



# SMWBE Contractor Training Program



STATE OF NEW JERSEY  
SCHOOLS DEVELOPMENT AUTHORITY

## 2013 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 Property Management & Construction (DPMC)  
If you do not have a DPMC classification, please list your trade(s).

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

DPMC Expiration Date: \_\_\_\_\_ (if applicable)

Are you SDA Prequalified: YES NO If so, please list expiration date: \_\_\_\_\_

BUSINESS STRUCTURE: (PLEASE CHECK THE APPROPRIATE CATEGORY)

\_\_\_ SOLE PROPRIETORSHIP \_\_\_ PARTNERSHIP \_\_\_ CORPORATION \_\_\_ L.L.C. \_\_\_ OTHER

LARGEST CONTRACT:

2010 - \$ \_\_\_\_\_ 2011 - \$ \_\_\_\_\_ 2012 - \$ \_\_\_\_\_

PLEASE CHECK ALL OF THE REQUIREMENTS THAT YOU MEET

\_\_\_ New Jersey Department of Treasury Division of Revenue Business Registration  
Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ NJ State License when required by trade (i.e. Plumbing, Electrical, Asbestos, Fire Suppression)  
License #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Licensee: \_\_\_\_\_

\_\_\_ NJ Department of Labor, Division of Wage and Hour Compliance Public Works Contractor Registration  
Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ In business for a minimum of 3 years: \_\_\_ YES Year Incorporated: \_\_\_\_\_

\_\_\_ A physical address in the State of New Jersey \_\_\_ YES \_\_\_ NO

\_\_\_ One or more full time employees, excluding the owner (Please list employees on the next page)

\_\_\_ No personal felonies and/or criminal convictions, or state debarments that have not yet been satisfied (Owner/Principal)

\_\_\_ Small, Minority-Owned or Woman-Owned Business classification



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Classes will be offered at locations in Trenton or Newark. Please indicate your classroom preference. Class location will be determined by the interest expressed in the stated locations

\_\_\_\_\_ 1 West State Street, Trenton, NJ 08625 or  
\_\_\_\_\_ 375 McCarter Highway, Newark, NJ 07114

Employee List (Please include name, title and if they are full time or part time)

NAME	TITLE	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.

\_\_\_\_\_  
Signature Title Date

Completed applications should be returned no later than Friday, January 25, 2013. 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:

Terrance Stokes  
e-mail: [tstokes@njsda.gov](mailto:tstokes@njsda.gov)  
Fax: 609-656-5039  
Mail: Attention: Terrance Stokes, NJ Schools Development Authority, P.O. Box 991, Trenton, NJ 08625-0991

Questions – Please contact Terrance Stokes at 609-943-4632

Participants will be notified of acceptance during the week of January 28, 2013.