



*AFFILIATED AGENCIES*

*Orange County  
Transit District*

*Local Transportation  
Authority*

*Service Authority for  
Freeway Emergencies*

*Consolidated Transportation  
Service Agency*

*Congestion Management  
Agency*

*Service Authority for  
Abandoned Vehicles*

September 12, 2023

**SUBJECT: Requests for Proposals (RFP) 3-2760 "Facilities  
Inspections on OC Streetcar Project"**

Gentlemen/Ladies:

This letter and its attachments comprise **Addendum No. 2** to the above captioned Request for Proposals issued by the Orange County Transportation Authority ("Authority").

Offerors are advised that the pre-proposal conference registration sheets are presented as Attachment A to this Addendum No. 2.

Offerors are reminded to acknowledge receipt of this **Addendum No. 2** in their Letter of Transmittal, which is to accompany the proposal. Offerors are advised that all changes addressed in this **Addendum No. 2** shall be incorporated into the final Agreement.

Questions regarding this Addendum No. 2 should be directed to the undersigned at 714-560-5443 or [adelgado@octa.net](mailto:adelgado@octa.net).

Sincerely,

Aaron Delgado  
Associate Contracts Administrator  
Contracts Administration and Materials Management

Attachment:

Attachment A: Pre-proposal Conference Registration Sheet

# PRE-PROPOSAL/PRE-BID CONFERENCE REGISTRATION



**OCTA** RFP#: 3-2760

RFP 3-2760  
Addendum No. 2  
Attachment A

Date: September 6, 2023

Title: Facilities Inspections on the OC Streetcar Project

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1. Company Name: ZT Consulting Group, Inc.  
Attendee: Ileen Robles  
Address: 1041 E. Green St., Suite 204  
City, State Zip: Pasadena, CA 91106  
Phone Number: ( 626 ) 714-7181 Registered on CAMM NET? ☒ Yes ☐ No  
Prime ☐ Sub ☒ DBE ☐  
E-Mail Address: marketing@ztcgrp.com
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2. Company Name: \_\_\_\_\_  
Attendee: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone Number: ( ) Registered on CAMM NET? ☐ Yes ☐ No  
Prime ☐ Sub ☐ DBE ☐  
E-Mail Address: \_\_\_\_\_
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3. Company Name: \_\_\_\_\_  
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Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone Number: ( ) Registered on CAMM NET? ☐ Yes ☐ No  
Prime ☐ Sub ☐ DBE ☐  
E-Mail Address: \_\_\_\_\_