

MTA- New York City Transit
Department of Capital Program Management
**STATEMENT OF QUALIFICATION
OF SUBCONTRACTOR**

The statements hereon are confidential and made solely for the information of MTA-New York City Transit in connection with the proposed subcontract with:

Name of General Contractor _____

Address of General Contractor _____

under its General Contract No. _____ with MTA-New York City Transit.

Contract is Federally funded? ☐ Yes ☐ No
If yes, attach the below certifications from proposed subcontractors/suppliers involving \$25,000 or more, as required.

Appendix Form	Title	Required
F-1	Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions	Yes
F-2	Certification Regarding Lobbying	Yes
F-3	Disclosure of Lobbying Activities	If Applicable

1. Proposed SubContractor: _____
2. Business Address: _____

Street Address (No P.O. Box) _____ City _____ State _____ Zip Code _____
Telephone number: _____

- 2a. Local Home Office: (Provide address of office handling administration of the MTA Contract if different from business address)

Street Address (No P.O. Box) _____ City _____ State _____ Zip Code _____

3. **If a corporation:** _____ **If a co-partnership:** _____

Incorporation Date: _____	Date of Organization: _____
President's Name: _____	Enter Names and Addresses of Partners below (use additional sheets if necessary): _____
Vice President's Name: _____	_____
Secretary's Name: _____	Papers are filed in County Clerk's Office _____
Treasurer's Name: _____	
Employer Identification Number (EIN): _____	

4. Description of work to be performed under proposed subcontract (Indicate whether work involves labor only or labor and material). List, attach page if needed, principal items of materials or equipment, if any, to be furnished and the name and address of each supplier.

5. Total amount of proposed subcontract: \$ _____

6. Is the proposed subcontractor being used to satisfy M/W/DBE/SDVOB requirements of this Contract? ☐ Yes ☐ No

EXPERIENCE

7. How many years experience as a Contractor? _____ As a Subcontractor? _____

8. Give briefly, previous experience of directing officers including chief engineer and general superintendent on similar work:

Name	Present Position	Magnitude and Type of Work	Years of Construction Experience	What Capacity

9. List principal contracts completed by present organization.

Location	Contract Price	Class of Work	Name and Address of Awarding Party	Date Completed

10. List contracts, if any, that present organization has on hand.

Location	Contract Price	Class of Work	Name and Address of Awarding Party	Date Completed

11. Give references of at least two engineers/architects for whom present organization has done similar work

Firm Name	Telephone	Address	Contact Person

12. Labor Employed through: (specify "Non-Union" or Provide Union, Local No., Address & Telephone #):

The undersigned agrees to furnish to MTA-New York City Transit additional or supplemental information concerning its financial and/or technical qualifications, when and as required:

Signature of proposed Subcontractor Officer,
Partner or Owner

Title

Date