

CONTRACTOR'S/OWNER'S REPRESENTATIVE PROFILE FORM

Date: _____
 Company Name: _____
 Address: _____
 City, State Zip: _____
 Telephone: _____
 Fax#:: _____
 Telephone: _____
 Contact: _____
 Email: _____
 Web Address: _____

What is your Bonding Capacity? Per Project Aggregate
 \$ _____ \$ _____

Surety **Company:**

Name: _____
 Address: _____
 City: _____
 State: _____
 Zip Code: _____
 Telephone: _____
 Contact: _____
 Surety **Agent** _____

Are you currently on the New Jersey Debarment List? _____ Yes _____ No
 Are you currently on any Federal Debarment List? _____ Yes _____ No

Please indicate the services your company performs:

- General Contractor at Risk Owner's Representative
 Design Build Construction Manager at Risk

Project Types:

- Yes or No General Education Yes or No Laboratories Yes or No Parking Structures
 Yes or No HealthCare Yes or No Residence Hall Yes or No Solar
 Yes or No Life Sciences Yes or No Sports Facilities Yes or No Others, Provide list

Are You Registered As?

- MBE: Minority Business Enterprise Yes
 SBE: Small Business Enterprise
 WBE: Women Business Enterprise

Please Provide At Least 3 References Which Include The Following: (Attach pages as necessary)

1. Project Name
2. Contract Amount(\$)
3. Contracting Method
4. Type of Project
5. Architect's name, address, and phone number
6. Architect's contact person
7. Projects Owner's name, address and phone number
8. Project Owner's contact person and phone number