



SMWBE Contractor Training Program



STATE OF NEW JERSEY

SCHOOLS DEVELOPMENT AUTHORITY

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 (SPECIFY) _____

LARGEST CONTRACT:

2009 - \$ _____ 2010 - \$ _____ 2011 - \$ _____

PLEASE CHECK OFF THAT YOU MEET ALL ELIGIBILITY REQUIREMENTS

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 NO

A physical location in the State of New Jersey

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

I do not have any personal felonies and/ or criminal convictions, or state debarments that have not yet been satisfied (Owner/Principal)

I am a small, minority-owned or woman-owned business

