

## **Program Application**

## **BUSINESS INFORMATION** LEGAL NAME OF BUSINESS: \_\_\_\_\_ BUSINESS ADDRESS: FAX #: \_\_\_\_\_ TELEPHONE #: E-MAIL ADDRESS: **CONTACT PERSON** NAME: TITLE: TELEPHONE #: \_\_\_\_\_ E-MAIL ADDRESS: TRADE CLASSIFACTION(S) through the Division of Property Management & Construction (DPMC) If you do not have a DMPC classification, please list your trade(s). 1. \_\_\_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_ 5. \_\_\_\_ 6. \_\_\_\_ DPMC Expiration Date: \_\_\_\_/\_\_\_ (if applicable) Are you SDA Prequalified: YES If so, please list expiration date: / / NO BUSINESS STRUCTURE: (PLEASE CHECK THE APPROPRIATE CATEGORY) \_\_ SOLE PROPRIETORSHIP \_\_PARTNERSHIP \_\_ CORPORATION \_\_ L.L.C \_\_\_OTHER (SPECIFY) \_\_\_\_\_ LARGEST CONTRACT: 2009 - \$ 2010 - \$ 2008 - \$\_\_\_\_\_ PLEASE CHECK OFF THAT YOU MEET ALL ELIGIBILITY REQUIREMENTS \_\_\_ New Jersey Department of Treasury, Division of Revenue Business Registration \_\_\_\_\_\_ Expiration Date: \_\_\_\_\_/\_ / Certificate #: \_\_\_ NJ State License when required by trade (i.e. Plumbing, Electrical, Asbestos, Fire Suppression) License #: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_ Name of Licensee: \_\_\_\_ \_\_\_ NJ Department of Labor, Division of Wage and Hour Compliance Public Works Contractor Registration Certificate #: \_\_\_\_\_ Expiration Date: / / \_\_ In business for a minimum of 3 years \_\_\_\_\_ YES \_\_\_\_ NO \_\_ A physical location in the State of New Jersey One or more full time employee(s), excluding the owner (Please list employees on the next page) \_\_ I do not have any personal felonies and/ or criminal convictions, or state debarments that have not yet been satisfied (Owner/Principal) \_\_ I am a small, minority-owned or woman-owned business

Classes will be offered at locations	s in Trenton and Newark. Please indicate y	our classroom preference:
1 West State Street, Trenton 375 McCarter Highway, Ne		
Employee List (Please include nar	ne, title and if they are full time or part tim	ne)
NAME	TITLE	FULL TIME/PART TIME
How did you hear about this progr	am:	
understand that any information pr	rovided by me that is found to be false, inc	elete and correct to the best of my knowledge. I complete or misrepresented in any respect, will ii) immediately discharge me from the program
Signature	Tit	le Date

Completed applications should be returned no later than July 12, 2011. Please note that space in this program is limited, therefore we recommend submitting your application as soon as possible. Applications should be sent to:

Terrance Stokes

 $E\text{-mail: }\underline{TStokes@NJSDA.gov}$ 

Fax: 609-656-5039

Mail: Attention: Terrance Stokes, NJ Schools Development Authority, Post Office Box 991, Trenton, NJ 08625-0991

Questions??? Please contact Terrance Stokes at 609-943-4632

Participants will be notified the week of July 15, 2011.