

Contractor Training Program 2020 PROGRAM APPLICATION

CONTACT PERSON / PROSPECTIVE PARTICIPANT

Name: _____ Title: _____

Telephone #: _____ FAX #: _____

E-Mail Address: _____

Participants may extend an invitation to one employee. Please indicate employee's name: _____

BUSINESS INFORMATION

Legal Name of Business: _____

Business Address: _____

Include Street, City, State and Zip

Telephone #: _____ FAX #: _____ Federal ID #: _____

Does your company have a business location in NJ? Yes No

NJ Business Address: _____

Company Website Address: _____

TRADE INFORMATION

Business Trade: _____

If your firm is classified with the Division of Property Management & Construction (DPMC), please list your classification code(s).

1. _____ 2. _____ 3. _____

DPMC Expiration Date: _____

Are you SDA Prequalified? Yes No

Are you registered with the NJ Small Business Set-Aside Program through the Department of Treasury, SBE MBE WBE VOB DVOB

Division of Revenue & Enterprise Services?

(Please select all that apply)

