

CITY OF NEW YORK - DEP
2ND TIER SUBCONTRACTOR APPROVAL FORM
 For subcontracts to be approved **AFTER** contract registration
 Column on left indicates whom that section is to be completed by

PRIME CONTRACT INFORMATION

AGENCY	Agency:	Unit/Div:	Registration #
			Registration Date:
	Contract No.:	PIN:	
	Contract Description:		
	Contract Subject to a Project Labor Agreement (PLA) YES <input type="checkbox"/> NO <input type="checkbox"/>		

PRIME CONTRACTOR IDENTIFICATION

Name:	EIN/SSN:
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1ST TIER SUBCONTRACTOR IDENTIFICATION

Name:	EIN/SSN:
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2ND TIER SUBCONTRACTOR INFORMATION

1ST TIER SUB CONTRACTOR	Company Name:			
	Contact (please print):	Title:		
	Phone:	E-Mail:		
	Address:	City:	State/Zip:	
	EIN/SSN:	PASSPort #:		
	2 nd Tier Subcontract Description:			
	2 nd Tier Subcontract Value: \$	Start Date	End Date	
	2 nd Tier Subcontractor Signed Letter of Assent <input type="checkbox"/> (if Prime Contract is subject to a Project Labor Agreement)			
	2 nd Tier Subcontractor is Certified as: M/WBE <input type="checkbox"/> DBE <input type="checkbox"/> or EBE <input type="checkbox"/> (check all that apply & note status below)			
	YES <input type="checkbox"/>	Application Pending <input type="checkbox"/>	Intends to Apply <input type="checkbox"/>	NO <input type="checkbox"/>
	2 nd Tier Subcontractor Prevailing Wage or Living Wage Statement (if applicable) <input type="checkbox"/>			
	Primary Trades to be used for Construction Services (list all)			
	2 nd Tier Subcontractor's Experience Modification Rating (EMR): _____ (Letter from insurance carrier to verify rating must be included).			
	1 st Tier Subcontractor Certification: I hereby affirm that the information supplied is true and correct.			
	Signature _____	Title _____		
Print Name _____	Date _____			
Email _____	Phone _____			

AGENCY PRELIMINARY REVIEW
 PLEASE SEE PAGE 2 FOR INSTRUCTIONS

AGENCY	Agency Preliminary Review Completed By: _____ Date _____
	PASSPort <input type="checkbox"/> Employment <input type="checkbox"/> References <input type="checkbox"/> PLA <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Licenses <input type="checkbox"/> Sub Agreement <input type="checkbox"/> PIP <input type="checkbox"/>

PRIME CONTRACTOR RESPONSE

PRIME	For each of the boxes checked in the agency preliminary response above, I have informed the Subcontractor of all relevant requirements and provided all requested documentation. <input type="checkbox"/>
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AGENCY FINAL RESPONSE

AGENCY	Final Agency Approval: Granted <input type="checkbox"/> Denied <input type="checkbox"/>
	Signature: _____ Date _____
	If Subcontracted Amount Has Changed, Please Enter The Revised Amount And Resubmit: