



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 #: 19DPP00440  
BID SOLICITATION TITLE: T2946 - Elevator Maintenance, Repair, Testing, and Inspection Serv

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 IS A SMALL BUSINESS?  
☐ YES ☐ NO  
IF YES, SMALL BUSINESS CATEGORY:  
☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI  
IS THE SUBCONTRACTOR IS 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 IS A SMALL BUSINESS?  
☐ YES ☐ NO  
IF YES, SMALL BUSINESS CATEGORY:  
☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI  
IS THE SUBCONTRACTOR IS 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 IS A SMALL BUSINESS?  
☐ YES ☐ NO  
IF YES, SMALL BUSINESS CATEGORY:  
☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI  
IS THE SUBCONTRACTOR IS 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.