



**DEPARTMENT OF THE TREASURY
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION**

**MATERIAL TESTING LABORATORY
PREQUALIFICATION APPLICATION
INSTRUCTIONS FOR FORM 48T**

Revised: December 2004

INTRODUCTION:

N.J.A.C. 17:19-54 requires that firms wanting to be considered for professional consultant work with the Division of Property Management and Construction (DPMC) be "prequalified" by the Division. Form 48T is provided for the purpose of allowing interested firms to submit appropriate information on experience, capabilities and staffing in order to become "prequalified" by the Division. Prequalification may be required by various counties, municipalities, Boards of Education and other state committees, authorities and organizations in order to be considered for professional consultant services.

The preparer of this application must be a Principal of the firm.

The application will be thoroughly evaluated by the DPMC's Prequalification Unit taking into consideration the following factors:

1. Company profile
2. Financial stability and viability as a going concern
3. Integrity
4. Experience and capabilities

The firm will be entitled to apply for professional consultant services contracts for material testing or to serve as the sub-consultant for materials testing for a professional consultant services contract within its approved discipline.

A firm's prequalification rating will be valid for a period of **two years**. The expiration will be noted on the NOTICE OF PREQUALIFICATION, Form 48TN.

ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED FOR SECTIONS 13, 16, 23 AND 24. DO NOT SEND COPIES.

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DEFINITIONS:

“Certified Technical Staff” are technical staff who are not professionals licensed by the New Jersey Department of Law and Public Safety, Division of Consumer Affairs, but are technical staff holding certifications issued by various Professional Associations, Societies or Institutions, such as NICET, SAT, CIAP, ACI, AWS, etc.

“Preparer” means a principal of the firm who prepares and signs the application.

“Professional Consultant Services” are those professional services associated with research, development, design and construction administration, construction management, alteration, or renovation of real property, as well as incidental services that members of these professions and those in their employ may logically or justifiably perform. These services may include studies, investigations, surveys, testing, evaluations, consultations, planning, programming, conceptual designs, plans and specifications, cost estimates, inspections, shop drawing reviews, preparation of operating and maintenance manuals, and other related services.

“Parent Firm” is that firm, company, corporation, association, or conglomerate which is the major stockholder or highest tier owner of the firm completing this application.

“Principals” are those individuals in a firm who are full-time and possess responsibility for its business enterprise and profitability.

“Shareholders” are owners of stock or other securities that can be converted to stock that, if exercised, would constitute 5% of the firm’s

issued stock. Other securities include stock options, secured or unsecured bonds, warrants and rights.

Note: Applicant firms that are publicly held corporations should list the president, treasurer, shareholders of 5% or more of the firm’s issued stock, and only those officers and officials who meet the definition of “Principals”.

“Specialty” or “Discipline” refers to the primary technical capability of individuals in the responding firm. Possession of an academic degree, professional registration, or certification in a given field of practice usually reflects an individual’s primary technical specialty.

“Key Personnel” are full time management and technical staff who have a significant role in a firm. They may be associates, studio directors, project managers, section chiefs, crew chiefs, laboratory heads, department heads, job captains or related personnel.

“Minority Business Enterprise (MBE)” is a firm in which at least 51 percent of the beneficial ownership is held by minorities, is certified by the N.J. Commission on Commerce & Economic Development and whose management and daily business operations are controlled by one or more such minority individuals.

“Small Business Enterprise (SBE)” is a firm that is independently owned and operated with 100 or fewer employees having its principal place of business located in New Jersey. To be certified by DPMC as an SBE, the firm must be registered by the NJ Commerce & Economic Development Commission.

“Women Business Enterprise (WBE)” is a firm in which at least 51 percent of the beneficial ownership is held by a woman, is certified by

the N.J. Commission on Commerce & Economic Development and whose management and daily business operations are controlled by a woman or women.

INSTRUCTIONS FOR FILING:

All items must be completed. If a particular question does not apply, the response must state “not applicable” or “N/A”. If incomplete, the firm will be contacted for additional information prior to a detailed review, which may delay the prequalification process.

Any firm seeking prequalification must have at least one principal on its staff, who has been engaged in active private practice for at least two years or has been a principal for a period of at least two years in another firm immediately preceding its request for prequalification.

Box 1. Staff size includes all staff located at this business address, including principals, technical staff and field staff. **Clerical support staff is not to be included.**

Box 2. A federal tax ID number may be obtained from the Internal Revenue Service. Individuals or small firms may use their Social Security Number.

Box 3. Date application prepared.

Box 4. Firms which are **Professional Corporations (Subchapter S)** must submit a copy of their firm’s “Certificate of Incorporation-Professional Services” which is issued by the NJ Department of the Treasury, Division of Revenue, Commercial Recording. Contact NJ Business Services at 609-292-9292.

Any other type of consulting firm (Construction Management, Environmental Consultant, etc.), which is a **General Corporation** must submit a copy of the firm’s “Certificate of Incorporation” if a New Jersey firm or a “Certificate of Authority” if a foreign general corporation, issued by the NJ Department of the Treasury, Division of Revenue, or a copy of the firm’s corporation papers stamped “Filed” by the NJ Department of the Treasury, Division of Revenue, Commercial Recording.

A Limited Liability Corporation (LL Corp) must submit a Certificate of Authority from the appropriate State Licensing Board.

A Limited Liability Company (LL Company) must submit a Certificate of Formation stamped “filed” from the NJ Department of the Treasury.

Box 5a. If an MBE, SBE or WBE box is checked, proof of certification by the NJ Commerce and Economic Development Commission, must be included in the application package.

Box 5b. State law requires that all consultants, contractors, and subcontractors to provide proof of their registration with the State of New Jersey, Department of the Treasury, Division of Revenue. To contact the Division of Revenue Client Services, call (609) 292-1730 or visit their website: www.state.nj.us/njbgs/services.html. **Enclose a copy of the firm’s “Business Registration Certificate” with the application.**

Box 5c. Pursuant to P.L.2003, c.117, all firms are required to remit a non-refundable fee of \$100. The company check should be made payable to “Treasurer – State of New Jersey.”

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Box 6. If the laboratory is accredited by the American Association of State Highway Officials (AASHTO), the Cement and Concrete Reference Laboratories (CCRL), or other accrediting association, please indicate by checking the appropriate box. If the laboratory is accredited by an association not listed, please type in the appropriate name in the space provided. Provide a copy of the accreditation. If the laboratory is not accredited, please insert “none”.

Box 7. See definition of “Parent Firm.”

Box 8. Do not provide any former firm names beyond 10 years.

Box 9. The qualifications and staff size of a single satellite office will be taken into consideration during the prequalification process. List the satellite office to be considered. Provide a list of all other satellite offices on a separate sheet. Only the full time staff in the designated satellite office should be included in Sections 13 and 19.

Box 10. Include the contact information for any other public agencies, departments or authorities for which the firm holds a current prequalification.

Box 11. Place a check in the appropriate boxes and add any memberships not listed. Proof of membership must be attached. Membership must be in the name of the firm or a principal of the firm.

Box 12. Submit a box diagram of the firm’s organization including titles, names and reporting relationships of principals and key personnel. Include charts for the parent firm and satellite office if applicable. The charts should be detailed enough to fully explain the firm’s organization. Use additional sheets if necessary.

Box 13. List only staff registered, licensed or certified by the State of New Jersey or holding certifications issued by various Professional Associations, Societies or Institutions (see definition of “Certified Technical Staff”). **The signature of each person listed must be included.**

Box 14. See the definition section for “Principals” and “Key Personnel.” Attach copies of all registrations or certifications if other than registered architect, professional engineer, professional planner, licensed surveyor, or landscape architect. **DO NOT ATTACH RESUMES.** Use only the space provided in Box D for each person. Use additional sheets if necessary.

Box 15. See the definition section for “Certified Technical Staff.” Attach copies of all registrations or certifications if other than registered architect, professional engineer, professional planner, licensed surveyor, or landscape architect. **DO NOT ATTACH RESUMES.** Use only the space provided in Box D for each person. Use additional sheets if necessary.

Box 16 Answer all of the questions. If any require an explanation, do so as an attachment marking each page with the firm’s name and federal tax ID number. Round out Gross Fees to the nearest \$100.

Box 17. Provide financial statements for the last two fiscal years. **THE FINANCIAL STATEMENT IS MANDATORY. REQUESTS FOR QUALIFICATION WILL NOT BE PROCESSED WITHOUT THE ACCOMPANYING VALID FINANCIAL STATEMENT.**

The financial statements must be:

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- Completed by an accountant or certified public accountant, not by a tax professional;
- Submitted with a copy of the accountant's signed cover letter. Such financial statements shall be completed by a certified public accountant or public accountant who is independent of, and not an employee of, the firm for whom the financial statements are being provided;
- Cannot be consolidated statements.

Note that tax returns WILL NOT be accepted unless the firm is a sole proprietorship.

Box 18. List all testing equipment owned by the firm. Complete all requested information. Do not leave any blanks. If a particular piece of testing equipment does not require any regular service or calibration insert "none" or "N/A" in the appropriate boxes.

Box 19 This section contains a listing of specialty areas. Please place checks in the columns adjacent to those specialties offer by the firm and for which the firm seeks to be approved. Add any additional specialty areas in the appropriate category if they are not listed. Should staff members be qualified in more than one discipline or specialty area, they may be included as staff in as many specialty areas/disciplines as apply. Insert the name of the "Principal", "Key Personnel" or "Certified Technical Staff" person who is responsible for the technical accuracy of that particular testing specialty. The responsible person must be a full time member of the firm and must sign in the appropriate box(es) to certify that the information is accurate and that their certification is current. If the firm has more than one person responsible in a given specialty all must sign. (Use an attachment if necessary).

Box 20. In order to achieve a prequalification in a specific specialty/discipline, a minimum of three (3) projects must be listed; two (2) of which have been completed. In the left hand column titled "specialty type," include as many codes as apply to the type of work performed on that project. **All projects must have been completed within the past ten (10) years.** Use additional sheets if necessary.

Box 21. Complete all items on this form. Do not attach insurance documents.

Box 22. Self-explanatory.

Box 23. Each Principal listed in section 14 must complete and sign a separate certification. Please note that each certification must be notarized.

Box 24. Certification by Preparer. All of the items on Form 48T must be complete. The completed form must be signed by a Principal of the firm, preferably the Chief Executive Officer, and notarized. If the firm is a corporation, the corporate seal must be affixed.

If you have questions about the information required on this application, call (609) 984-6979.

DO NOT bind or staple the application package. Clipping the form together with the required certificates is sufficient.

Send the original application only. It is not necessary to send copies.

Mail the completed original application and the check for the prequalification fee. If the package is sent for overnight delivery, please use the street address. When mailing, use the post office box.

Prequalification Unit
Division of Property Management & Construction
State of New Jersey - Department of the Treasury
PO Box 034
33 West State Street, 9th Floor
Trenton NJ 08625-0034

answers to this application, or change the prequalification rating or specialty/discipline, the applicant **MUST** notify the Prequalification Unit in writing of such changes within 60 calendar days after the change has occurred. Failure to do so may result in the temporary suspension of the firm's prequalification to submit proposals on professional consultant services contracts or to serve as sub-consultant on such contracts until the application is amended to reflect the current status and reviewed by the Prequalification Unit.

PROCESSING

The Consultant Prequalification Unit has 30 days from receipt of the COMPLETE APPLICATION to review and process it. In the event that additional information or clarification is required, the requested information must be received before the application will be deemed complete and the 30 calendar day processing time begins.

Upon the completion of the review of the firm's application, a "Notice of Prequalification" will be issued.

APPEALS

If a firm does not agree with its prequalification rating or the denial of a prequalification rating, it may appeal, in writing to the Prequalification Unit for reconsideration. The reasons for the appeal must be detailed and specific points to be reconsidered must be included in the appeal. Results of this re-evaluation will be made known to the firm in writing. If the firm still does not agree with its prequalification rating, it may appeal in writing to the Executive Director of the Division of Property Management and Construction whose decision shall be final.

UPDATING FORM 48T

In the event of changes in ownership, address, circumstances, conditions or status of the firm that would require amending the

The Department of the Treasury reserves the right to review the application at any time to verify the information provided. In order to keep the file as current as possible, please provide copies of renewed licenses and certificates, including MBE, SBE and WBE certificates.

The firm may amend its Form 48T anytime if changes in the condition or status of the firm may result in an upgrade the firm's rating. A letter of explanation, appropriately revised Section of the form along with the appropriate back up data will be required in order to properly evaluate the request.

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<p>1. FIRM NAME/BUSINESS ADDRESS:</p> <p>County:</p> <p>Principal Contact: Phone: ()</p> <p>Year Firm Established: Staff Size: Fax: ()</p> <p>E-Mail Address:</p>	<p>2. FEDERAL TAX ID NUMBER:</p> <p>4. TYPE OF OWNERSHIP:</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>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>5b. DIV. OF REVENUE FILING (Mandatory)</p> <p><input type="checkbox"/> BUSINESS REGISTRATION CERTIFICATE (Attach Copy)</p> <p>5c. FEE - \$100.00 (Mandatory)</p> <p><input type="checkbox"/> Check enclosed payable to "Treasurer-State of New Jersey"</p> <p>6. LABORATORY ACCREDITATION (Attach Proof)</p> <p><input type="checkbox"/> AASHTO <input type="checkbox"/></p> <p><input type="checkbox"/> CCRL <input type="checkbox"/></p>	
<p>7. NAME/ADDRESS OF PARENT FIRM (if any): 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: (attach additional sheets as needed) IF NONE, CHECK HERE ⇒<input type="checkbox"/></p>		
<p>9. LIST SINGLE SATELLITE OFFICE TO BE CONSIDERED IN PRE-QUALIFICATION RATING: 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"/></p> <p>Address:</p> <p>Principal Contact: Phone: ()</p> <p>Year Satellite Office Established: Staff Size:</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 pre-qualified.</p>		
<p>11. FIRM/PRINCIPAL MEMBERSHIPS (Attach Proof)</p> <p><input type="checkbox"/> A.S.T.M <input type="checkbox"/> A.G.C. <input type="checkbox"/> A.G.C.N.J.</p> <p><input type="checkbox"/> U.T.C.A <input type="checkbox"/> N.J.A.P.A. <input type="checkbox"/> N.I.C.E.T.</p> <p><input type="checkbox"/> N.T.S.T. <input type="checkbox"/> S.A.T. <input type="checkbox"/> _____</p> <p><input type="checkbox"/> A.C.I. <input type="checkbox"/> A.W.S. <input type="checkbox"/> _____</p>	<p style="text-align: center;"><u>AGENCY</u></p>	<p style="text-align: center;"><u>CONTACT PERSON</u></p>	<p style="text-align: center;"><u>PHONE NUMBER</u></p>

12. ORGANIZATION CHART (Include parent firm and satellite offices if applicable)



15. BRIEF RESUME OF CERTIFIED TECHNICAL STAFF

A. NAME AND TITLE	A. NAME AND TITLE
B. YEARS EXPERIENCE: THIS FIRM: OTHER FIRMS:	B. YEARS EXPERIENCE: THIS FIRM: OTHER FIRMS
<p>C. ACTIVE REGISTRATION: (Attach copies)</p> <p>DISCIPLINE CERTIFYING AGENCY EXPIRATION DATE</p> <p>DISCIPLINE CERTIFYING AGENCY EXPIRATION DATE</p> <p>DISCIPLINE CERTIFYING AGENCY EXPIRATION DATE</p>	<p>C. ACTIVE REGISTRATION: (Attach copies)</p> <p>DISCIPLINE CERTIFYING AGENCY EXPIRATION DATE</p> <p>DISCIPLINE CERTIFYING AGENCY EXPIRATION DATE</p> <p>DISCIPLINE CERTIFYING AGENCY EXPIRATION DATE</p>
D. BRIEF RESUME:	D. BRIEF RESUME:

16. 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?
(If yes, please complete a separate disclosure form for the parent company.)</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?
(If yes, please complete a separate disclosure form for the parent company.)</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>c) Have any principals or entity listed in this application ever been arrested, charged, indicted or convicted of a crime?
(If yes, attach an explanation for each instance.)</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?
(If yes, attach an explanation for each instance.)</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 pending proceedings pecifically seeking or litigating the issue of suspension or revocation?
(If yes, attach an explanation for each instance.)</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?
(If yes, attach an explanation for each instance.)</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>g) Has the applicant firm ever been denied pre-qualification in the past under this name or another?
(If yes, attach an explanation for each instance.)</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)?
(If yes, give name, name of firm, position held, % owned, remainder owned by, and dates owned.)</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?
(If yes, provide caption, date, docket number, court and county.)</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> <ul style="list-style-type: none"> a. had a contract terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No b. been given a final unsatisfactory performance rating on a specific project? <input type="checkbox"/> Yes <input type="checkbox"/> No c. had liquidated damages assessed against it in connection with a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No d. engaged in any litigation with regard to any contract? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>(If yes to any of the above, explain.)</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?
(If yes, identify the name, address and federal tax ID number for such entity and the nature of the ownership interest.)</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

17. FINANCIAL STATEMENT INFORMATION – THE APPLICANT FIRM MUST SUBMIT ONE OF THE FOLLOWING:

REQUIRED INFORMATION

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

18. TESTING EQUIPMENT (IN-HOUSE AND FIELD)				
NAME, MANUFACTURER MODEL AND SERIAL NO. OF EQUIPMENT	TEST FUNCTION	NAME, ADDRESS, PHONE NO. AND CONTACT PERSON OF SERVICE CONTRACTOR (IF NONE INSERT "NONE")	REQUESTED/ RECOMMENDED CALIBRATION INTERVAL (IF NONE INSERT "NONE")	DATE OF LAST CALIBRATION INSERT "N/A" IF NOT APPLICABLE

19. TESTING SERVICES OFFERED

CHECK TYPE OF SERVICE YOUR FIRM OFFERS <input checked="" type="checkbox"/>	CODE	TESTING SPECIALTY	NAME OF RESPONSIBLE PRINCIPAL, KEY PERSON OR CERTIFIED PERSON (FULL TIME)	SIGNATURE OF RESPONSIBLE PERSON (SEE INSTRUCTIONS)	NUMBER OF TECHNICAL STAFF LOCATED AT FIRM (BOX 1)	NUMBER OF TECHNICAL STAFF IN OTHER OFFICES (BOX 9)	TOTAL TECHNICAL STAFF (ADD ACROSS)
<input type="checkbox"/>	A.	CONSTRUCTION MATERIALS TESTING					
<input type="checkbox"/>	A.1	SOILS					
<input type="checkbox"/>	A.2	WOOD					
<input type="checkbox"/>	A.3	CONCRETE					
<input type="checkbox"/>	A.4	MASONRY					
<input type="checkbox"/>	A.5	ROOFING					
<input type="checkbox"/>	A.6	FIREPROOFING					
<input type="checkbox"/>	A.7	STRUCTURAL STEEL					
<input type="checkbox"/>	A.8	ASPHALT					
<input type="checkbox"/>	A.9	AGGREGATES					
<input type="checkbox"/>	A.10	PAINT/FINISHES					
<input type="checkbox"/>	A.11	PILES					
<input type="checkbox"/>	A.12	NUCLEAR DENSITY					
<input type="checkbox"/>	A.13						
<input type="checkbox"/>	A.14						
<input type="checkbox"/>	A.15						

19. TESTING SERVICES OFFERED (continued)

CHECK TYPE OF SERVICE YOUR FIRM OFFERS <input checked="" type="checkbox"/>	CODE	TESTING SPECIALTY	NAME OF RESPONSIBLE PRINCIPAL, KEY PERSON OR CERTIFIED PERSON (FULL TIME)	SIGNATURE OF RESPONSIBLE PERSON (SEE INSTRUCTIONS)	NUMBER OF TECHNICAL STAFF LOCATED AT FIRM (BOX 1)	NUMBER OF TECHNICAL STAFF IN OTHER OFFICES (BOX 9)	TOTAL NUMBER OF TECHNICAL STAFF (ADD ACROSS)
<input type="checkbox"/>	B.	GEO-TECHNICAL					
<input type="checkbox"/>	B.1	BORINGS					
<input type="checkbox"/>	B.2	PERCULATION/EXFILTRATION					
<input type="checkbox"/>	B.3	CONTROLLED FILL					
<input type="checkbox"/>	B.4	GROUNDWATER MONITORING WELLS					
<input type="checkbox"/>	B.5	OBSERVATION WELLS					
<input type="checkbox"/>	B.6						
<input type="checkbox"/>	B.7						
<input type="checkbox"/>	C	NON-DESTRUCTIVE					
<input type="checkbox"/>	C.1	RADIOGRAPHY					
<input type="checkbox"/>	C.2	ULTRASONIC					
<input type="checkbox"/>	C.3	MAGNETIC PARTICLE					
<input type="checkbox"/>	C.4	LIQUID PENETRANT					
<input type="checkbox"/>	C.5	RADIOISOTOPE MOISTURE SURVEY					
<input type="checkbox"/>	C.6	THERMOGRAPHIC SURVEY					
<input type="checkbox"/>	C.7	VIDEO SURVEY (SEWER/DRAIN)					
<input type="checkbox"/>	C.8	ELECTRICAL SYSTEMS					
<input type="checkbox"/>	C.9	AIR BALANCING					
<input type="checkbox"/>	C.10						
<input type="checkbox"/>	C.11						

19. TESTING SERVICES OFFERED (continued)

CHECK TYPE OF SERVICE YOUR FIRM OFFERS <input checked="" type="checkbox"/>	CODE	TESTING SPECIALTY	NAME OF RESPONSIBLE PRINCIPAL, KEY PERSON OR CERTIFIED PERSON (FULL TIME)	SIGNATURE OF RESPONSIBLE PERSON (SEE INSTRUCTIONS)	NUMBER OF TECHNICAL STAFF LOCATED AT FIRM (BOX 1)	NUMBER OF TECHNICAL STAFF IN OTHER OFFICES (BOX 9)	TOTAL TECHNICAL STAFF (ADD ACROSS)
<input type="checkbox"/>	D.	ENIRONMENTAL TESTING & ANALYSIS (Attach DEP Lab Certifications)					
<input type="checkbox"/>	D.1	HAZARDOUS GASES/LIQUIDS					
<input type="checkbox"/>	D.2	ASBESTOS					
<input type="checkbox"/>	D.3	LEAD					
<input type="checkbox"/>	D.4	PCB					
<input type="checkbox"/>	D.5	BIOLOGICAL					
<input type="checkbox"/>	D.6	INDOOR AIR QUALITY					
<input type="checkbox"/>	D.7	WATER & WASTEWATER BACTERIOLOGICAL					
<input type="checkbox"/>	D.8	GROUNDWATER					
<input type="checkbox"/>	D.9	SOIL					
<input type="checkbox"/>	D.10	AIR POLLUTANTS					
<input type="checkbox"/>	D.11						
<input type="checkbox"/>	D.12						
<input type="checkbox"/>	D.13						
<input type="checkbox"/>	D.14						

20. IN ORDER TO ACHIEVE PRE-QUALIFICATION IN A SPECIFIC SPECIALTY, A MINIMUM OF THREE (3) PROJECTS MUST BE LISTED, TWO (2) OF WHICH HAVE BEEN COMPLETED. ALL PROJECTS MUST HAVE BEEN COMPLETED WITHIN THE PAST TEN (10) YEARS.

CODE NUMBER OF TESTING SERVICES PROVIDED	PROJECT NAME, LOCATION, AND BRIEF DESCRIPTION	A/E OR RECORD CONTACT PERSON AND PHONE NO.	DATE SERVICES PROVIDED

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. INCLUDE INFORMATION OR DESCRIPTIONS OF ACHIEVEMENTS AND AWARDS RECEIVED

(Attach a separate sheet if necessary)

23. CERTIFICATION OF PRINCIPALS:

CERTIFICATION

The certification must be completed by each current **Principal** of the applicant firm identified in response to Box 14. **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 Department of the Treasury professional consultant services contracts.

I agree and warrant that truthfully answering the questions on this application is an event entirely within my control.

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 me

_____/_____
Name (print) Date

This _____ day of _____

Notary Public

_____/_____
Original Signature Title

Original Signature _____

24. 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 at law. 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: _____

