## OFFICE OF BUSINESS DIVERSITY& CIVIL RIGHTS MARKETING DATA FORM

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Fax: (201) 395-3954

Phone: (212) 435-7888

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.

		P	lease <u>TYPE</u> or <u>PRIN</u>	<u>r</u>		
1.	<b>Business Name:</b>					
2.	<b>Business Phone:</b>					
3.	<b>Business Email:</b>			<u>.</u>		
4.	<b>Contact Person:</b>			_		
5.	<b>Contact Phone:</b>			_		
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:		Waximum	= \$		
9.	Union affiliation. Chec Non-Union Union Shop – En					
10.	. Number of Full-time P	ersonnel:				
	Permanent O	ffice Staff Per	manent Field Staff			
11.	a)Surety Company Namb) Single Bonding Limb Aggregate Bonding	e: it: \$				
12.	What percentage of last year's gross sales was earned performing prime work versus subcontracting work  ————— % Prime Contracts  ————— % Sub Contracts					
		<ul> <li>List approximate Gross Sales for last year in each major service/category provided (Minimum – 1, Maximum – 3):</li> </ul>				
	Service/Category 1:			\$		
	Service/Category 2:			<u> </u>		
	Service/Category 3:			S		