



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 _____
[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: PLEASE CHECK BOX AND ATTACH DOCUMENTATION
☐ MBE ☐ LBE ☐ WBE ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION

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 _____ (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

APPLY CORPORATE SEAL HERE