



Contractor Training Program

2024 PROGRAM APPLICATION

CONTACT PERSON / PROSPECTIVE PARTICIPANT

Name: _____ Title: _____

Telephone #: _____ FAX #: _____

E-Mail Address: _____

Participants may extend an invitation to one employee. Please indicate employee's name: _____

BUSINESS INFORMATION

Legal Name of Business: _____

Business Address: _____

Include Street, City, State and Zip

Telephone #: _____ FAX #: _____ Federal ID #: _____

Does your company have a business location in NJ? Yes No

NJ Business Address: _____

Company Website Address: _____

TRADE INFORMATION

Business Trade: _____

If your firm is classified with the Division of Property Management & Construction (DPMC), please list your classification code(s).

1. _____ 2. _____ 3. _____

DPMC Expiration Date: _____

Are you SDA Prequalified? Yes No

Are you registered with the NJ Small Business Set-Aside Program through the Department of Treasury, SBE MBE WBE VOB DVOB

Division of Revenue & Enterprise Services?

(Please select all that apply)



32 East Front Street
 P.O. Box 991
 Trenton, NJ 08625-0991
 609-943-5955

Business Structure:

- Sole Proprietorship
 Partnership
 Corporation
 Limited Liability Company
 Other

Year Incorporated: _____

Largest Contract:

2024 - \$ _____ 2023 - \$ _____ 2022 - \$ _____

Employee List: *(please include name, title and indicate if they are full or part time)*

Name / Title: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT
Name / Title: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT
Name / Title: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT
Name / Title: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT
Name / Title: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT
Name / Title: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT
Name / Title: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT
Name / Title: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT
Name / Title: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT
Name / Title: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT

How did you hear about this program? _____

I certify that all information I have provided in this application is true, complete and correct to the best of my knowledge. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the program as deemed necessary.

Print Name *Title* *Date*

Completed applications should be returned no later than October 30, 2024. Please note that space in the program is limited therefore we recommend submitting your application as soon as possible. Completed applications should be sent to:

Edye Maier
 E-mail: ContractorTraining@njsda.gov