



**SUBCONTRACTOR/SUBCONSULTANT
Verification Form**

NJSDA Form 803B/804B

Contractor/Consultant Name: _____
Contract Number: _____
Requisition Number: _____
Period Covered: _____
District Name: _____

To be provided with each payment request for both Contractors and Professional Services

Firm Name included with Bid	% Award Proposed For (SBE/MBE/WBE)	Firm Type (SBE/MBE/WBE)	Trade Classification	Current Firm under Contract	% Awarded	Reason for substitution of subcontractor/subconsultant

Please attach additional documentation, if necessary

I certify that the foregoing statements made by me are true. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to penalties provided by law.

Signed By: Contractor/Consultant Name: _____
Contractor/Consultant Email: _____
Contractor/Consultant Phone Number: _____
Name (Signature): _____
Date: _____

I certify that this information is accurate and complete and that required certified payroll information for construction contracts is on file for the contractor and subcontractor(s) that performed work during the period covered as indicated above. I also certify that any substitution of a subcontractor for a construction contract conforms with the provisions of article 6 of the general conditions of that contract. As for Consultant contracts, I certify that any substitution of a subconsultant adheres to the provisions of article 2.1.9 of the general conditions.

PMF/CM: _____
PMF/CM Email: _____
PMF/CM Phone: _____

Name (Signature): _____ Date: _____

Acknowledged By: NJSDA: _____
Name (Signature): _____
Date: _____