



STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY

DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION

Overnight mail:
33 West State St, 9th Floor
Trenton, NJ 08608

U.S. Postal Service:
PO Box 034
Trenton, NJ 08625-0034

**PROFESSIONAL SERVICES
PREQUALIFICATION APPLICATION FORM 48A (8/20)**

DO NOT DOUBLE SIDE THE PAGES OF THIS APPLICATION.

**ALL INFORMATION SUBMITTED IS SUBJECT TO VERIFICATION AND ANY FALSEHOODS
WILL EXPOSE A FIRM TO POSSIBLE CIVIL AND CRIMINAL PROCEEDINGS AND
DISBARMENT FROM FUTURE WORK.**

**If you have any questions about the process, contact the Consultant Prequalification
Unit at 609-777-4561.**

<p>1. FIRM NAME/BUSINESS ADDRESS:</p> <p>County: _____</p> <p>Principal Contact: _____ Phone: () _____</p> <p>Year Firm Established: _____ Staff Size: _____ Fax: () _____ <i>(Staff size should include full-time licensed & technical staff in this office only.)</i></p> <p>E-Mail Address: _____</p>	<p>2. FEDERAL TAX ID NUMBER:</p> <p>4. TYPE OF OWNERSHIP: (See Instructions for Form 48A, Page 3 – Box 4)</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Professional Corporation</p> <p><input type="checkbox"/> Corporation (list State)</p> <p><input type="checkbox"/> Professional Association</p> <p><input type="checkbox"/> L.L Corporation</p> <p><input type="checkbox"/> L.L Company</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>Out of state firms must provide a copy of Certificate of Authority. Application available at http://www.nj.gov/treasury/revenue/pdforms/pubrec.pdf</p>	<p>3. DATE PREPARED:</p> <p>5a. FILING STATUS:</p> <p><input type="checkbox"/> MBE CERTIFIED (Attach Copy)</p> <p><input type="checkbox"/> WBE CERTIFIED (Attach Copy)</p> <p><input type="checkbox"/> SBE CERTIFIED (Attach Copy)</p> <p><input type="checkbox"/> VOB CERTIFIED (Attach Copy)</p> <p>5b. DIV. OF REVENUE FILING (Mandatory) BUSINESS REGISTRATION CERTIFICATE (Attach Copy)</p> <p>5c. FEE - \$100.00 (Non-refundable) <input type="checkbox"/> Check enclosed payable to "Treasurer – State of NJ"</p>						
<p>7. NAME/ADDRESS OF PARENT FIRM <i>(if any)</i>: IF NONE, CHECK HERE ⇒ <input type="checkbox"/></p> <p>Principal Contact: _____ Phone: () _____</p> <p>E-Mail Address: _____</p>	<p>8. FORMER FIRM NAME(S) AND YEAR(S) ESTABLISHED: IF NONE, CHECK HERE ⇒ <input type="checkbox"/> <i>(attach additional sheets as needed)</i></p>							
<p>9. LIST SINGLE SATELLITE OFFICE TO BE CONSIDERED IN PRE-QUALIFICATION RATING: <i>List other satellite offices, located within 100 miles of the office listed in #1 above on additional sheet</i>: IF NONE, CHECK HERE ⇒ <input type="checkbox"/></p> <p>Address: _____</p> <p>Principal Contact: _____ Phone: () _____</p> <p>Year Satellite Office Established: _____ Staff Size: _____ <i>(Staff size should include full-time licensed & technical staff in this office only.)</i></p> <p>E-Mail Address: _____</p>	<p>10. ADDITIONAL PRE-QUALIFICATION: List any other public agencies, department, authorities, etc. by which the firm listed in Box 1 is presently prequalified. IF NONE, CHECK HERE ⇒ <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center; padding: 5px;"><u>AGENCY</u></th> <th style="width: 33%; text-align: center; padding: 5px;"><u>CONTACT PERSON</u></th> <th style="width: 33%; text-align: center; padding: 5px;"><u>PHONE NUMBER</u></th> </tr> </thead> <tbody> <tr style="height: 150px;"> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table>		<u>AGENCY</u>	<u>CONTACT PERSON</u>	<u>PHONE NUMBER</u>			
<u>AGENCY</u>	<u>CONTACT PERSON</u>	<u>PHONE NUMBER</u>						
<p>11. <input type="checkbox"/> Employee Information Report Certificate (yellow certificate)</p> <p>Employee Information Report Form @ www.state.nj.us/treasury/contract_compliance</p>								

12. ORGANIZATION CHART (Include offices in boxes 1 & 9 as well as the parent firm, if applicable)



13. FIRM'S FULL TIME NEW JERSEY LICENSED STAFF LOCATED IN THE OFFICES LISTED IN BOXES 1 & 9			
<u>NAME</u>	<u>DISCIPLINE</u>	<u>NJ LICENSE NUMBER</u>	<u>ORIGINAL SIGNATURE</u>

If you are including licensees from two offices, please indicate those in the office in box #1 & those in the office in box #9.

14. BRIEF RESUME OF ALL PRINCIPALS AND KEY PERSONNEL (RESUMES MUST BE ON THIS FORM)			
A. NAME AND TITLE		A. NAME AND TITLE	
B. YEARS EXPERIENCE: THIS FIRM: OTHER FIRMS:		B. YEARS EXPERIENCE: THIS FIRM: OTHER FIRMS:	
C. ACTIVE REGISTRATION:		C. ACTIVE REGISTRATION:	
DISCIPLINE	N.J. LICENSE NO.	DISCIPLINE	N.J. LICENSE NO.
DISCIPLINE	N.J. LICENSE NO.	DISCIPLINE	N.J. LICENSE NO.
DISCIPLINE	N.J. LICENSE NO.	DISCIPLINE	N.J. LICENSE NO.
D. BRIEF RESUME:		D. BRIEF RESUME:	

ATTACH AS MANY OF THESE PAGES OF RESUMES AS NECESSARY

15. STOCKHOLDER/COMMON DISCLOSURE

List below the names, home addresses, offices held and ownership interest of all **individuals, partnerships, corporations or any other owner** with 5% or more interest in the firm named in Box 1 of this Form 48A. If additional space is necessary, list on an attached sheet.

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>OFFICE HELD</u>	<u>SHARES OWNED OR % PARTNERSHIP</u>	<u>ORIGINAL SIGNATURE</u>

GROSS FEES FROM CONTRACTS ENTERED INTO IN THE PAST 5 YEARS:

	<i>From All Entities (Including Private Sector)</i>	<i>From State Government Entities</i>	<i>From Local Government Entities</i>	<i>From Federal Government Entities</i>	<i>Comments or additional information</i>
Year Most recent yr.	\$	\$	\$	\$	
Year					
Year					
Year					
Year					

15. STOCKHOLDER/COMMON DISCLOSURE continued...

<p>a) Is the applicant firm identified in Box 1 of this application owned by any other company and/or corporation? <i>(If yes, please complete a separate disclosure form, both pages, for the parent company.)</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>b) Within the past 5 years, has the applicant firm been owned by another company or firm? <i>(If yes, please complete a separate disclosure form for the parent company.)</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>c) Have any principals listed in this application ever been arrested, charged, indicted or convicted of a crime? <i>(If yes, attach an explanation for each instance.)</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>d) Has any person or entity listed in this application ever been suspended, debarred or otherwise declared ineligible, by any agency of government, from contracting to provide services, labor, material or supplies? <i>(If yes, attach an explanation for each instance.)</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>e) Has any federal, state or local government license, permit or other similar authorization necessary to perform the work applied for herein, and held or applied for by any person or entity listed in this form been suspended or revoked, or is the subject of any ending proceedings specifically seeking or litigating the issue of suspension or revocation? <i>(If yes, attach an explanation for each instance.)</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>f) Are there currently any administrative, civil or criminal matters pending in any federal, state or local government jurisdiction in which the firm or its principals or key personnel are involved? <i>(If yes, attach an explanation for each instance.)</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>g) Has the applicant firm been denied pre-qualification in the past five years under this name or another? <i>(If yes, attach an explanation for each instance.)</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>h) At present or during the past 5 years, have any of the principals or key personnel of the applicant firm served as a principal or key personnel or owned 5% or more of any other firm (including firms that are inactive or have been dissolved)? <i>(If yes, give name, name of firm, position held, % owned, remainder owned by, and dates owned.)</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>i) Has the applicant firm, its affiliate or any of its principals or key personnel been a party to a bankruptcy or re-organization proceeding? <i>(If yes, provide caption, date, docket number, court and county.)</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>j) In the past 5 years has the applicant firm or any of its affiliate firms:</p> <p>(a) Had a contract terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Been given a final unsatisfactory performance rating on a specific project? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Had liquidated damages assessed against it in connection with a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) Engaged in any litigation with regard to any contract? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes to any of the above, explain.)</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>k) Do any of the principals of the applicant firm have an ownership interest in any other entity, which is in the same line or business for which the firm is now seeking pre-qualification? <i>(If yes, identify the name, address and federal tax ID number for such entity and the nature of the ownership interest.)</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

16. Financial Statement Information – the applicant firm must submit one of the following:

REQUIRED INFORMATION

(See “Instructions for Form 48A” Page 5, Box – 16)

FINANCIAL STATEMENTS FOR THE MOST RECENT TWO YEARS. MAY BE PRESENTED IN TWO STATEMENTS OR AS SINGLE STATEMENT COVERING THE MOST CURRENT TWO YEARS. STATEMENT(S) MUST BE COMPLETED BY AN ACCOUNTANT OR CERTIFIED PUBLIC ACCOUNTANT AND MUST BE ACCOMPANIED BY A COPY OF THE ACCOUNTANT’S SIGNED COVER LETTER/REPORT. **NOTE – STATEMENTS ARE SUBJECT TO VERIFICATION. FALSE INFORMATION MAY RESULT IN CIVIL/CRIMINAL PENALTIES AND/OR DEBARMENT.**

Preferred

- Audited Financial Statements for last two years including:
 - Auditor’s reports
 - Balance Sheets
 - Statements of Income & Retained Earnings
 - All footnotes to these statements

- Corporate Annual Report (if applicable)

If not available, then

- Reviewed Financial Statements for last two years including:
 - Balance Sheets
 - Statements of Income and retained earnings
 - All footnotes to these statements

If not available, then

- Compilations for last two years including:
 - Balance Sheets
 - Statements of income and retained earnings
 - All footnotes to these compilations

17. PROFESSIONAL TECHNICAL DATA

- INSTRUCTIONS: 1. Place an "X" in Column A for those specialties/disciplines for which the firm is seeking prequalification.
 2. Indicate the number of staff members in the appropriate boxes in columns E&F working full time in each specialty/discipline.
 3. Indicate the total Professional/Technical Staff for each Specialty/Discipline in Column "G"
 4. For discipline 29, Construction Management, see definition bottom of page 9.

A	B	C	D	E OFFICE TO BE PREQUALIFIED (LISTED IN BOX 1, PAGE 1)		F SATELLITE OFFICE (LISTED IN BOX 9, PAGE 1)		G
REQSTD <input checked="" type="checkbox"/>	CODE	SPECIALTY/DISCIPLINE	TITLES OF PROFESSIONAL/TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	(E+F) TOTAL STAFF
<input type="checkbox"/>	01	ARCHITECTURE	ARCHITECTS					
<input type="checkbox"/>	02	ELECTRICAL ENGINEERING	ELECTRICAL ENGINEERS					
<input type="checkbox"/>	03	HVAC ENGINEERING	HVAC/MECHANICAL ENGINEERS					
<input type="checkbox"/>	04	PLUMBING ENGINEERING	PLUMBING ENGINEERS					
<input type="checkbox"/>	05	CIVIL ENGINEERING	CIVIL ENGINEERS					
<input type="checkbox"/>	06	SANITARY ENGINEERING	SANITARY ENGINEERS					
<input type="checkbox"/>	07	STRUCTURAL ENGINEERING	STRUCTURAL ENGINEERS					
<input type="checkbox"/>	08	ELEVATOR/CONVEYOR SYSTEMS ENGINEERING	MECHANICAL ENGINEERS					
<input type="checkbox"/>	09	SOILS ENGINEERING	SOILS ENGINEERS					
<input type="checkbox"/>	10	FIRE PROTECTION ENGINEERING	FIRE PROTECTION ENGINEERS					
<input type="checkbox"/>	11	ENVIRONMENTAL ENGINEERING	ENVIRONMENTAL ENGINEERS					
<input type="checkbox"/>	12	MARINE ENGINEERING	CIVIL ENGINEERS					
<input type="checkbox"/>	13	LANDSCAPE DESIGN	LANDSCAPE ARCHITECTS					
<input type="checkbox"/>	14	PLANNING	PLANNERS					
<input type="checkbox"/>	15	LAND SURVEYING	SURVEYORS					
<input type="checkbox"/>	16	AERIAL SURVEYING	SURVEYORS/CERTIFIED PHOTOGRAMMETRISTS					
<input type="checkbox"/>	17	HYDROGRAPHIC SURVEYING	ENGINEERS/SURVEYORS/ HYDROGRAPHIC SURVEYORS					
<input type="checkbox"/>	18	FIRE & LIFE SAFETY RENOVATIONS	ARCHITECTS/ENGINEERS					
<input type="checkbox"/>	19	BUILDING COMMISSIONING	ENGINEERS/TECHNICIANS					
<input type="checkbox"/>	20	BOILER/STEAM LINES/HIGH PRESSURE SYSTEMS	ENGINEERS					
<input type="checkbox"/>	21	DAM/LEVEE DESIGN	CIVIL ENGINEERS					
<input type="checkbox"/>	24	BARRIER FREE/ADA DESIGN	ARCHITECTS/ENGINEERS					
<input type="checkbox"/>	25	ESTIMATING/COST ANALYSIS	ESTIMATORS					
<input type="checkbox"/>	27	INTERIOR DESIGN SPACE PLANNING	INTERIOR DESIGNERS					
<input type="checkbox"/>	28	ROOFING INSPECTION	ROOFING INSPECTORS					

17. PROFESSIONAL TECHNICAL DATA, continued...

A	B	C	D	E OFFICE TO BE PREQUALIFIED (BOX 1, PAGE 1)		F SATELLITE OFFICE (BOX 9, PAGE 1)		G
REQSTD <input checked="" type="checkbox"/>	CODE	SPECIALTY/DISCIPLINE	TITLES OF PROFESSIONAL/TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	(E+F) TOTAL STAFF
<input type="checkbox"/>	29	CONSTRUCTION MANAGEMENT	CONSTRUCTION MANAGERS ***					
<input type="checkbox"/>	30	CPM SCHEDULING	SCHEDULERS					
<input type="checkbox"/>	31	ARCHAEOLOGY	ARCHAEOLOGISTS					
<input type="checkbox"/>	32	GEOLOGY	GEOLOGISTS					
<input type="checkbox"/>	33	VALUE ENGINEERING	ARCHITECTS/ENGINEERS/ESTIM ATORS					
<input type="checkbox"/>	34	HISTORICAL PRESERVATION/ RESTORATION	ARCHITECTS					
<input type="checkbox"/>	35	ROOFING CONSULTANT	ARCHITECTS/ENGINEERS					
<input type="checkbox"/>	36	ACOUSTICS	ACOUSTICIANS					
<input type="checkbox"/>	37	ASBESTOS MANAGEMENT & DESIGN	AHERA ACCREDITED MANAGEMENT PLANNER					
<input type="checkbox"/>	38	ASBESTOS SAFETY CONTROL MONITORING	ASBESTOS SAFETY TECHNICIANS (FIRM & AST MUST BE CERTIFIED BY DCA)					
<input type="checkbox"/>	39	CLAIMS ANALYSIS	CLAIMS ANALYSTS/ESTIMATORS					
<input type="checkbox"/>	40	TELECOMMUNICATIONS	TELECOMMUNICATION SPECIALISTS					
<input type="checkbox"/>	42	FEASIBILITY/MASTER PLANNING	PLANNERS/ARCHITECTS/ ENGINEERS					
<input type="checkbox"/>	43	FIRE DETECTION SYSTEMS	FIRE DETECTION SPECIALISTS					
<input type="checkbox"/>	44	FIRE PROTECTION SYSTEMS	FIRE PROTECTION SPECIALISTS					
<input type="checkbox"/>	45	FOOD SERVICE	FOOD SERVICE CONSULTANTS					
<input type="checkbox"/>	46	HYDRAULICS/PNEUMATICS	HYDRAULIC ENGINEERS					
<input type="checkbox"/>	47	HYDROLOGY	HYDROGEOLOGISTS					
<input type="checkbox"/>	48	SECURITY SYSTEMS	SECURITY SYSTEM CONSULTANTS					
<input type="checkbox"/>	49	SITE PLANNING	PLANNERS/ARCHITECTS/ ENGINEERS					
<input type="checkbox"/>	50	HISTORIC PRESERVATION CONSULTANT	ARCHITECTURAL HISTORIANS/ RESEARCHERS					

*** A Construction Manager provides professional services and overall management of the construction-related elements of a project including advice and recommendations to the OWNER during pre-design, design and construction. The CM does not self-perform any of the work.

17. PROFESSIONAL TECHNICAL DATA, continued...

A	B	C	D	E OFFICE TO BE PREQUALIFIED (LISTED IN BOX 1, PAGE 1)		F SATELLITE OFFICE (LISTED IN BOX 9, PAGE 1)		G
REQSTD <input checked="" type="checkbox"/>	CODE	DISCIPLINE/SPECIALTY	TITLES OF PROFESSIONAL/TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	(E+F) TOTAL STAFF
<input type="checkbox"/>	51	ENERGY AUDITING	ENGINEERS OR CERTIFIED ENERGY CONSULTANTS					
<input type="checkbox"/>	52	TRAFFIC	TRAFFIC ANALYSTS					
<input type="checkbox"/>	53	TRANSPORTATION	CIVIL ENGINEERS					
<input type="checkbox"/>	54	WASTE/WATER TREATMENT	CIVIL/SANITARY ENGINEERS					
<input type="checkbox"/>	55	ENERGY MANAGEMENT CONTROL SYSTEMS	HVAC/ELECTRICAL ENGINEERS					
<input type="checkbox"/>	56	RENEWABLE ENERGY DESIGN CONSULTANT	ENGINEERS OR RENEWABLE ENERGY DESIGNERS					
<input type="checkbox"/>	57	CONSTRUCTION FIELD INSPECTION	FIELD INSPECTORS					
<input type="checkbox"/>	58	PROJECT MANAGEMENT	PROJECT MANAGERS					
<input type="checkbox"/>	59	ENVIRONMENTAL CONSULTANT	ENVIRONMENTAL SPECIALISTS					
<input type="checkbox"/>	60	UNDERGROUND STORAGE TANK REMOVAL	DEP CERTIFIED SPECIALISTS (SSE) AND DEP CERTIFIED FIRM					
<input type="checkbox"/>	61	UNDERGROUND STORAGE TANK INSTALLATION	ENGINEER (DEP FIRM CERTIFIED)					
<input type="checkbox"/>	62	PERIMETER SECURITY FENCING	SECURITY SYSTEM SPECIALISTS					
<input type="checkbox"/>	63	INDOOR AIR QUALITY	INDUSTRIAL HYGIENISTS					
<input type="checkbox"/>	64	LANDFILL CLOSURE	ENVIRONMENTAL ENGINEERS					
<input type="checkbox"/>	65	LEAD PAINT EVALUATION/ INSPECTION	DOH CERTIFIED TECH (DCA FIRM CERTIFIED)					

Note: In order to receive a prequalification rating for a specific discipline/specialty, qualified staff must be listed in column "E". Additional credit will be given for any other staff listed in column "F".

18. IN ORDER TO ACHIEVE A PREQUALIFICATION RATING IN A SPECIFIC SPECIALTY/DISCIPLINE, A **MINIMUM** OF THREE (3) PROJECTS MUST BE LISTED; TWO (2) OF WHICH HAVE BEEN COMPLETED AND OCCUPIED. IT IS ADVISABLE TO LIST LARGE PROJECTS TO JUSTIFY A HIGHER PRE-QUALIFICATION RATING. IN THE CASE OF STUDIES OR MASTER PLANS, LIST A MINIMUM OF THREE (3) PROJECTS WITH THE CONSTRUCTION COST ESTIMATE OR THE FEE YOUR FIRM RECEIVED FOR THIS SERVICE. ALL PROJECTS MUST HAVE BEEN COMPLETED WITHIN THE PAST TEN (10) YEARS. PRINCIPALS OR PARTNERS IN THE APPLICANT FIRM MAY ONLY INCLUDE EXPERIENCE GAINED IN A PREVIOUS FIRM IF THEY WERE A PRINCIPAL IN THAT FIRM. **LIST ONLY INDIVIDUAL PROJECTS** (District wide, various locations, indefinite or term contracts will not be considered.).

- A/E** Indicates services performed as the Architect or Engineer of record
- S/C** Indicates services performed as a Sub-Consultant to an A/E of record
- JV** Indicates services as part of a Joint Venture
- CM** Indicates services performed as the owner's representative managing & monitoring project design & construction

DISCIPLINE/ SPECIALTY TYPE <small>(use codes from box 17, column B)</small>	A/E, S/C JV, CM	PROJECT NAME LOCATION & BRIEF DESCRIPTION	PROJECT OWNER, CONTACT PERSON & PHONE NUMBER	ESTIMATED COST		MONTH & YEAR WORK COMPLETED
				ENTIRE PROJECT	WORK FOR WHICH FIRM RESPONSIBLE	

19. RANK ORDER OF YOUR FIRM'S EXPERTISE FOR VARIOUS BUILDING TYPES FROM 1 TO 10 (1= HIGHEST). DO NOT USE ANY NUMBER MORE THAN ONCE. INCLUDE THE APPROXIMATE NUMBER OF PROJECTS YOU HAVE BEEN INVOLVED IN OVER THE PAST 10 YEARS FOR EACH BUILDING TYPE SELECTED.

RANK ORDER	NO. OF PROJECTS	CODE	BUILDING TYPE	RANK ORDER	NO. OF PROJECTS	CODE	BUILDING TYPE
		75	CHILD CARE FACILITIES			85	MEDICAL/HEALTHCARE FACILITIES
		76	RADIO/TV FACILITIES			86	OFFICE FACILITIES
		77	COMPUTER FACILITIES			87	PARKS
		78	CORRECTIONAL FACILITIES			88	RECREATIONAL FACILITIES
		79	DAMS, DIKES, LEVEES			89	RESIDENTIAL FACILITIES
		80	SCHOOL FACILITIES			90	SITE ENGINEERING/ROADWAY/PAVING
		81	LABORATORIES/RESEARCH FACILITIES			91	THEATERS
		82	LIBRARIES/MUSEUMS			92	WAREHOUSE/INDUSTRIALS FACILITIES
		83	MAINTENANCE FACILITIES			93	WASTEWATER TREATMENT FACILITIES
		84	MARINAS/BULKHEADS			94	HISTORICAL PRESERVATION/ RESTORATION

20. INCLUDE INFORMATION OR DESCRIPTIONS OF ACHIEVEMENTS AND AWARDS RECEIVED
(Attach a separate sheet if necessary)

21. IDENTIFY INSURANCES CURRENTLY HELD BY YOUR FIRM:

TYPE	CARRIER, AGENT ADDRESS, NAME AND PHONE NUMBER	POLICY LIMITS
Workers Compensation		
Multiple Peril		
Vehicle		
General Liability		
Medical		
Professional Liability		
Other:		

22. CERTIFICATION OF PRINCIPALS:

CERTIFICATION

Each **Principal** identified in Box 14 must complete this certification. **Certifications must be notarized when signed.**

A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION WILL SUBJECT THE APPLICANT FIRM TO CIVIL AND CRIMINAL PENALTIES AVAILABLE AT LAW.

I _____, being duly sworn, state that I am _____ of _____, and that I
(full name) *(title)* *(firm name)*
have read and understood the questions contained in the attached application and its appendices.

I certify that to the best of my knowledge the information given in response to each question and the appendices is full, complete and truthful.

I acknowledge that the New Jersey Department of the Treasury may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application.

I recognize that all the information submitted is for the express purpose of inducing the Department of the Treasury to pre-qualify the applicant, award a contract and/or allow the applicant to participate in professional consultant services contracts.

I agree and warrant that truthfully answering the questions on this application is an event entirely within my control. I realize that false information may result in civil/criminal penalties and/or debarment.

I understand and agree that the application and all supporting documentation filed with the Department of the Treasury shall become the property of the Department of the Treasury.

I authorize the Department of the Treasury to contact any entity or person named in the application for purposes of verifying the information supplied by the applicant.

Sworn to before

This _____ day of _____

_____/_____
Name (print) / Date

_____/_____
Original Signature / Title

Original Signature _____
NOTARY PUBLIC

23. CERTIFICATION BY PREPARER

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge that the New Jersey Department of the Treasury is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Department of the Treasury to notify the Department of the Treasury in writing of any changes to the answers or information contained herein. A material false statement or omission made in connection with this application will subject the applicant firm and me to civil and criminal penalties available in law, as well as possible debarment. I authorize the Department of the Treasury to verify any answer(s) contained herein, to investigate my background and credit worthiness and of the firm stated herein and to enlist the aid of third parties in its investigative process.

I, being duly authorized, certify that the information supplied above, including all attached pages, is complete and correct to the best of my knowledge.

ATTESTED: Sworn and subscribed to before me

on the _____ day of _____

Original Signature: _____ **Date:** _____

PRINT OR TYPE Name: _____

Original Signature: _____

Title: _____

NOTARY PUBLIC

Send completed 48A to:
DEPARTMENT OF THE TREASURY
Division of Property Management & Construction
Consultant Prequalification

Overnight mail:

33 West State St, 9th Floor
Trenton, NJ 08608

U.S. Postal Service:

PO Box 034
Trenton, NJ 08625-0034

Please note: U.S. Postal service overnight mail is delivered to the Capitol Post office. It does not arrive in our office the next day, but several days later.

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Corporate
Seal
If applicable