

## Contractor Training Program 2020 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)*

Business Structure:

- Sole Proprietorship    
  Partnership    
  Corporation    
  Limited Liability Company    
  Other

Year Incorporated: \_\_\_\_\_

Largest Contract:

2019 - \$ \_\_\_\_\_                 
 2018 - \$ \_\_\_\_\_                 
 2017 - \$ \_\_\_\_\_

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 |
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| 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.

_____	_____	_____
<i>Print Name</i>	<i>Title</i>	<i>Date</i>

Completed applications should be returned no later than September 4, 2020. 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:

**Zaida Olszak**  
E-mail: ContractorTraining@njsda.gov