



PROFESSIONAL SERVICES QUALIFICATION STATEMENT*

***Professional Services Qualification Statements (PSQS) will be kept on file at the NJEDA for two years from the date of submittal of a complete PSQS. An incomplete PSQS will be returned. All items must be completed. Attach as many sheets as necessary to complete a section. Should additional sheets be attached, please specify which section numbers the attachments pertain to. If an item is not applicable, indicate so by inserting "N/A".** Rev. 3/2021

New Jersey Economic
Development Authority
Real Estate Development Division
36 West State Street, P.O. Box 990
Trenton, NJ 08625-0990
609-858-6905

1. Firm Name/Business Headquarters Address:

Telephone No.:
Fax No.:
E-Mail Address:

2. Submittal Date:

3. Federal ID No.:

4. NIGP Commodity Code:

5. Type of Ownership:

Total Number of Employees:

Name of Parent Company, if any:

Year Present Firm Established:

Former Firm Name(s) and Year(s) Established:

6. (a) Is the applicant firm certified or registered with the New Jersey Division of Revenue as an:

SBE _____ Yes _____ No
WBE _____ Yes _____ No (Optional)
MBE _____ Yes _____ No (Optional)
DVOB _____ Yes _____ No (Optional)
VOB _____ Yes _____ No (Optional)

Identification Number:
Attach Certification/Registration form

6. (b) Is the applicant firm registered with the New Jersey Division of Revenue:

_____ Yes _____ No

Attach Business Registration form

7. Principal Contact (include Name, Title and Telephone No.):	8. List Branch Office locations other than Headquarters listed in Item 1:																		
<p>9. Check below the discipline for which the applicant firm is submitting its PSQS: (If submitting in more than one area, submit all appropriate documentation for each for each discipline.)</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">CHECK IF APPLICABLE</th> <th>DISCIPLINE</th> </tr> </thead> <tbody> <tr><td style="text-align: center;"> </td><td>Boundary/Topographic Survey Services</td></tr> <tr><td style="text-align: center;"> </td><td>Civil Engineering and Geotech Services</td></tr> <tr><td style="text-align: center;"> </td><td>Integrated Architectural/Engineering Services</td></tr> <tr><td style="text-align: center;"> </td><td>Architectural Design and Programming Services</td></tr> <tr><td style="text-align: center;"> </td><td>Planning Services</td></tr> <tr><td style="text-align: center;"> </td><td>Construction Inspection Services</td></tr> <tr><td style="text-align: center;"> </td><td>Environmental Engineering & Site Investigation Services</td></tr> <tr><td style="text-align: center;"> </td><td>Asbestos Inventory, Abatement/ASCM Services</td></tr> </tbody> </table>		CHECK IF APPLICABLE	DISCIPLINE		Boundary/Topographic Survey Services		Civil Engineering and Geotech Services		Integrated Architectural/Engineering Services		Architectural Design and Programming Services		Planning Services		Construction Inspection Services		Environmental Engineering & Site Investigation Services		Asbestos Inventory, Abatement/ASCM Services
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10. LIST PRINCIPAL OWNERS:	LIST KEY PERSONNEL:
a. Name:	a. Name:
b. Home Address:	b. Title:
c. Percentage of Ownership:	

d. Officer/Title:	
a. Name:	a. Name:
b. Home Address:	b. Title:
c. Percentage of Ownership:	
d. Officer/Title:	
a. Name:	a. Name:
b. Home Address:	b. Title:
c. Percentage of Ownership:	
d. Officer/Title:	

11. BRIEF RESUME OF PRINCIPALS AND <u>KEY</u> PERSONNEL	
a. Name and Title:	a. Name and Title:
b. Years Experience: This Firm _____ Other Firm	b. Years Experience: This Firm _____ Other Firm
c. Education: Degree(s)/Year/Specialization/School:	c. Education: Degree(s)/Year/Specialization/School:
d. Active Registration: Year First Registered/Discipline/NJ License No.:	d. Active Registration: Year First Registered/Discipline/NJ License No.:

e. Experience and Qualifications:

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12. INSTRUCTIONS:
1. Review the Specialty/Discipline Column (Column C) and place an “X” in Column A for those specialties/disciplines for which the applicant firm is submitting.
 2. Review Professional/Technical Staff (Column D) and indicate the number of staff members in the appropriate boxes in Columns E and F working full time for the applicant firm in each specialty/discipline. There is no limit to the number of specialty/discipline on which a staff member may be entered.
 3. Indicate the total Professional/Technical Staff for each specialty/discipline in Column G.

*Note: For each specific specialty/discipline, qualified staff must be listed in Column E. Additional credit may be given for any additional staff listed in Column F.

A REQUESTED	B CODE	C SPECIALTY/DISCIPLINE	D PROFESSIONAL/TECHNICAL STAFF	E IN THE OFFICE SUBMITTING		F OFFICES IN PROXIMITY (WITHIN 100 MILES OF PRIMARY OFFICE)		G TOTAL STAFF
				# OF STAFF WITH A NJ LIC- ENSE	# OF ADD'L TECH- NICAL STAFF	# OF STAFF WITH A NJ LIC- ENSE	# OF ADD'L TECH- NICAL STAFF	
	01	ARCHITECTURE	ARCHITECTS					
	02	ELECTRICAL ENGINEERING	ELECTRICAL ENGINEERS					
	03	HVAC ENGINEERING	HVAC ENGINEERS					
	04	PLUMBING ENGINEERING	PLUMBING ENGINEERS					
	05	CIVIL ENGINEERING	CIVIL ENGINEERS					
	06	SANITARY ENGINEERING	SANITARY ENGINEERS					
	07	STRUCTURAL ENGINEERING	STRUCTURAL ENGINEERS					
	08	DEMOLITION ENGINEERING	CIVIL ENGINEERS					
	09	MECHANICAL ENGINEERING (Elevators/Conveyors)	MECHANICAL ENGINEERS					
	10	SOILS ENGINEERING	SOIL ENGINEERS					

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				# OF STAFF WITH A NJ LIC- ENSE	# OF ADD'L TECH- NICAL STAFF	# OF STAFF WITH A NJ LIC- ENSE	# OF ADD'L TECH- NICAL STAFF	
	11	FIRE PROTECTION ENGINEERING	FIRE PROTECTION ENGINEERS					
	12	ENVIRONMENTAL ENGINEERING	ENVIRONMENTAL ENGINEERS					
	13	MARINE ENGINEERING	CIVIL ENGINEERS					
	14	LANDSCAPE DESIGN	LANDSCAPE ARCHITECTS					
	15	PLANNING	PLANNERS					
-	16	LAND SURVEYING	SURVEYORS					
	17	AERIAL SURVEY	SURVEYORS					
	18	HYDROGRAPHIC SURVEYING	SURVEYORS					
	19	FIRE & LIFE SAFETY RENOVATIONS	ARCHITECTS/ENGINEERS					
	20	BARRIER FREE/ADA DESIGN	ARCHITECTS/ENGINEERS					
	21	ESTIMATING/COST ANALYSIS	ESTIMATORS					
	22	INTERIOR DESIGN SPACE PLANNING	INTERIOR DESIGNERS					
	23	ROOFING INSPECTION	ROOFING INSPECTORS					
	24	CONSTRUCTION MANAGEMENT	CONSTRUCTION MANAGERS					
	25	CPM	SCHEDULERS					

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	26	ARCHAEOLOGY	ARCHAEOLOGISTS					
	27	GEOLOGY	GEOLOGISTS					
	28	VALUE ENGINEERING	ARCHITECTS/ENGINEERS/ESTIMATORS					
	29	HISTORICAL PRESERVATION/RESTORATION	ARCHITECTS					
	30	ROOFING CONSULTANT	ARCHITECTS/ENGINEERS					
	31	ACOUSTICS	ACOUSTICIANS					
	32	ASBESTOS ABATEMENT	AHERA PROJECT DESIGNERS					
		DESIGN/CONSTRUCTION/MONITORING	ASBESTOS SAFETY TECHNICIANS					
	33	CLAIMS ANALYSIS	CLAIMS ANALYSTS/ESTIMATORS					
	34	TELECOMMUNICATIONS	TELECOMMUNICATION SPECIALISTS					
	35	EXHIBIT/INTERPRETATIVE DESIGN	DESIGNERS					
	36	FEASIBILITY/MASTER PLANNING	PLANNERS/ARCHITECTS/ENGINEERS					
	37	FIRE DETECTION SYSTEMS	FIRE DETECTION SPECIALISTS					
	38	FIRE PROTECTION SYSTEMS	FIRE PROTECTION SPECIALISTS					
	39	FOOD SERVICE	FOOD SERVICE CONSULTANTS					

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	40	HYDRAULICS/PNEUMATICS	HYDRAULIC ENGINEERS					
	41	HYDROLOGY	HYDRO GEOLOGISTS					
	42	SECURITY SYSTEMS	SECURITY SYSTEM CONSULTANTS					
	43	SITE PLANNING	PLANNERS/ARCHITECTS/ENGINEERS					
	44	TESTING & BALANCING (HVAC)	HVAC ENGINEERS					
	45	TRAFFIC	TRAFFIC ANALYSTS					
	46	TRANSPORTATION	CIVIL ENGINEERS					
	47	WASTE/WATER TREATMENT	CIVIL/SANITARY ENGINEERS					
	48	ENERGY MANAGEMENT CONTROL SYSTEMS	HVAC/ELECTRICAL ENGINEERS					
	49	RADON MANAGEMENT CONSULTANT	DEP CERTIFIED CONSULTANTS					
	50	CONSTRUCTION FIELD INSPECTION	FIELD INSPECTORS					
	51	ELEVATOR PLAN REVIEW, TESTING INSP.	DCA CERTIFIED SPECIALISTS					
	52	ENVIRONMENTAL CONSULTANT	ENVIRONMENTAL SPECIALISTS/SCIENTISTS					

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	53	UNDERGROUND STORAGE TANK REMOVAL/INSTALLATION	DEP CERTIFIED SPECIALISTS (SSE)					
	54	BOILER/STEAM LINES	ENGINEERS					
	55	AIR QUALITY	INDUSTRIAL HYGIENISTS					
	56	LANDFILL CLOSURE	ENVIRONMENTAL ENGINEERS					
	57	LEAD PAINT EVALUATION/INSPECTION	DOH CERTIFIED TECH (DCA FIRM CERTIFIED)					
	58	COMPUTER	PROGRAMMER/OPERATOR					

13. RANK ORDER OF APPLICANT FIRM'S EXPERTISE FOR VARIOUS BUILDING TYPES FROM 1 TO 20 (1=HIGHEST). DO NOT USE ANY NUMBER MORE THAN ONCE. IF APPLICANT FIRM HAS NO EXPERIENCE IN A PARTICULAR BUILDING TYPE, WRITE "NONE".

RANK ORDER	CODE	BUILDING TYPE	RANK ORDER	CODE	BUILDING TYPE
	59	CHILD CARE FACILITIES		69	MEDICAL FACILITIES
	60	RADIO/TV FACILITIES		70	OFFICE FACILITIES
	61	COMPUTER FACILITIES		71	PARKS
	62	CORRECTIONAL FACILITIES		72	RECREATIONAL FACILITIES
	63	DAMS, DIKES, LEVEES		73	RESIDENTIAL
	64	EDUCATIONAL FACILITIES		74	SITE ENGINEERING/ROADWAY/PAVING
	65	LABORATORIES/RESEARCH FACILITIES		75	THEATERS
	66	LIBRARIES MUSEUMS		76	WAREHOUSE/INDUSTRIAL FACILITIES
	67	MAINTENANCE FACILITIES		77	WASTE/WATER TREATMENT FACILITIES
	68	MARINAS, DOCKS, BULKHEADS		78	HISTORIC PRESERVATION

14. (A) PROJECT EXAMPLES - LIST A VARIETY OF PROJECTS COMPLETED OVER THE PAST FIVE YEARS. A MINIMUM OF FIVE (5) AND A MAXIMUM OF TEN (10) TOTAL PROJECTS MUST BE LISTED. IT IS ADVISABLE TO LIST LARGE PROJECTS IN ORDER TO SUPPORT THE APPLICANT FIRM'S REQUESTED SPECIALTY/DISCIPLINE.

* "P" INDICATES SERVICES PERFORMED AS A PRIME CONSULTANT. "S" INDICATES SERVICES PERFORMED AS A SUB-CONSULTANT TO A PRIME. "JV" INDICATES SERVICES PERFORMED AS PART OF A JOINT VENTURE.

SPECIALTY TYPE (CODE NUMBER)	* "P", "S", OR "JV"	PROJECT NAME AND LOCATION	PROJECT OWNER NAME AND ADDRESS PHONE NUMBER	CONSTRUCTION COST (IN THOUSANDS) & TOTAL SQUARE FOOTAGE	TOTAL COST OF WORK FOR WHICH FIRM WAS RESPONSIBLE	YEAR WORK COMPLETE
EXAMPLE #01	P	ABC Project Trenton, NJ	New Jersey Economic Development Authority P.O. Box 990, 36 West State Street Trenton, NJ 08625-0990 609-292-0373	\$480 40,000 sq. ft.	100%	2005

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14. (B) **TO BE COMPLETED ONLY IF RESPONDING TO A SPECIFIC ADVERTISEMENT.** LIST PROJECT EXAMPLES WHICH BEST ILLUSTRATE THE APPLICANT FIRM'S CURRENT QUALIFICATIONS RELEVANT TO THE ADVERTISED PROJECT OVER THE PAST FIVE YEARS. A MINIMUM OF FIVE (5) AND A MAXIMUM OF TEN (10) TOTAL PROJECTS MUST BE LISTED.

* "P" INDICATES SERVICES PERFORMED AS A PRIME CONSULTANT. "S" INDICATES SERVICES PERFORMED AS A SUB-CONSULTANT TO A PRIME. "JV" INDICATES SERVICES PERFORMED AS PART OF A JOINT VENTURE.

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15. GROSS FEES (in thousands) FROM CONTRACTS ENTERED INTO IN THE LAST FIVE YEARS:

	<i>From All Entities (Inc. Private Sector)</i>	<i>From State Government Entities</i>	<i>From Local Government Entities</i>	<i>From Federal Government Entities</i>	<i>Comments</i>
Year (Most Recent)					
Year					
Year					
Year					
Year					

16. FINANCIAL STATEMENT INFORMATION:

TO BE PROVIDED ONLY IF RESPONDING TO A SPECIFIC ADVERTISEMENT

Audited Financial Statements are preferred for all applicants. Note: Firms which do not have Audited Financial Statements, may submit Reviewed Financial Statements. Small firms which do not have Audited or Reviewed Financial Statements, may submit Compilations. However, the following information at a minimum is required in each category.

- Audited Financial Statements for last two years including:
 - Auditor's Reports
 - Balance Sheets
 - Statements of Income and Retained Earnings
 - Statement of Cash Flows
 - All footnotes to these statements
- Corporate Annual Report (if applicable)

- Reviewed Financial Statements for last two years including:
 - Balance Sheets
 - Statements of Income and Retained Earnings
 - Statement of Cash Flows
 - All footnotes to these statements

- Compilations for last two years including:
 - Balance Sheets
 - Statements of Income and Retained Earnings
 - Statement of Cash Flows
 - All footnotes to these statements
- Federal Tax Returns

17. DISCLOSURE:

		YES	NO
A	Is the applicant firm identified in Box 1 of this PSQS owned by another company or firm? (If yes, please complete a separate disclosure form for the parent company.)		
B	Within the past 5 years, has the applicant firm been owned by another company or firm? (If yes, please complete a separate disclosure form for the parent company.)		
C	Have any principals listed in this Qualification Statement ever been arrested, charged, indicted or convicted of a crime? (If yes, attach an explanation for each instance.)		
D	Has any person or entity listed in this Qualification Statement ever been suspended, debarred or otherwise declared ineligible, by any agency of government, from contracting to provide services, labor, material or supplies? (If yes, attach an explanation for each instance.)		
E	Has any federal, state or local government license, permit or other similar authorization necessary to perform the work applied for herein, and held or applied for by any person or entity listed in this Qualification Statement been suspended or revoked, or is the subject of any pending proceedings specifically seeking or litigating the issue of suspension or revocation? (If yes, attach an explanation for each instance.)		
F	Are there currently any administrative, civil or criminal matters pending or orders, liens or levies previously entered in any federal, state or local government jurisdiction in which the applicant firm or its principals or key personnel are/were involved? (If yes, attach an explanation for each instance.)		
G	Has the applicant firm been denied pre-qualification from any other state or federal entity in the past five years under this name or another? (If yes, attach an explanation for each instance.)		
H	At present or during the past 5 years, have any of the principals or key personnel of the applicant firm served as a principal or key personnel or owned 5% or more of any other firm (including firms that are inactive or have been dissolved)? (If yes, give name, name of firm, position held, % owned, remainder owned by, and dates owned.)		
I	Has the applicant firm, its affiliate or any of its principals or key personnel been a party to a bankruptcy or re-organization proceeding? (If yes, provide caption, date, docket number, court and county.)		
J	In the past 5 years, has the applicant firm, or any of its affiliate firms: (If yes to any of the following, attach explanation.) (a) had a contract terminated? (b) been given a final unsatisfactory performance rating on a specific project? (c) had liquidated damages assessed against it in connection with a contract? (d) engaged in any litigation with regard to any contract? (e) been required to engage a monitor in connection with any contract?		
K	Do any of the principals of the applicant firm have an ownership interest in any other entity which is in the same line of business for which the applicant firm has submitted its PSQS? (If yes, identify the name, address and federal tax ID number for such entity and the nature of the ownership interest.)		

18. **INSURANCE:** Identify insurance policies currently held by the applicant firm:
(For each policy, name the following: policy limits, expiration date, carrier, agent, agent name, address, and phone number. Respondent may attach a copy of current Certificate of Insurance.)

GENERAL LIABILITY:

EXCESS LIABILITY:

PROFESSIONAL LIABILITY:

AUTOMOBILE:

MULTIPLE PERIL:

WORKERS COMPENSATION:

OTHER:

19. Within this space, the applicant firm may provide any additional information or description of resources supporting the applicant firm's qualifications, including achievements and awards received during the past 5 years.

20. CERTIFICATION:

This certification must be completed by each current **Principal** of the applicant firm identified in Box 10. **Certifications must be notarized when signed.**

A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS PSQS WILL SUBJECT THE APPLICANT FIRM TO CIVIL AND CRIMINAL PENALTIES AVAILABLE AT LAW.

I, _____ (name) being duly sworn, state that I am _____ (title) of _____, (firm name) and that I have read and understand the questions contained in this PSQS and its attachments, if any.

I certify that to the best of my knowledge the information given in response to each question and the attachments is full, complete and truthful.

I acknowledge that the New Jersey Economic Development Authority may, by means it deems appropriate, determine the accuracy and truth of the statements made in this PSQS.

I recognize that all of the information submitted is for the express purpose of inducing the New Jersey Economic Development Authority to evaluate the applicant firm's qualifications and/or allow the applicant firm to participate in professional service consultant contracts and that the New Jersey Economic Development Authority will rely on the information submitted in this PSQS.

I agree and warrant that truthfully answering the questions in this PSQS is an event entirely within my control.

I understand and agree that this PSQS and all supporting documentation filed with the New Jersey Economic Development Authority shall become the property of the New Jersey Economic Development Authority and shall be subject to disclosure as a public record.

I understand and agree that this PSQS will be kept on file at the New Jersey Economic Development Authority for a period of 2 years from the date of submittal of a complete PSQS. I understand that the New Jersey Economic Development Authority is under no obligation to contact the applicant firm upon the expiration of the 2 year period. I acknowledge that a current PSQS must be submitted to the New Jersey Economic Development Authority by the applicant firm every 2 years.

I authorize the New Jersey Economic Development Authority to contact any entity or person named in this PSQS for purposes of verifying the information supplied by the applicant firm.

Sworn to before me this _____ day
of _____,

Name, Title (print or type)

Notary Public

Signature/Date

ATTACH AS MANY SHEETS AS NECESSARY

I BEING DULY SWORN UPON MY OATH, HEREBY REPRESENT AND STATE THAT THE FOREGOING INFORMATION AND ANY ATTACHMENTS THERETO, TO THE BEST OF MY KNOWLEDGE, ARE TRUE AND COMPLETE. I ACKNOWLEDGE THAT THE NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY IS RELYING ON THE INFORMATION CONTAINED HEREIN AND THEREBY ACKNOWLEDGE THAT I AM UNDER A CONTINUING OBLIGATION FROM THE DATE OF THIS CERTIFICATION THROUGH THE COMPLETION OF ANY CONTRACTS WITH THE NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY TO NOTIFY THE NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY IN WRITING OF ANY CHANGES TO THE ANSWERS OR INFORMATION CONTAINED HEREIN. A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS PSQS WILL SUBJECT THE APPLICANT FIRM AND ME TO CIVIL AND CRIMINAL PENALTIES AVAILABLE AT LAW. I AUTHORIZE THE NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY TO VERIFY ANY ANSWER(S) CONTAINED HEREIN, TO INVESTIGATE MY BACKGROUND AND CREDIT WORTHINESS AND OF THE APPLICANT FIRM AND TO ENLIST THE AID OF THIRD PARTIES IN ITS INVESTIGATIVE PROCESS.

I, BEING DULY AUTHORIZED, CERTIFY THAT THE INFORMATION SUPPLIED IN THIS PSQS, INCLUDING ALL ATTACHMENTS, IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Sworn to before me this _____ day
of _____, _____

Name, Title (print or type)

Notary Public

Signature/Date

Submittal:

Firms interested in submitting a PSQS to the New Jersey Economic Development Authority should submit one (1) copy via email and/or electronic submittal of the fully completed "Professional Services Qualification Statement" to the following address:

New Jersey Economic Development Authority
36 West State Street, P.O. Box 990
Trenton, New Jersey 08625-0990
Attn: Bonny Serratelli, Project Officer, Real Estate Division
Email address: BSerratelli@njeda.com (please use this email address if submitting PSQS electronically)

Firms submitting in more than one discipline must include all appropriate supporting documentation for each discipline.

Pursuant to written policy, the Authority allows documents to be signed electronically. By submitting forms electronically, firms agree to be bound by such electronic signature.

PLEASE NOTE, IF SUBMITTING IN RESPONSE TO A PUBLIC ADVERTISEMENT, CONSULT THE PUBLIC ADVERTISEMENT AND REQUEST FOR QUALIFICATION/PROPOSAL DOCUMENTS FOR SUBMISSION REQUIREMENTS.