



**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY**

---

**DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION**

Overnight mail:  
33 West State St, 9<sup>th</sup> Floor  
Trenton, NJ 08608

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Trenton, NJ 08625-0034

**PROFESSIONAL SERVICES  
PREQUALIFICATION APPLICATION FORM 48A (6/14)**

**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.**

| <b>State of New Jersey</b><br><b>Department of the Treasury</b><br><b>Division of Property Management</b><br><b>and Construction</b>  | <b>PROFESSIONAL SERVICES</b><br><b>PREQUALIFICATION APPLICATION</b>   | <b>FORM</b><br><b>48A</b> 9/10   |  |   |                     |  |  |  |
|---|---|--|--|---|---------------------|--|--|--|
| <b>1. FIRM NAME/BUSINESS ADDRESS:</b><br><br>County:<br><br>Principal Contact: Phone: (     )<br><br>Year Firm Established:     Staff Size:     Fax: (     )<br><i>(Staff size should include full-time licensed &amp; technical staff in this office only.)</i><br><br>E-Mail Address:   | <b>2. FEDERAL TAX ID NUMBER:</b><br><br><b>4. TYPE OF OWNERSHIP:</b> (See Instructions for Form 48A, Page 3 – Box 4)<br><br><input type="checkbox"/> Individual<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Professional Corporation<br><input type="checkbox"/> Corporation (list State)<br><input type="checkbox"/> Professional Association<br><input type="checkbox"/> L.L Corporation<br><input type="checkbox"/> L.L Company<br><input type="checkbox"/> Other (Specify)<br><br>Out of state firms must provide a copy of Certificate of Authority. Application available at <a href="http://www.nj.gov/treasury/revenue/pdforms/pubrec.pdf">http://www.nj.gov/treasury/revenue/pdforms/pubrec.pdf</a>              | <b>3. DATE PREPARED:</b><br><br><b>5a. FILING STATUS:</b><br><input type="checkbox"/> MBE CERTIFIED (Attach Copy)<br><input type="checkbox"/> WBE CERTIFIED (Attach Copy)<br><input type="checkbox"/> SBE CERTIFIED (Attach Copy)<br><input type="checkbox"/> VOB CERTIFIED (Attach Copy)<br><br><b>5b. DIV. OF REVENUE FILING (Mandatory)</b><br><input type="checkbox"/> BUSINESS REGISTRATION CERTIFICATE (Attach Copy)<br><br><b>5c. FEE - \$100.00 (Non-refundable)</b><br><input type="checkbox"/> Check enclosed payable to "Treasurer – State of NJ" |  |   |                     |  |  |  |
| <b>7. NAME/ADDRESS OF PARENT FIRM (if any): IF NONE, CHECK HERE ⇒ <input type="checkbox"/></b><br><br>Principal Contact: Phone: (     )<br>E-Mail Address:  | <b>8. FORMER FIRM NAME(S) AND YEAR(S) ESTABLISHED:</b><br><i>(attach additional sheets as needed)</i> <b>IF NONE, CHECK HERE ⇒ <input type="checkbox"/></b><br><br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <b>6a. CADD CAPABILITY</b><br/><br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO             </td> <td style="width: 50%; border: none; vertical-align: top;"> <b>6b. INTERESTED IN WORK UNDER OPERATION FAST START?</b><br/><br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO             </td> </tr> </table>  |  | <b>6a. CADD CAPABILITY</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO | <b>6b. INTERESTED IN WORK UNDER OPERATION FAST START?</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |                     |  |  |  |
| <b>6a. CADD CAPABILITY</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO  | <b>6b. INTERESTED IN WORK UNDER OPERATION FAST START?</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |   |                     |  |  |  |
| <b>9. LIST <u>SINGLE</u> SATELLITE OFFICE TO BE CONSIDERED IN PRE-QUALIFICATION RATING:</b> <i>List other satellite offices, located within 100 miles of the office listed in #1 above on additional sheet): IF NONE, CHECK HERE ⇒ <input type="checkbox"/></i><br>Address:<br><br>Principal Contact: Phone: (     )<br><br>Year Satellite Office Established:     Staff Size:<br><i>(Staff size should include full-time licensed &amp; technical staff in this office only.)</i><br><br>E-Mail Address: | <b>10. ADDITIONAL PRE-QUALIFICATION:</b><br>List any other public agencies, department, authorities, etc. by which the firm listed in Box 1 is presently prequalified. <b>IF NONE, CHECK HERE ⇒ <input type="checkbox"/></b><br><br><table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 33%; text-align: center; border: none;"><u>AGENCY</u></th> <th style="width: 33%; text-align: center; border: none;"><u>CONTACT PERSON</u></th> <th style="width: 33%; text-align: center; border: none;"><u>PHONE NUMBER</u></th> </tr> </thead> <tbody> <tr> <td style="border: none; height: 150px;"></td> <td style="border: none; height: 150px;"></td> <td style="border: none; height: 150px;"></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>  |  |   |                     |  |  |  |
|   |   |  |  |   |                     |  |  |  |
| <b>11.</b><br><input type="checkbox"/> Employee Information Report Certificate (yellow certificate)<br>Employee Information Report Form @ <a href="http://www.state.nj.us/treasury/contract_compliance">www.state.nj.us/treasury/contract_compliance</a>  |   |  |  |   |                     |  |  |  |

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





| 14. BRIEF RESUME OF ALL PRINCIPALS AND KEY PERSONNEL ( <b>RESUMES MUST BE ON THIS FORM</b> ) |                  |   |                  |
|--|------------------|---|------------------|
| 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 continued...**

|   |   |
|---|---|
| <p>a) Is the applicant firm identified in Box 1 of this application owned by any other company and/or corporation?<br/><i>(If yes, please complete a separate disclosure form, both pages, for the parent company.)</i></p>   | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |
| <p>b) Within the past 5 years, has the applicant firm been owned by another company or firm?<br/><i>(If yes, please complete a separate disclosure form for the parent company.)</i></p>  | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |
| <p>c) Have any principals listed in this application ever been arrested, charged, indicted or convicted of a crime?<br/><i>(If yes, attach an explanation for each instance.)</i></p>   | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |
| <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?<br/><i>(If yes, attach an explanation for each instance.)</i></p>   | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |
| <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?<br/><i>(If yes, attach an explanation for each instance.)</i></p>                                    | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |
| <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?<br/><i>(If yes, attach an explanation for each instance.)</i></p>   | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |
| <p>g) Has the applicant firm been denied pre-qualification in the past five years under this name or another?<br/><i>(If yes, attach an explanation for each instance.)</i></p>   | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |
| <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)?<br/><i>(If yes, give name, name of firm, position held, % owned, remainder owned by, and dates owned.)</i></p>  | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |
| <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?<br/><i>(If yes, provide caption, date, docket number, court and county.)</i></p>  | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |
| <p>j) In the past 5 years has the applicant firm or any of its affiliate firms:<br/>         (a) Had a contract terminated?<br/>         (b) Been given a final unsatisfactory performance rating on a specific project?<br/>         (c) Had liquidated damages assessed against it in connection with a contract?<br/>         (d) Engaged in any litigation with regard to any contract? <input type="checkbox"/><br/> <i>(If yes to any of the above, explain.)</i></p> | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No<br/> <input type="checkbox"/> Yes      <input type="checkbox"/> No<br/> <input type="checkbox"/> Yes      <input type="checkbox"/> No<br/> <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> |
| <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>   | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |

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<br>OFFICE TO BE<br>PREQUALIFIED<br>(LISTED IN BOX 1, PAGE 1) |  | F<br>SATELLITE OFFICE<br>(LISTED IN BOX 9,<br>PAGE 1) |  | G                       |
|---|------|---|--|--|--|---|--|-------------------------|
| REQSTD<br><input checked="" type="checkbox"/> | CODE | SPECIALTY/DISCIPLINE                        | TITLES OF<br>PROFESSIONAL/TECHNICAL<br>STAFF   | # OF STAFF<br>WITH A NJ<br>LICENSE                             | # OF<br>ADDITIONAL<br>TECHNICAL<br>STAFF | # OF STAFF<br>WITH A NJ<br>LICENSE                    | # OF<br>ADDITIONAL<br>TECHNICAL<br>STAFF | (E+F)<br>TOTAL<br>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<br>SYSTEMS ENGINEERING    | MECHANICAL ENGINEERS                           |  |  |   |  |                         |
| <input type="checkbox"/>                      | 09   | SOILS ENGINEERING                           | SOILS ENGINEERS                                |  |  |   |  |                         |
| <input type="checkbox"/>                      | 10   | FIRE PROTECTION<br>ENGINEERING              | FIRE PROTECTION ENGINEERS                      |  |  |   |  |                         |
| <input type="checkbox"/>                      | 11   | ENVIRONMENTAL<br>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<br>PHOTOGRAMMETRISTS       |  |  |   |  |                         |
| <input type="checkbox"/>                      | 17   | HYDROGRAPHIC SURVEYING                      | ENGINEERS/SURVEYORS/<br>HYDROGRAPHIC SURVEYORS |  |  |   |  |                         |
| <input type="checkbox"/>                      | 18   | FIRE & LIFE SAFETY<br>RENOVATIONS           | ARCHITECTS/ENGINEERS                           |  |  |   |  |                         |
| <input type="checkbox"/>                      | 19   | BUILDING COMMISSIONING                      | ENGINEERS/TECHNICIANS                          |  |  |   |  |                         |
| <input type="checkbox"/>                      | 20   | BOILER/STEAM LINES/HIGH<br>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<br>PLANNING           | INTERIOR DESIGNERS                             |  |  |   |  |                         |
| <input type="checkbox"/>                      | 28   | ROOFING INSPECTION                          | ROOFING INSPECTORS                             |  |  |   |  |                         |

17. PROFESSIONAL TECHNICAL DATA, continued...

| A   | B    | C                                       | D   | E<br>OFFICE TO BE<br>PREQUALIFIED<br>(BOX 1, PAGE 1) |  | F<br>SATELLITE OFFICE<br>(BOX 9, PAGE 1) |  | G                       |
|---|------|---|---|--|--|--|--|-------------------------|
| REQSTD<br><input checked="" type="checkbox"/> | CODE | SPECIALTY/DISCIPLINE                    | TITLES OF<br>PROFESSIONAL/TECHNICAL<br>STAFF                            | # OF STAFF<br>WITH A NJ<br>LICENSE                   | # OF<br>ADDITIONAL<br>TECHNICAL<br>STAFF | # OF STAFF<br>WITH A NJ<br>LICENSE       | # OF<br>ADDITIONAL<br>TECHNICAL<br>STAFF | (E+F)<br>TOTAL<br>STAFF |
| <input type="checkbox"/>                      | 29   | CONSTRUCTION<br>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<br>ATORS                                     |  |  |  |  |                         |
| <input type="checkbox"/>                      | 34   | HISTORICAL PRESERVATION/<br>RESTORATION | ARCHITECTS  |  |  |  |  |                         |
| <input type="checkbox"/>                      | 35   | ROOFING CONSULTANT                      | ARCHITECTS/ENGINEERS  |  |  |  |  |                         |
| <input type="checkbox"/>                      | 36   | ACOUSTICS                               | ACOUSTICIANS  |  |  |  |  |                         |
| <input type="checkbox"/>                      | 37   | ASBESTOS MANAGEMENT &<br>DESIGN         | AHERA ACCREDITED<br>MANAGEMENT PLANNER                                  |  |  |  |  |                         |
| <input type="checkbox"/>                      | 38   | ASBESTOS SAFETY CONTROL<br>MONITORING   | ASBESTOS SAFETY<br>TECHNICIANS (FIRM & AST MUST<br>BE CERTIFIED BY DCA) |  |  |  |  |                         |
| <input type="checkbox"/>                      | 39   | CLAIMS ANALYSIS                         | CLAIMS<br>ANALYSTS/ESTIMATORS   |  |  |  |  |                         |
| <input type="checkbox"/>                      | 40   | TELECOMMUNICATIONS                      | TELECOMMUNICATION<br>SPECIALISTS  |  |  |  |  |                         |
| <input type="checkbox"/>                      | 42   | FEASIBILITY/MASTER<br>PLANNING          | PLANNERS/ARCHITECTS/<br>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<br>CONSULTANTS  |  |  |  |  |                         |
| <input type="checkbox"/>                      | 49   | SITE PLANNING                           | PLANNERS/ARCHITECTS/<br>ENGINEERS                                       |  |  |  |  |                         |
| <input type="checkbox"/>                      | 50   | HISTORIC PRESERVATION<br>CONSULTANT     | ARCHITECTURAL HISTORIANS/<br>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<br>OFFICE TO BE<br>PREQUALIFIED<br>(LISTED IN BOX 1, PAGE 1) |  | F<br>SATELLITE OFFICE<br>(LISTED IN BOX 9,<br>PAGE 1) |  | G                       |
|---|------|--|---|--|--|---|--|-------------------------|
| REQSTD<br><input checked="" type="checkbox"/> | CODE | DISCIPLINE/SPECIALTY                     | TITLES OF<br>PROFESSIONAL/TECHNICAL<br>STAFF              | # OF STAFF<br>WITH A NJ<br>LICENSE                             | # OF<br>ADDITIONAL<br>TECHNICAL<br>STAFF | # OF STAFF<br>WITH A NJ<br>LICENSE                    | # OF<br>ADDITIONAL<br>TECHNICAL<br>STAFF | (E+F)<br>TOTAL<br>STAFF |
| <input type="checkbox"/>                      | 51   | ENERGY AUDITING                          | ENGINEERS OR CERTIFIED<br>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<br>CONTROL SYSTEMS     | HVAC/ELECTRICAL ENGINEERS                                 |  |  |   |  |                         |
| <input type="checkbox"/>                      | 56   | RENEWABLE ENERGY<br>DESIGN CONSULTANT    | ENGINEERS OR RENEWABLE<br>ENERGY DESIGNERS                |  |  |   |  |                         |
| <input type="checkbox"/>                      | 57   | CONSTRUCTION FIELD<br>INSPECTION         | FIELD INSPECTORS  |  |  |   |  |                         |
| <input type="checkbox"/>                      | 58   | PROJECT MANAGEMENT                       | PROJECT MANAGERS  |  |  |   |  |                         |
| <input type="checkbox"/>                      | 59   | ENVIRONMENTAL<br>CONSULTANT              | ENVIRONMENTAL SPECIALISTS                                 |  |  |   |  |                         |
| <input type="checkbox"/>                      | 60   | UNDERGROUND STORAGE<br>TANK REMOVAL      | DEP CERTIFIED SPECIALISTS<br>(SSE) AND DEP CERTIFIED FIRM |  |  |   |  |                         |
| <input type="checkbox"/>                      | 61   | UNDERGROUND STORAGE<br>TANK INSTALLATION | ENGINEER (DEP FIRM<br>CERTIFIED)                          |  |  |   |  |                         |
| <input type="checkbox"/>                      | 62   | PERIMETER SECURITY<br>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/<br>INSPECTION     | DOH CERTIFIED TECH (DCA FIRM<br>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/<br>SPECIALTY<br>TYPE<br>(use codes from box<br>17, column B) | A/E, S/C<br>JV, CM | PROJECT NAME<br>LOCATION &<br>BRIEF DESCRIPTION | PROJECT OWNER,<br>CONTACT PERSON<br>& PHONE NUMBER | ESTIMATED COST    |                                       | MONTH &<br>YEAR WORK<br>COMPLETED |
|--|--------------------|---|--|-------------------|---------------------------------------|-----------------------------------|
|  |                    |   |  | ENTIRE<br>PROJECT | WORK FOR<br>WHICH FIRM<br>RESPONSIBLE |                                   |
|  |                    |   |  |                   |                                       |                                   |
|  |                    |   |  |                   |                                       |                                   |
|  |                    |   |  |                   |                                       |                                   |
|  |                    |   |  |                   |                                       |                                   |
|  |                    |   |  |                   |                                       |                                   |
|  |                    |   |  |                   |                                       |                                   |
|  |                    |   |  |                   |                                       |                                   |

19. **RANK ORDER OF YOUR FIRM'S EXPERTISE FOR VARIOUS BUILDING TYPES FROM 1 TO 20 (1= HIGHEST). DO NOT USE ANY NUMBER MORE THAN ONCE, UNLESS ACCOMPANIED BY A LETTER OF EXPLANATION AND SUPPORTED BY YOUR PROJECT EXAMPLES LISTED IN BLOCK 18. 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/<br>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**

|   |                             |
|---|-----------------------------|
| <u>Overnight mail:</u>                  | <u>U.S. Postal Service:</u> |
| 33 West State St, 9 <sup>th</sup> Floor | PO Box 034                  |
| Trenton, NJ 08608                       | 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.**

