

2014 Program Application

BUSINESS INFORMATION

LEGAL NAME OF BUSINESS:		
BUSINESS ADDRESS:		
TELEPHONE #:	FAX #:	
E-MAIL ADDRESS:	FEDERAL ID#:	
CONTACT PERSON		
NAME:	TITLE:	
TELEPHONE #:	FAX #:	
E-MAIL ADDRESS:		
TRADE CLASSIFICATION(S) through the Division of If you do not have a DPMC classification, please list you		
1 2 3	4 6	
DPMC Expiration Date: (i	f applicable)	
Are you SDA Prequalified: YES NO If s	o, please list expiration date:	
BUSINESS STRUCTURE: (PLEASE CHECK THE API SOLE PROPRIETORSHIP PARTNERSHIP		
LARGEST CONTRACT: 2011 - \$ 2012 - \$	2013 - \$	
PLEASE LIST THE SDA PREQUALIFICATION REQU	JIREMENTS YOU MEET	
New Jersey Department of Treasury Division of Revenue Business Certificate #: Exp	Registration iration Date:/	
NJ State License when required by trade (i.e. Plumbing, Electrical, License #: Expiration Date:/	Asbestos, Fire Suppression)/ Name of Licensee:	
NJ Department of Labor, Division of Wage and Hour Compliance Certificate #: Exp	Public Works Contractor Registration iration Date:/	
In business for a minimum of 3 years: YES Yea	r Incorporated:	
A physical address in the State of New Jersey YES	NO	
One or more full time employees, excluding the owner (Please list		
No personal felonies and/or criminal convictions, or state debarmer	nts that have not yet been satisfied (Owner/Principal)	
Small, Minority-Owned or Woman-Owned Business classification		

	ons in Trenton or Newark. Please indicate y the interest expressed in the stated locations	your classroom preference. Class
32 East Front Street, Tro 375 McCarter Highway		
Employee List (Please include n	ame, title and if they are full time or part tir	me)
NAME	TITLE	FT/PT
I certify that all information I ha knowledge. I understand than a misrepresented in any respect, w	we provided in this application is true, company information provided by me that is foundfill be sufficient cause to (i) cancel further countries the program as deemed necessary.	plete and correct to the best of my d to be false, incomplete or
Signature	Title	Date
program is limited therefore we determined by the interest expression Al Harris e-mail: aharris@njsda.gov Fax: 609-656-5039	be returned no later than Friday, January 17, recommend submitting your application as ssed in the stated locations. Completed app	soon as possible. Class location will be blications should be sent to:
	chools Development Authority, P.O. Box 9	91, Trenton, NJ 08625-0991
Questions – Please contact Al H	arris at 609-858-2901	
Participants will be notified of a	cceptance during the week of January 27, 20	014 or sooner.