

MTA- New York City Transit
Department of Capital Program Management

Request for
Material Supplier Approval

Date:	General Contractor Name and Address:
NYCT Contract Number:	
Employer ID Number:	

Material Description:

Supplier Name, Address and Phone #:

Street Address (No PO Box)	City	State	Zip
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Local Manufacturing Facility: (Provide address where materials are fabricated. If various materials do not share a common place of fabrication, provide primary place of business for the supplier)

Street Address (No PO Box)	City	State	Zip
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Is the proposed supplier being used to satisfy D/M/WBE requirements of this Contract?

☐ Yes

☐ No

I certify that the above supplier of the material described has been investigated and meets the following qualifications:

1. Will supply only those materials inspected by NYCT or approved by NYCT without required inspection and provide certification where required.
2. Is capable of delivering materials in quantities in a timely manner as demanded by the Contractor's work schedule.
3. Has satisfactorily provided materials for similar projects on previous occasions (provide up to three (3) references)
4. Has adequate financial resources to make all material deliveries on schedule, as required on the project.

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

Cost of Materials (rounded to the nearest \$5,000.00):

References (Give company name, contracts and telephone number)	
1	
2	
3	

Contractor Officer's Signature:

Print Name:

Title:

TO BE COMPLETED BY NYCT

Approved:

Construction Manager

Date