**STATE OF NEW JERSEY**

**JUVENILE JUSTICE COMMISSION**

**SIGNATURE PAGE**

|  |  |  |  |
| --- | --- | --- | --- |
| **DUNS NUMBER:**      **CCR NUMBER:**      **TAX ID NO:**       |  | **JJC BID #:**FAI-2023 | **DATE SUBMITTED**      |

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| --- | --- |
| Contractor: |       |

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| --- | --- |
| Address:  |       |

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| --- | --- | --- | --- |
| Telephone:  | (   )       | Fax:  | (   )       |

|  |  |
| --- | --- |
| Email Address:  |        |

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| --- | --- | --- | --- |
| Contact Person:  |       | Title: |       |

|  |  |
| --- | --- |
| Mailing Address:  |       |

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| --- | --- | --- | --- |
| Telephone:  | (   )       | Fax: | (   )       |

|  |  |
| --- | --- |
| Email Address:  |        |

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| --- | --- | --- | --- |
| Financial Officer, if applicable: |       | Title: |       |

|  |  |
| --- | --- |
| Mailing Address:  |       |

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| --- | --- | --- | --- |
| Telephone:  | (   )       | Fax: | (   )       |

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| --- | --- |
| Email Address:  |        |

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| By signing below, I acknowledge that I have read and understand that if selected, I am required to obtain a Business Registration Certificate, complete the Delegated Purchasing Authority (DPA) Transaction Document Packet, and pay any required fees.  |

|  |  |
| --- | --- |
| Name/Title:  |       |

|  |  |
| --- | --- |
| Signature: |  |