



Department of Education

Dennis M. Walcott, Chancellor

NYC DEPARTMENT OF EDUCATION

SUBCONTRACTOR APPLICATION

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. 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
4. ADDRESS CITY STATE ZIP
5. OFFICER / OWNER NAME TITLE
6. TRADE(S) CURRENT LICENSE
7. COMPANY IS ONE OR MORE OF THE FOLLOWING: PLEASE CHECK BOX AND ATTACH DOCUMENTATION

ALL CONTRACTORS AND SUBCONTRACTORS MUST SUBMIT A VENDEX BOOK TO THE MAYOR'S OFFICE OF CONTRACTS AND A VENDEX MEMO TO THE DIVISION OF SCHOOL FACILITIES - GO TO WWW.NYC.GOV/VENDEX FOR INSTRUCTIONS

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
2. Approved welfare/pension plan
3. No work on site. Law not applicable.
4. Section 230 applies
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
APPLY CORPORATE SEAL HERE