

REQUEST FOR CLASSIFICATION (DPMC-27) STATE OF NEW JERSEY – DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION				RETURN ALL FORMS & FINANCIAL STATEMENTS TO: DPMC Contractor Classification 33 W State St, 9 th Floor, Trenton, NJ 08625-0034	
FORM 1 – CERTIFICATION, EXPERIENCE, AND LICENSING				NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/>	
Signature of Officer _____ Title _____ Signature of Preparer _____ Title _____ Date _____ Fed ID # _____			<div style="border: 1px solid black; padding: 5px;"> CONTACT PERSON Name: _____ Phone: (____) _____ </div>		
SUBMITTED BY (Firm Name, Street, City, State, ZIP) _____ EMAIL: _____			TELEPHONE (____) _____ FAX (____) _____		TYPE OF BUSINESS <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation
1. Is your company currently owned by another firm? <input type="checkbox"/> Yes – attach a Form 2 for the parent <input type="checkbox"/> No		2. Has your company ever been owned by another firm? <input type="checkbox"/> Yes – attach details <input type="checkbox"/> No		CERTIFIED WITH THE NJ DIVISION OF REVENUE AS: <i>(attach certificate)</i> <input type="checkbox"/> Small Business Enterprise (SBE) <input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Woman Business Enterprise (WBE) <input type="checkbox"/> Veteran-Owned Business (VOB) <input type="checkbox"/> Disabled Veteran-Owned Business (DVOB)	
3. Are any owners, partners, or principals of your company affiliated with any other firm(s) as employees, shareholders, or directors? <input type="checkbox"/> Yes – attach a Form 2 for each firm <input type="checkbox"/> No		4. Does your company currently use, or has it ever used, any name other than the official, legal name of the company? <input type="checkbox"/> Yes – attach details <input type="checkbox"/> No		5. In what state was your company formed? If not NJ, please provide a current short form standing certificate issued by the NJ Division of Revenue. _____	
6. In the past 5 years, have any of the owners, partners, or principals of your company held similar positions or been employees, shareholders, or directors of a company engaged in the same or similar type of business for which classification is sought? <input type="checkbox"/> Yes - identify all such companies indicating if they remain actively engaged in the business in an attachment. If not, explain why. <input type="checkbox"/> No					
LICENSE INFORMATION – A PHOTOCOPY OF ALL LICENSES IN COMPANY AND INDIVIDUAL NAMES MUST BE ATTACHED					
<u>Type of License</u>	<u>License Number</u>	<u>Licensee (Indiv.)</u>	<u>Effective Date</u>	<u>Expiration Date</u>	<u>Note</u>
ASBESTOS REMOVAL					Trades C092, C093
ELECTRICAL					Trades C047, C120, C121, C122
FIRE ALARM/ SIGNAL SYSTEMS					Permit issued by NJDCA; Trade C049
FIRE SUPPRESSION SYSTEMS					Trade C042
HVACR					Licensee must own 10% or be bona fide rep (attach proof); Trade C032
LANDSCAPE IRRIGATION					Trade C065
LEAD PAINT ABATEMENT					Trade C096
PLUMBING					Licensee must own 10%; Trade C030
SITE REMEDIATION/ WASTE REMOV. TOX/HAZ	N/A			must be updated annually	OSHA HAZWOPER certificate(s); Trades C094, C119
SPRINKLER SYSTEMS					Permit issued by NJDCA; Trade C045
UNDERGROUND STORAGE TANKS					Trades C113, C114, C115, C117
WELL DRILLING					Trade C102
WIRING EXEMPTION		N/A	N/A	N/A	Trades C120, C121, C122 if electrical license is not provided