



Department of Education

### DIVISION OF SCHOOL FACILITIES

MUST CHECK ONE:

- NEW SUBCONTRACTOR APPLICATION
- SUBCONTRACTOR CERTIFICATION OF CHANGE

#### PRIME CONTRACTOR INFORMATION:

THE PRIME CONTRACTOR IS RESPONSIBLE FOR THE TIMELY SUBMISSION OF THIS APPLICATION PRIOR TO THE START OF A SUBCONTRACTOR WORKING ON SITE. THE PRIME CONTRACTOR IS RESPONSIBLE FOR REPORTING UPDATES/CHANGES WITHIN 30 DAYS OF THE EVENT. SUBCONTRACTOR APPROVAL STATUS IS TRADE SPECIFIC.

1. PRIME CONTRACTOR'S NAME \_\_\_\_\_
2. TEL. NO. \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_
3. FEDERAL TAX I.D. NUMBER \_\_\_\_\_
4. CONTRACT DESCRIPTION \_\_\_\_\_
5. BOE CONTRACT MANAGER \_\_\_\_\_
6. CONTRACT NO. \_\_\_\_\_ SPECIFICATION NO. \_\_\_\_\_
7. DESCRIPTION OF SUBCONTRACT WORK \_\_\_\_\_

#### SUBCONTRACTOR BUSINESS INFORMATION:

1. NAME OF COMPANY \_\_\_\_\_
2. TEL. NO. \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_
3. FEDERAL TAX I.D. NUMBER (FEIN) / SS NUMBER \_\_\_\_\_  
[IF YOU DO NOT HAVE A FEDERAL TAX NUMBER ISSUED BY THE IRS, PROVIDE YOUR SOCIAL SECURITY NUMBER]
4. ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
5. OFFICER / OWNER NAME \_\_\_\_\_  
TITLE \_\_\_\_\_
6. TRADE(S) \_\_\_\_\_ CURRENT LICENSE  YES  
[COPIES OF ALL APPLICABLE LICENSES AND CERTIFICATES MUST BE ATTACHED]
7. COMPANY IS ONE OR MORE OF THE FOLLOWING: [ATTACH DOCUMENTATION]  

<u>MBE</u> <input type="checkbox"/> YES	<u>LBE</u> <input type="checkbox"/> YES	<u>WBE</u> <input type="checkbox"/> YES
<u>SOLE PROPRIETORSHIP</u> <input type="checkbox"/> YES	<u>PARTNERSHIP</u> <input type="checkbox"/> YES	<u>CORPORATION</u> <input type="checkbox"/> YES

#### LABOR LAW CERTIFICATION

I certify that I pay and will continue to pay the prevailing rate of wages including all supplemental benefits as required by the New York State Labor Law Section 220 and /or Section 230 and as prescribed by the Comptroller of the City of New York to all labor employed by me on New York City Department of Education contracts, and that I am ready to provide evidence on prevailing wages and supplemental benefit payments at any time upon request from the New York City Department of Education.

I certify that I will pay supplemental benefits to all labor employed by me in accordance with the category checked below.

1.  Benefits paid through Union, Local Number \_\_\_\_\_ (attach copy of agreement).
2.  Approved welfare/pension plan (attach copy).
3.  No work on site. Law not applicable.
4.  Section 230 applies (check other appropriate category).
5.  Cash payments in form of checks at Comptroller approved rates.

#### SUBCONTRACTOR CERTIFICATION:

I CERTIFY THE INFORMATION STATED IN THIS APPLICATION IS IN ALL RESPECTS TRUE

NAME OF BUSINESS \_\_\_\_\_

BY \_\_\_\_\_  
(SIGNATURE OF AUTHORIZED OFFICIAL) (TYPE OR PRINT NAME)

TITLE OF AUTHORIZED OFFICIAL \_\_\_\_\_  
(TYPE OR PRINT)

DATE \_\_\_\_\_

SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

