



STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PURCHASE AND PROPERTY

33 WEST STATE STREET, P.O. BOX 230
TRENTON, NEW JERSEY 08625-0230

SUBCONTRACTOR UTILIZATION FORM*

List All Businesses To Be Used As Subcontractors. Attach Additional Sheets If Necessary

BID SOLICITATION #: 20DPP00556
BID SOLICITATION TITLE: T3118 - Emergency Winter Season Towing Services - NJDOT

VENDOR'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

SUBCONTRACTOR'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FEIN: _____

EMAIL: _____

ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: _____

DESCRIPTION OF WORK TO

BE SUBCONTRACTED: _____

IS THE SUBCONTRACTOR A SMALL BUSINESS?

☐ YES

☐ NO

IF YES, SMALL BUSINESS CATEGORY:

☐ I

☐ II

☐ III

☐ IV

☐ V

☐ VI

IS THE SUBCONTRACTOR A DISABLED VETERAN-OWNED BUSINESS?

☐ YES

☐ NO

SUBCONTRACTOR'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FEIN: _____

EMAIL: _____

ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: _____

DESCRIPTION OF WORK TO

BE SUBCONTRACTED: _____

IS THE SUBCONTRACTOR A SMALL BUSINESS?

☐ YES

☐ NO

IF YES, SMALL BUSINESS CATEGORY:

☐ I

☐ II

☐ III

☐ IV

☐ V

☐ VI

IS THE SUBCONTRACTOR A DISABLED VETERAN-OWNED BUSINESS?

☐ YES

☐ NO

SUBCONTRACTOR'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FEIN: _____

EMAIL: _____

ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: _____

DESCRIPTION OF WORK TO

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IS THE SUBCONTRACTOR A SMALL BUSINESS?

☐ YES

☐ NO

IF YES, SMALL BUSINESS CATEGORY:

☐ I

☐ II

☐ III

☐ IV

☐ V

☐ VI

IS THE SUBCONTRACTOR A DISABLED VETERAN-OWNED BUSINESS?

☐ YES

☐ NO

* If the Bid Solicitation has subcontracting set-aside goals, and the Vendor has not achieved the goals, Vendor must attach information documenting its good faith effort to achieve the goals.