Los Angeles, CA 90 |                           |
| COMPANY NAME<br><b>SEPCO EARTHSCAPE INC</b>                                                                              | <input checked="" type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME<br><b>8:55AM</b>                                   | SIGN-OUT TIME<br><b>4:35AM</b>                                     |                           |
| BUSINESS ADDRESS<br><b>2201 E. Willow St D315 Signal Hill, CA 90755</b>                                                  |                                                                                                              | ZIP CODE<br><b>90755</b>                                        |                                                                    |                           |
| NAME (Print Name of Representative)<br><b>Nelson Ku</b>                                                                  |                                                                                                              | EMAIL ADDRESS<br><b>office@sepcoeandscape.com</b>               |                                                                    |                           |
| NAME (Representative's Signature)<br>   |                                                                                                              | BUSINESS PHONE<br><b>714 270 4226</b>                           |                                                                    |                           |
| COMPANY NAME<br><b>Bread and Water Property Services</b>                                                                 | <input checked="" type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME<br><b>8:40</b>                                     | SIGN-OUT TIME<br><b>4:35AM</b>                                     |                           |
| BUSINESS ADDRESS<br><b>13283 Judd St Pacoima, CA 91331</b>                                                               |                                                                                                              | ZIP CODE<br><b>91331</b>                                        |                                                                    |                           |
| NAME (Print Name of Representative)<br><b>Joseph Paniagua</b>                                                            |                                                                                                              | EMAIL ADDRESS<br><b>angel@breadandwaterpropertyservices.com</b> |                                                                    |                           |
| NAME (Representative's Signature)<br>   |                                                                                                              | BUSINESS PHONE<br><b>(818) 339-5504</b>                         |                                                                    |                           |
| COMPANY NAME<br><b>Triangle Landscaping &amp; Design</b>                                                                 | <input checked="" type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME<br><b>8:58</b>                                     | SIGN-OUT TIME<br><b>4:35AM</b>                                     |                           |
| BUSINESS ADDRESS<br><b>1504 Brookhollow Dr. Unit 118D</b>                                                                |                                                                                                              | ZIP CODE<br><b>92705</b>                                        |                                                                    |                           |
| NAME (Print Name of Representative)<br><b>Ahmad Shoai b Sham</b>                                                         |                                                                                                              | EMAIL ADDRESS<br><b>info@triangle-db.com</b>                    |                                                                    |                           |
| NAME (Representative's Signature)<br> |                                                                                                              | BUSINESS PHONE<br><b>( ) 571 580 8271</b>                       |                                                                    |                           |
| COMPANY NAME<br><b>WSP Property Management &amp; Maintenance</b>                                                         | <input checked="" type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME<br><b>9:10 AM</b>                                  | SIGN-OUT TIME<br><b>4:35 AM</b>                                    |                           |
| BUSINESS ADDRESS<br><b>7737 7th St Deerley CA</b>                                                                        |                                                                                                              | ZIP CODE<br><b>90241</b>                                        |                                                                    |                           |
| NAME (Print Name of Representative)<br><b>Jonathan W. Bough</b>                                                          |                                                                                                              | EMAIL ADDRESS<br><b>jwb@wspmgmt.com</b>                         |                                                                    |                           |
| NAME (Representative's Signature)<br> |                                                                                                              | BUSINESS PHONE<br><b>562 677-5215</b>                           |                                                                    |                           |
| COMPANY NAME                                                                                                             | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP            | SIGN-IN TIME                                                    | SIGN-OUT TIME                                                      |                           |
| BUSINESS ADDRESS                                                                                                         |                                                                                                              | ZIP CODE                                                        |                                                                    |                           |
| NAME (Print Name of Representative)                                                                                      |                                                                                                              | EMAIL ADDRESS                                                   |                                                                    |                           |
| NAME (Representative's Signature)                                                                                        |                                                                                                              | BUSINESS PHONE<br>( )                                           |                                                                    |                           |
| COMPANY NAME                                                                                                             | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP            | SIGN-IN TIME                                                    | SIGN-OUT TIME                                                      |                           |
| BUSINESS ADDRESS                                                                                                         |                                                                                                              | ZIP CODE                                                        |                                                                    |                           |
| NAME (Print Name of Representative)                                                                                      |                                                                                                              | EMAIL ADDRESS                                                   |                                                                    |                           |
| NAME (Representative's Signature)                                                                                        |                                                                                                              | BUSINESS PHONE<br>( )                                           |                                                                    |                           |