



Contractor Training Program

2019 PROGRAM APPLICATION

Referred By: _____
If none, list "self"

CONTACT PERSON / PERSPECTIVE PARTICIPANT

Name: _____ Title: _____
Telephone #: _____ FAX #: _____
E-Mail Address: _____

BUSINESS INFORMATION

Legal Name of Business: _____
Business Address: _____
Include Street, City, State and Zip
Telephone #: _____ FAX #: _____ Federal ID#: _____
E-Mail Address: _____
Company Website Address: _____

TRADE INFORMATION

Trade Classification(s) through the Division of Property Management & Construction (DPMC).
If you do not have a DPMC classification, please list your trade(s).

1. _____ 2. _____ 3. _____

DPMC Expiration Date: _____ *If applicable*

Are you SDA Prequalified?: Yes No If yes, please list expiration date: _____

Business Structure:

Sole Proprietorship Partnership Corporation Limited Liability Company Other

Year Incorporated: _____

Are you a small, minority or woman-owned business? Yes No

Are you a disabled veteran-owned business? Yes No



Largest Contract:

2018 - \$ _____ 2017 - \$ _____ 2016 - \$ _____

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

All classes will be held in the Trenton location. The decision to hold classes in our Newark office will be determined by the interest expressed for that location. Please indicate your classroom preference.

32 East Front Street, Trenton, NJ 08625 375 McCarter Highway, Newark, NJ 07114

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 11, 2019. Please note that space in the program is limited therefore we recommend submitting your application as soon as possible. Class location will be determined by the interest expressed in the stated locations. Completed applications should be sent to:

Zaida Olszak
E-mail: ContractorTraining@njsda.gov
Mail: Zaida Olszak, NJ Schools Development Authority, P.O. Box 991, Trenton, NJ 08625-0991

* Participants will be notified of acceptance no later than September 20, 2019.