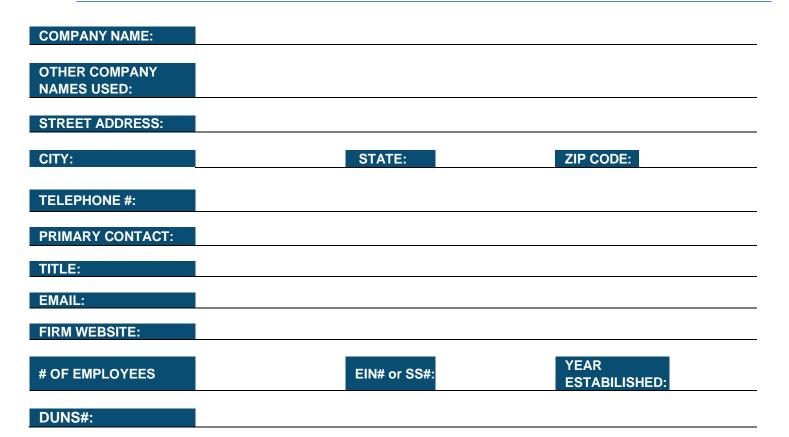


PS&S, LLC Vendor Supplier Prequalification Application

INSTRUCTIONS: Please complete each item and return this form to **forms@psands.com**. Do not leave any questions blank in the Mandatory Sections. If a question is not applicable to your business, insert "N/A" in the space provided. Whenever the space is insufficient to answer a question completely, attach additional sheets as necessary.

Section I: Mandatory Company Information:



TYPE OF BUSINESS:

Place an 'X' in the applicable box (only choose one)

Corporation	
Partnership	
LLC	
Sole Proprietorship	
Non-Profit Organization	



Section II: Additional Required Information:

BUSINESS CLASSIFICATION / CERTIFIED AGENCY(IES):

AGENCY / JURISDICTION	CERTIFICATION TYPE	EXPIRATION (MM/DD/YYYY)

Example Inputs:

AGENCIES: Allegheny County, CTDOT, MTA, NYCSBS, Niagara Frontier Transportation Authority, NJ Department of Revenue and Enterprise, NJ Transit, NJDOT, NYNJMSDC, NYSDOT, PANYNJ, PennDOT, Philadelphia International Airport, Port Authority of Allegheny County, SEPTA

JURISDICTION: NYS, NYC, NJ, PA, CT, MD, FL CERTIFICATION TYPE: DBE, DVOB, ESBE, MBE, SBE, SDVOB, VOB, WBE

COMMODITY CODES:

Please list the NAICS/NIGP/SIC Commodity Codes associated with your firm's Agency Certification. (For multiple Commodity Codes, please separate by comma.)

NAICS	
NIGP	
SIC	

PROOF OF CERTIFICATION:

Please Attach Documentation Evidencing Certification Status (If not certified but have applied for certification, please provide evidence of filing, including the filing date)



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OTHER BUSINESS LOCATION(S): (Different from what is listed on page 1) Add additional lines if needed

STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE #:		
PRIMARY CONTACT:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE #:	OTATE.	
PRIMARY CONTACT:		
STREET ADDRESS: CITY:	STATE:	ZIP CODE:
TELEPHONE #:	STAIL.	
PRIMARY CONTACT:		
PRIMART CONTACT.		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE #:		
PRIMARY CONTACT:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE #:		
PRIMARY CONTACT:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE #:		
PRIMARY CONTACT:		



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Section III: Additional Information Required:

ADDITIONAL QUALIFICATIONS:

Please attach the following documentation:

- Company Overview
- Company SF330
- Corporate Brochure
- Sample Certificate of Insurance
- Multiplier and List of Fully Burdened Hourly Rates