

NEW JERSEY TRANSIT CORPORATION - FORM A-1 (State)
SUBCONTRACTOR INFORMATION & BIDDERS SOLICITATION LOG

NJT Contract No: _____

Project Name: _____

Contractor Name: _____

Address: _____

Complete the information below for **ALL CONTRACTORS WORKING ON AND SOLICITED FOR THIS PROJECT**. To report additional subcontractors use additional forms.

	PRIME CONTRACTOR	SUBCONTRACTOR	SUBCONTRACTOR
Company's Full Name			
Address			
City			
Zip			
County			
Phone			
Fax			
E-mail			
Owner			
Date Established			
Date Certified			
Ethnicity			
Gender			
Certification Status: Non SBE or SBE I, SBE II, SBE III or SBE IV , SBE V (please indicate all that apply)			
Federal Tax ID # / SSN #			
Primary Industry Operation Code:			