

THE PORT AUTHORITY OF NY & NJ

Certification Application for the Minority and Women-owned Business Enterprise Program

General Instructions:

- DO NOT LEAVE ANY SPACES BLANK ON THE APPLICATION - if a question is not applicable to your business insert "N/A" in the space provided for your answer
- For questions, call the Certification Helpline at (212) 435-7808 or E-mail certhelp@panynj.gov.
- Once you have completed the application, please return it and all required documentation to:

The Port Authority of NY & NJ
Office of Business Diversity and Civil Rights - Certification Unit
233 Park Avenue South, 4th floor
New York, NY 10003

SECTION I: MAIN BUSINESS INFORMATION

1a. Business Name

Legal name of business applying to be certified

Federal EIN or SSN

1b. D.B.A.

"Doing Business As"- Complete if entity does business under a name which is different from its legal name.

2a. Business Address (must represent a physical location; cannot be a Post Office Box)

Street Address

Suite / Apt / Room/ Unit/Floor

City

State

Zip/Zip+4

County

2b. Business Mailing Address (complete only if different from the address given in Question 2a)

Street Address

Suite / Apt / Room/ Unit/Floor

City

State

Zip/Zip+4

3. Business Phone + Extension

4. Business Fax

5. Business E-mail Address

6. Business Website

7. Business Owner/Title/Cell Phone

8. Name/title of an authorized representative to contact during the application review process.

Mr./Miss/Mrs./Ms.	First Name	Last Name
Title	Phone /Ext.	E-Mail Address

9a. This business is applying for certification as (“X” all that apply):

- Minority-owned Business Enterprise (MBE)
- Women-owned Business Enterprise (WBE)
- Small Business Enterprise (Criteria listed on page 14)

9b. Is this a Veteran owned business? Yes_____ No_____

- Veteran Owned Business (VOB)
- Service Disabled Veteran Owned Business (SDVOB)

If “Yes”, please provide a copy of the verification letter from the U.S. Department of Veteran Affairs, Center for Veterans Enterprise.

10. Are you currently bidding or negotiating a contract with the Port Authority or its tenants?

Yes_____ No_____

If “Yes”, provide contract/purchase order number and contact information (name, phone number).

11. Has your business ever applied for certification as an M/W/SBE, or a DBE (whether SBA 8(a), Transportation, or other) with another governmental agency, department, or authority?

Yes_____ No_____

If “Yes”, provide the following:

Name of Governmental Entity	Entity Contact	Program (MBE, WBE, SBE, DBE)	Status (Pending, Certified, Decertified, Denied, On Appeal)	Date (mm/yy)

12. How did you first hear about the Port Authority's certification programs?

(please choose only one)

- Letter/Call/E-mail
- Port Authority website
- Event

Event name or sponsor / date

- Other

Specify

SECTION II: BUSINESS STRUCTURE/OWNERSHIP

13a. Business Structure

- Sole Proprietorship
- Corporation (including S-Corp.)
- General Partnership
- Limited Partnership (LP)
- Limited Liability Partnership (LLP)
- Limited Liability Company (LLC)

13b. When did you establish your business under its current structure? _____/_____/_____

13c. Did your business exist under a different type of business structure prior to the date of its current structure?

Yes_____ No_____

If "Yes", explain the history of your business structure and provide a copy of the original documentation.

13d. Has your Certificate of Incorporation, Business Certificate, or Certificate of Trade Name been amended?

Yes_____ No_____

If "Yes", identify each time your business document was amended, explain why and provide a copy of the amended document.

13e. Method of Business Origination or Acquisition (check all applicable).

- Started New Business
- Bought Existing Business
- Merger or Consolidation
- Other
- Secured franchise
- Secured Concession
- Inherited Business

Date of origination or acquisition (if later, provide date of acquisition by current owner).

_____/_____/_____

For the questions in this section which refer to ethnic identification of owners, shareholders, officers, board members, and managers, please use the following group codes to identify the ethnicity of each individual where required. (See page 10, "Definitions of Group Codes").

01	Black	02c	Spanish	04	Native American
02a	Hispanic	03a	Asian-Pacific	05	White (Non-Minority)
02b	Portuguese	03b	Asian-Indian	06	Other

14. Please provide the following information for all person(s) with ownership interest in the business (all proprietors, partners, and members OR, in the case of a corporation, all shareholders).

Name (First and Last)	Position In Company	% Owned	Date Ownership Established (mm/yy)	Gender (M/F)	Ethnicity (see group code table)	US Citizen or Permanent Resident Alien (Y/N)

QUESTION 15 APPLIES ONLY TO CORPORATIONS. IF YOUR BUSINESS IS NOT A CORPORATION, SKIP TO QUESTION 16.

15a. If the business is a corporation, provide the following information for all shareholders identified in Question 14.

Name (First and Last)	Title	Number of Shares Owned	Unit Share Price Paid When Purchased

15b. Indicate the number of company shares in each of the following categories:
 Common Authorized _____ Common Issued _____
 Preferred Authorized _____ Preferred Issued _____

15c. Name and position of current Officers and/or Board of Directors.

Name (First and Last)	Position	Position Effective Date (mm/yy)	Gender (M/F)	Ethnicity (see group code table)

ALL APPLICANTS SHOULD RESUME COMPLETING THE APPLICATION HERE

16. Please identify the capital contributions to the business by each person identified in Question 14, including cash, equipment, property, and expertise

Name (First and Last)	Type of Contribution	Total Dollar Value	Date of Contribution (mm/yy)

17. If your business is owned in whole or in part by another business, please identify the entity and the percentage of ownership interest. Include venture capitalists and other similar investors.

Business Name	Percentage Owned	Date Ownership Established (mm/yy)

SECTION III: BUSINESS MANAGEMENT

18. Identify individuals responsible for managerial operations (state if owner or non-owner). Refer to “Definitions of Group Codes”, page10.

Name & Title	Gender (M/F)	Group Code	Owner (Y/N)
a) Financial Decisions			
b) Estimating			
c) Preparing Bids			
d) Negotiating Bonding			
e) Marketing & Sales			
f) Hiring & Firing			
g) Supervising Field Operations			
h) Purchasing Equipment/Supplies			
i) Managing & Signing Payroll			
j) Negotiating Contracts			
k) Signatures for Business Accounts			

19 Do any principals, officers, employees and/or owners of the business have an affiliation, i.e. business interest or employment with any other business?

Yes _____ No _____ (If "Yes", complete the following):

Name (First and Last)	Email Address	Name and Address of Affiliated Business	Nature of Business	Nature of Affiliation

20. Number of Employees (if necessary, average over the past year)

<u>Permanent</u>		<u>Temporary</u>		<u>Field</u>	
Full-Time	_____	Full-Time	_____	Full-Time	_____
Part-Time	_____	Part-Time	_____	Part-Time	_____

SECTION IV: BUSINESS FINANCES

21. Does your business have a Line of Credit?

Yes _____ No _____ If "Yes", please provide:

Bank	Dollar Limit	Name of Guarantor(s)

22. Please list all major current lenders to the company

Name of Lender	Amount of Loan	Terms of Repayment

23. Identify bank(s) where business accounts are maintained

Bank Name	Address	Contact Name	Contact Title	Type of Account

24. Please provide gross receipts (sales) for each of the last three fiscal years. (If in business for less than three years, complete as applicable)

Current Year	_____	\$ _____
Last Year	_____	\$ _____
Previous Year	_____	\$ _____

SECTION V: BUSINESS OPERATIONS

25. Check the industry which best describes your PRIMARY line of business

- | | |
|---|--|
| <input type="checkbox"/> Construction-related | <input type="checkbox"/> Professional Service |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Consumer Service |
| <input type="checkbox"/> Technical Service | <input type="checkbox"/> Manufacturer/Supplier |
| <input type="checkbox"/> Other _____ | |

Describe principal products/commodities sold, specialties or services offered:

26. If a license, permit or certification (e.g. Master Electrical License, PE for engineers, CDL for truck drivers, etc.) is required to conduct your business, please identify the individual(s) holding the license, permit or certification and provide a copy.

Name of the Holder/Registrant	Type of License/ Permit/Certification	Issued by	Issue Date (mm/yy)	Exp. Date (mm/yy)

27. Is your business bonded? Yes_____ No_____

If "Yes", please provide:

Name of Agent/Broker	Surety Co.	Bonding Limit	
		Single \$	Aggregate \$

28. Is your business insured? Yes_____ No_____ If "Yes", please provide:

Carrier Name

\$ Amount of Liability Insurance

29. Please list the major equipment or machinery your business owns.

Type	Depreciated \$ Value	Acquisition Date (mm/yy)	Owned or Leased

30. List rented, leased or owned warehouse, plant and office facilities; submit copy of lease, deed or mortgage

Facility Type	Owner or Name of Lessor and/or rental agent	Amt of yearly payment

31. Does your business share office space, yard space, personnel or equipment with any other businesses?

Yes _____ No _____

If "Yes", please provide:

Business Name	Phone	Personnel (X)	Office Space ("X")	Yard Space (X)	Equipment ("X")	Machinery (X)

DEFINITIONS OF GROUP CODES

(To be used for questions 11 and 12b, page four; question 15, page six; supporting documents number two, Page 11)

Group Code	Group Name	Group Definition
01	Black	Persons having origins from any of the black African racial groups not of Hispanic origin
02a	Hispanic	All persons of Mexican, Puerto Rican, Cuban, Caribbean Islands, Central or South American culture or origin, regardless of race
02b	Portuguese	Persons whose culture or origin is rooted in Portugal
02c	Spanish	Persons whose culture or origin is rooted in Spain
03a	Asian-Pacific	Persons having origins in any of the original peoples of the Far East, Southeast Asian or the Pacific Islands
03b	Asian-Indian	Persons having origins in any of the original peoples of the Indian subcontinent
04	Native American	Persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification
05	Non-Minority	Persons whose culture or origin is other than those defined above
06	Other	Persons other than those defined above

"Minority Business Enterprise" or "MBE" means a business entity which is owned and controlled by one or more members of one or more minority groups. "Women-owned Business Enterprise" or "WBE" means a business entity which is owned and controlled by one or more women.

"Owned and controlled" means a business entity which is at least 51 percent owned by one or more members of minority groups or women, or in the case of a publicly held corporation, at least 51 percent of the stock of which is owned by members of one or more minority groups or women; and whose management and daily business operations are controlled by one or more such individuals who are citizens or permanent resident aliens.

SUPPORTING DOCUMENTATION CHECKLIST

REQUIRED FOR ALL APPLICANTS Attach copies of the following documents, as applicable. Indicate documents submitted by checking appropriate boxes. The minimum documentation required for certification is listed below, but is not limited to this list. A representative may request additional documents during the application review, if warranted.

COPIES ONLY – NO ORIGINALS

- 1. Résumés for all principals, partners, officers and/or key employees of the firm. Provide home address, telephone number, education, training, and employment with dates and specific duties with the company
- 2. Proof of ethnicity for each person with ownership interest (valid passport, ethnic birth certificate)*
- 3. Proof of U.S. Citizenship (valid U.S. passport, ethnic birth certificate, naturalization certificate)*
- 4. Proof of permanent resident alien status (valid permanent resident alien “green” card showing expiration date)*
- 5. Bank signature card, bank resolution or letter from bank identifying persons authorized to conduct transactions on each account
- 6. Lease agreement or proof of ownership (deed/mortgage) for business location(s)
- 7. Proof of any certification (including SBA 8(a)), decertification, or denial from another governmental agency, department, or authority
- 8. Copies of any licenses, permits and/or accreditations required for conducting business
- 9. Proof of sources of capitalization/investments (purchase receipts, any loan agreements)
- 10. Any employment agreements
- 11. All third party agreements including: equipment rental, purchase agreements, management service agreements, etc.
- 12. Vehicle registration(s) for any vehicle used for business purposes
- 13. Current financial statement (statement of cash flows, balance sheet, or profit and loss statement)
- 14. Most recent three years’ business Federal, tax returns (all pages, all schedules); if in business less than three years prior two (2) years of personal tax returns (1040s) for each person with ownership interest, including all applicable W-2 forms and schedule.
- 15. Marketing data form.

Note:

*If you have one document that satisfies the requirements for numbers 2 – 4, submit only one copy.

REQUIRED FOR VETERAN OWNED BUSINESSES AND SDVOBS

- Provide a copy of the verification letter from the U.S. Department of Veteran Affairs, Center for Veterans Enterprise

REQUIRED FOR CONSTRUCTION/ARCHITECTURAL & ENGINEERING FIRMS

- Applicable licenses/permits

REQUIRED FOR CONSTRUCTION FIRMS

- Construction reference sheet (attached; references must be for jobs completed during the past three years)
<http://www.panynj.gov/business-opportunities/sd-become-certified.html>

REQUIRED FOR ARCHITECTURAL & ENGINEERING FIRMS

- Architectural & Engineering Specialty Form (attached – check applicable specialties)
<http://www.panynj.gov/business-opportunities/sd-become-certified.html>

Attach required documents and indicate documents submitted by checking appropriate boxes

REQUIRED FOR SOLE PROPRIETORSHIPS

- Copy of Business Trade Name or Certification Trade Name filed with County Clerk
(If doing business under an assumed name)

REQUIRED FOR PARTNERSHIPS AND LLPs

- 1. Business Certificate including any amendments
- 2. Partnership Agreement
- 3. Buy out rights

REQUIRED FOR LIMITED LIABILITY COMPANIES (Check appropriate boxes below)

- 1. Certificate of formation and/or organization, including date approved by State
- 2. Operating and/or managing agreements
- 3. Franchise and/or third-party agreement

REQUIRED FOR CORPORATIONS

- 1. Articles of incorporation, including date approved by State
- 2. Corporation By-Laws
- 3. Minutes of first corporate organizational meeting and amendments
- 4. Copies of all issued stock certificates front and back, as well as next un-issued certificate
- 5. Copy of stock ledger
- 6. If applicable, furnish copies of agreements relating to:
 - a. stock options
 - b. shareholder agreements
 - c. shareholder voting rights
 - d. restriction on the disposal of stock loan agreements
 - e. facts pertaining to the value of shares
 - f. buy-out rights
 - g. restrictions on the control of the corporation

SMALL BUSINESS ENTERPRISE PROGRAM

To be eligible businesses must:

- Have a principal place of business in either New York or New Jersey.
- Have operated that specific type of business for at least three (3) years.
- Not exceed the average annualized gross revenue limitations cited below for the last three (3) fiscal years.

Average Annualized Gross Revenue Limitation and other Port Authority Pre-requisites by Procurement Category.

❑ **Construction - \$14 million**

The Port Authority's Engineering Department must also qualify construction firms. This requires the submittal of acceptable references for completed contracts. A minimum of three acceptable references is required for each construction specialty area.

❑ **Commodity - \$7 million**

Commodity firms eligible to participate are provided a five percent (5%) price preference in designated contracts solicited by the Port Authority's Procurement Division.

❑ **Janitorial Maintenance - \$16.5 million**

❑ **Financial Services - \$7 million**

CODE OF ETHICS CERTIFICATION

In signing and submitting the annexed Certification Application, each applicant and each person signing on behalf of any applicant certifies that they have not made any offers or agreements or given or agreed to give anything of value or taken any other action with respect to any employee or former employee of The Port Authority of New York and New Jersey or any of its subsidiaries (hereinafter referred to as the "Authority") or any immediate family member of either which would constitute a breach of ethical standards under the Code of Ethics and Financial Disclosure dated as of July 18, 1994 (a copy of which is available upon request to the Office of Business & Job Opportunity), nor do they have any knowledge of any act on the part of such employee or former employee relating either directly or indirectly to the applicant which constitutes a breach of the ethical standards set forth in said code.

As used herein, "anything of value" shall include but not be limited to any (a) favors, such as meals, entertainment, transportation (other than that contemplated by an Authority contract), etc., which might tend to obligate the Authority employee to the Contractor and (b) gift, gratuity, money, goods, equipment, services, lodging, discounts not available to the general public, offers or promises of employment, loans or the cancellation thereof, preferential treatment or business opportunity. Such term shall not include compensation contemplated by any Authority contract.

The foregoing certification shall be deemed to have been made by the applicant as follows: If the applicant is a corporation, such certification shall be deemed to have been made not only with respect to the application itself, but also with respect to each director and officer, as well as, to the best of the certifier's knowledge and belief, each stockholder with an ownership interest in excess of 10%; if the applicant is a partnership, such certification shall be deemed to have been made not only with respect to the applicant itself, but also with respect to each partner. Moreover, the foregoing certification, if made by a corporate applicant, shall be deemed to have been authorized by the Board of Directors of the applicant, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of such certification as the act and deed of the corporation.

In any case where the applicant cannot make the foregoing certification, the applicant shall so state and shall furnish with the application, a signed statement that sets forth in detail the reasons thereof.

The foregoing certification or signed statement shall be deemed to have been made by the applicant with full knowledge that it would become part of the records of the Authority and that the Authority will rely on its truth and accuracy in granting certification.

Applicants are advised that knowingly providing a false certification or statement pursuant hereto may be the basis for prosecution for offering a false instrument for filing (see e.g., New York Penal Law, Section 175.30 et. Seq.). Applicants are also advised that the inability to make such certification will not, in and of itself disqualify an applicant, and that in each instance the Authority will evaluate the reasons therefore provided by the applicant.

ACKNOWLEDGEMENTS AND VERIFICATION

FIRST, this certification application form, the supporting documents, and any other information provided in support of the application is considered part of the application. Any false statements or misrepresentations in the application may result in the applicant's disqualification from certification as Minority and/or Woman-owned Business Enterprise (M/WBE) by The Port Authority of New York and New Jersey for him/herself and its subsidiaries, which are included in the term "Port Authority".

SECOND, the information contained herein is subject to the Port Authority's Freedom of Information policy amended in May 2008.

THIRD, the Port Authority may require further proof of eligibility for certification in addition to the information disclosed in this application and the applicant shall cooperate with the Port Authority in supplying the additional information. By completing this application, the applicant agrees to submit the additional proof required and acknowledges that the Port Authority may decide to deny the application if the additional proof is not submitted within 30 days after it is requested.

FOURTH, by filing this application, the applicant consents to examination of its books and records and interviews of its principals and employees by the Port Authority for the purpose of determining whether the applicant is, or continues to be, an eligible M/WBE. The applicant acknowledges that its certification may be denied if such examinations or interviews are refused or if the Port Authority determines, as a result of the examinations or interviews, that the applicant does not qualify for certification as a M/WBE.

FIFTH, by filing this application, the applicant consents to inquiries being directed by the Port Authority to the applicant's bonding companies, banking institutions, credit agencies, contractors, clients and other certifying agencies for the purpose of ascertaining the applicant's eligibility for certification. If the applicant fails to permit such inquiring to be made, such failure may be grounds for denying or revoking the applicant's certification.

SIXTH, the applicant agrees that it will advise the Port Authority of any change in the ownership or operational and managerial control of applicant's business after the certification application has been filed within 30 days of such change.

SEVENTH, certification is normally granted for a period of five (5) years. However, the Port Authority may require submission of a new application, additional information, examinations of the applicant's principals and employees at any time before the expiration of the five-year certification period. The applicant's failure to submit such material or to consent to such examinations and interviews will be grounds for revocation of certification.

EIGHTH, the filing of this application, its acceptance by the Port Authority, and any subsequent certification of the applicant by the Port Authority, is not intended to and does not create any procedural or substantive rights enforceable at law by the applicant against the Port Authority, its Commissioners, officers, agents or employees and any such certification is only intended to facilitate the identification of qualified and bona fide M/WBEs.

NINTH, the Code of Ethics certification attached hereto shall be considered part of this certification application and the applicant is advised to familiarize him/herself with the terms of the certification prior to submitting this application.

TENTH, in submitting this application the applicant and each person signing on behalf of the applicant certifies that, to the best of their knowledge and belief, the following statements are true and correct:

- A) No individual who is current or former employee of the Port Authority or its subsidiaries (i.e., Port Authority Trans-Hudson Corporation (PATH), Newark Legal and Communications Center Urban Renewal Corporation) other than those individuals identified in the space immediately below (1) owns an interest in; or (2) has involvement in a relationship with the applicant firm (a) from or as a result of which the individual has received within the past year, or is entitled to receive in any future year, more than \$1,000 or its equivalent; or (b) which has a market value in excess of \$1,000. *(List here any such current or former Port Authority Employee (s))

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- B) No individual who is a current or former employee of the Port Authority or its subsidiaries other than those individuals identified in the space immediately below (1) holds a position in the applicant firm such as an officer, director, trustee, partner, employee, or a position of management; or (2) acts as a consultant, agent or representative of the firm in any capacity. *(List here any current or former Port Authority Employee(s))
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*Included within the scope of this certification are the individuals identified by the applicant in response to questions 14, 15b and 18

Applicant _____ Date _____
Signature

VERIFICATION

STATE OF _____

COUNTY OF _____

(A) For Sole Proprietorships, Partnerships, and Limited Liability Partnerships

_____, being duly sworn, states that he or she is the owner of (or a Partner in) the entity making the foregoing application and that the statements and representations made in the application are true to his/her own knowledge.

Signature

Date

(B) For Corporations and Limited Liability Companies

_____, being duly sworn, states that he/she is the
Name of Corporate Officer

_____ of _____,
Title of Corporate Officer Name of Corporation

the entity making the foregoing application, that he/she has read the application and knows its contents, that the statements and representations made in the application are true to his/her knowledge, and that the application is made at the direction of the Board of Directors of the Corporation.

Corporate Seal

Signature Date

Sworn to before me this _____ day of _____, 20_____

Notary Public

Mail to: The Port Authority of New York and New Jersey
Office of Business Diversity and Civil Rights – Certification Unit
233 Park Avenue South, 4th Floor
New York, NY 10003

MARKETING DATA FORM

The information presented on this form will be used to help market the goods/services that your company provides. If the Port Authority certifies your firm, we will add this information to our on-line directory of minority and woman-owned businesses. Other certifying agencies, Port Authority tenants and prime contractors utilize the directory and may contact you for possible contract opportunities.

Please TYPE or PRINT

- 1. **Business Name:** _____
- 2. **Business Phone:** _____
- 3. **Business Email:** _____
- 4. **Contact Person:** _____
- 5. **Contact Phone:** _____
- 6. **Contact Email:** _____

7. **As a marketing tool, in approximately 30 words or less, and in complete sentences, describe the services that your firm provides:**

- 8. a) **Preferred Contract Size Range:** Minimum = \$ _____
Maximum = \$ _____
- b) **Annual Contract Capacity:** = \$ _____

9. **Union affiliation. Check one:**
 Non-Union
 Union Shop – Enter local(s): _____

10. **Number of Full-time Personnel:**
 _____ Permanent Office Staff _____ Permanent Field Staff

- 11. **Current Bonding Limits, if applicable**
 - a) Surety Company Name: _____
 - b) Single Bonding Limit: \$ _____
 - c) Aggregate Bonding Limit: \$ _____

12. a) **What percentage of last year’s gross sales was earned performing prime work versus subcontracting work?**

_____ % Prime Contracts _____ % Sub Contracts

b) **List approximate Gross Sales for last year in each major service/category provided (Minimum – 1, Maximum – 3):**

Service/Category 1: _____ \$ _____
 Service/Category 2: _____ \$ _____
 Service/Category 3: _____ \$ _____

ARCHITECTURAL & ENGINEERING SPECIALTY FORM

Please mark (✓) next to the service(s) that your firm provides.

COMPANY NAME: _____

DATE: _____

CONTACT PERSON: _____

CONTACT E-MAIL: _____

CONTACT PHONE: _____

	SPECIALTY (CODES)		SPECIALTY (CODES)
	ARCHITECTURAL (ARCH)		INTERIOR DESIGNERS (INTDES)
	CAD/CAM (CAD/CAM)		LANDSCAPING (LNDSCPG)
	CHEMICAL (CHEM)		MATERIAL INSPECTION & TESTING (MATLINSP)
	CIVIL (CIVIL)		MECHANICAL (MECH)
	CLAIMS ANALYSIS (CLANAL)		PHOTOGRAMMETRY-AERIAL MAPPING (PHOTO)
	CONSTRUCTION INSPECTION (CONSINSP)		PLANNERS (PLNR)
	CONSTRUCTION MGMT (CONSMGMT)		PLUMBING (PLMBING)
	DRAFTSMEN (DRFMN)		PROJECT MANAGEMENT (PROJ_MGT)
	ELECTRICAL (ELEC)		SANITATION (SANT)
	ELECTRONICS (ELENICS)		SCHEDULING (SCH)
	ENERGY STUDIES (EN STUD)		STRUCTURAL (STR)
	ENGINEERING (ENGR)		SURVEYING (SVY)
	ENVIRONMENTAL (ENVIRON)		TELECOMMUNICATIONS (TELCOMC)
	ESTIMATING (ESTG)		TRAFFIC CONTROL (TRAFCONT)
	GEOLOGIST (GEOL)		TRANSPORTATION PLANNING (TRANSPLG)
	HYDROLOGISTS (HYDRL)		VALUE (VALUE)

CONSTRUCTION REFERENCE SHEET

INSTRUCTIONS: Please fill in all requested information. VERIFICATION AND EVALUATION OF CONSTRUCTION CONTRACTOR'S REFERENCES WILL BE PERFORMED BY THE PORT AUTHORITY'S ENGINEERING DEPARTMENT. Four different company references are required for each specialty code (see att. #). A separate contractor reference sheet is required for each specialty code. Note: THE SAME REFERENCES ARE PERMITTED FOR DIFFERENT SPECIALTIES.

Please feel free to make as many copies of this form as needed to submit your references.

Contractor: _____ Specialty Code: _____

Address: _____

Contact: _____ Telephone No.: _____

REFERENCE NO. 1

Name of Company: _____

Address: _____

Contact: _____ Telephone No.: _____

Scope of work performed: _____

Date Work Completed: _____ Amount of Contract: \$ _____

REFERENCE NO. 2

Name of Company: _____

Address: _____

Contact: _____ Telephone No.: _____

Scope of work performed: _____

Date Work Completed: _____ Amount of Contract: \$ _____

REFERENCE NO. 3

Name of Company: _____

Address: _____

Contact: _____ Telephone No.: _____

Scope of work performed: _____

Date Work Completed: _____ Amount of Contract: \$ _____

REFERENCE NO. 4

Name of Company: _____

Address: _____

Contact: _____ Telephone No.: _____

Scope of work performed: _____

Date Work Completed: _____ Amount of Contract: \$ _____

**ALL CATEGORIES
M/WBE & SBE LISTINGS***

Air Duct Cleaning	15.000	Misc. Metals	05.001
Alarms	16.001	Modular Building	02.314
Asbestos Removal	02.450	Pavement Striping	02.153
Asphalt Cleaning	02.153	Pavers	02.153
Asphalt Paving	02.153	Paving & Utilities	02.150
Borings	02.250	Pile Driving	02.251
Caulking	02.300	Pipe & Catch Basin Cleaning	02.154
Ceilings	02.300	Pipe Insulation	15.050
Concrete	03.000	Power Cleaning	03.003
Corrosion Control	03.003	Railroad Construction	02.400
Curtain Wall	02.300	Rigging	02.252
Demolition	02.000	Roofing	07.000
Electrical	16.000	Sandblasting	03.003
Electronics	16.001	Sawcutting	02.200
Elevator Installation	16.000	Scaffolding	02.252
Fencing & Guardrails	02.050	Sealcoating	02.153
Fiber Optics	16.001	Security-Detention Cells	02.300
Fireproofing	02.304	Sheet Metal	15.000
Floor Covering	02.300	Sign Erection	02.312
Flooring	02.300	Site Work	02.151
G.C.-Bldg.	02.300	Solid Waste Disposal	02.600
G.C.-Heavy	02.250	Steel Erection	05.000
Glazing	02.310	Steel Fabrication	05.003
Hazardous Material Disposal	02.600	Stonework	02.308
Hazardous Material Removal	02.600	Storefronts	02.307
Highway Safety Equipment	02.200	Structural Steel/Bridge Painting	02.300
HVAC Controls	15.000	Surveying	02.100
Inspection & Testing	-----	Tile & Terrazzo	02.308
Insulation	02.300	Toll Booths	02.313
Interior Renovations	02.300	Traffic Signs	02.312
Janitorial Services	-----	Trucking	02.151
Landscaping	02.100	Underground Storage Tanks	02.500
Loading Bridges	-----	Underwater Inspection	02.351
Locksmith	02.300	Waste Clean-Up	02.600
Marine Construction	02.350	Waterproofing	02.309
Masonry	02.305	Welding	05.000
Mechanical	15.000/15.050	Well Drilling	02.251
Milling	02.152		

(*Inclusive Corresponding Category
Numbers from Contracts Division)