



**State of Oklahoma  
Office of Management and Enterprise Services  
Central Purchasing Division**

**Notice of Statewide  
Contract Award**

*Official signed contract documents are on file with OMES-Central Purchasing.*

**Contract Title:** Sign Erection & Maintenance for Oklahoma, Cleveland & Canadian Counties  
(Mandatory-for the Department of Transportation use only.)

**Statewide Contract #:** SW 708

**Contract Issuance Date:** 01/15/2014

**Total Number of Vendors:** 2 (For details see: *Vendor Information Sheet*)

**Contract Period:** 01/15/2014 through 01/14/2015

**Agreement Period:** 01/15/2014 through 01/14/2018

**Authorized Users:** The Oklahoma Department of Transportation only

**Contract Priority:** Mandatory

**Type of Contract:** Fixed price

**OMES-CP Contact:** Joyce Leivas

Phone: 1 - 405 - 521-2479

**Title:** Contracting & Procurement  
Officer

Fax: 1 - 405 - 5214475

E-mail: joyce.leivas@omes.ok.gov



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Awarded Vendors  
Information

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**Vendor Name:** Midstate Traffic Control Inc

**Vendor ID#:** 0000073127

**Vendor Address:** Address: 12501 N Santa Fe

City: Oklahoma City

State: OK

Zip Code: 73114

**Contact Person Name:** Steve Wells

**Phone #:** 1 - 405 - 751 - 6227

**Title:** President

**Fax #:** 1 - 405 - 751 - 8338

**Email:** mail@midstatetraffic.com

**Website:**

**Authorized Location:** ☐ Locations list attached as (*attachment title*)

☐ Address: same as above

City:

State:

Zip Code:

**Contract ID #:** 3672

**Delivery:** FOB

**Minimum Order:** N/A

**P/Card Accepted:** ☒ Yes ☐ No

**Other:** Primary Vendor

**Vendor Name:** Action Safety Supply Co

**Vendor ID#:** 0000074266

**Vendor Address:** Address: P O BOX 270238

City: Oklahoma City

State: OK

Zip Code: 73137

**Contact Person Name:** Any Customer care employee or Greg Hietpas **Phone #:** 1 - 405 - 787 - 2244

**Title:**

**Fax #:** 1 - 405 - 789 - 1474

**Email:** [sales@actionsafetysupply.com](mailto:sales@actionsafetysupply.com)

**Website:**

**Authorized Location:** ☐ Locations listing attached as (*attachment title*)

☐ Address: same as above

City:

State:

Zip Code:

**Contract ID #:** 3671

**Delivery:** FOB

**Minimum Order:** N/A

**P/Card Accepted:** ☒ Yes ☐ No

**Other:** Secondary Vendor