

## Contractor Training Program 2020 PROGRAM APPLICATION

## **CONTACT PERSON / PROSPECTIVE PARTICIPANT**

Name:		Title:			
Telephone #:					
E-Mail Address:					
Participants may extend an invitation to one employee.					
BUSINESS INFORMATION					
Legal Name of Business:					
Business Address:					
	Include Street, City, State and				
Telephone #:	FAX #:		Federal ID #:		
Does your company have a business location in NJ?	Yes T	☐ No			
NJ Business Address:					
Company Website Address:					
TRADE INFORMATION					
Business Trade:					
If your firm is classified with the Division of Property	Management & Constru	uction (DPMC),	please list your c	lassification co	ode(s).
1 2.	·		3		
DPMC Expiration Date:					
Are you SDA Prequalified? Yes No					
Are you registered with the NJ Small Business Set-As Program through the Department of Treasury, Division of Revenue & Enterprise Services? (Please select all that apply)	side	□ МВЕ	☐ WBE ☐	] VOB	DVOB



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

Business Structure:  Sole Proprietorship Partnership	☐ Corporation	☐ Limited Liability Compan	у 🔲	Other				
Year Incorporated:								
Largest Contract: 2019 - \$	2018 - \$	2017 - \$						
Employee List: (please include name, title and indic	ate if they are full or part tin	ne)						
Name / Title:			FT	☐ PT				
Name / Title:		г	FT	□РТ				
Name / Title:		г	_ FT	☐ PT				
Name / Title:		г	FT	☐ PT				
Name / Title:		-	FT	☐ PT				
Name / Title:		г	FT	☐ PT				
Name / Title:		г	FT	☐ PT				
Name / Title:		-	FT	☐ PT				
Name / Title:		г	FT	☐ PT				
Name / Title:		Г	] FT	☐ 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 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:

E-mail: ContractorTraining@njsda.gov