NJIT - PTAC
PROCUREMENT TECHNICAL ASSISTANCE CENTER
NEW CLIENT - BUSINESS PROFILE FORM

Please FAX this form to: (973) 596-5501

Bob Brown-Newark  (973) 596-5805
Rachel Pintouri-Newark  (973) 596-5806
Sherry Rose- Atlantic City  (609) 343-4710
Jan Mirijanian-Mt. Holly (609) 267-5165 x4519

For Center Use Only:
Client ID Code_________  Bid Matching (Y/N)____
Primary Counselor______________________________

Contact Information:

Point Of Contact, Salutation: _______ (Ms., Mr., Mrs., Dr.)
First Name ___________ MI:_____  Last Name _____________
Position at Company:______________________  Owner? _____ (Yes/No)
Work Phone:__________________________

Ethnic Group:  ___ African American  ___ Asian-Pacific
___ Hispanic  ___ Subcontinent Asian
___ American Indian/Alaskan Native  ___ White
___ Native Hawaiian or Pacific Islander

Military Status:  ___ Non-Veteran  ___ Veteran
___ Vietnam-Era Veteran  ___ Service Disabled Veteran

Business Information:

Company Name:_________________________________________________________

Business E-Mail:________________________________________________________

Business Phone:_____________________  Business Fax:____________________
Business Size: _______________________________________________________
(Note all that apply: Small; Disadvantaged; 8a; Woman-Owned; Large)

Business Type:_________________________________________________________________________
(Note your Business Type: Manufacturer; Service Establishment; Retail Dealer;
Wholesale Dealer; Construction; R & D; or Surplus Sales)

International Trade? _______ (Yes or No)
System for Award Management (SAM) _______ (Yes or No)
ORGANIZATION TYPE: ___ SOLE PROPRIETOR ___ PARTNERSHIP
___ NON-PROFIT ORGANIZATION ___ CORPORATION
___ LIMITED LIABILITY CO. ___ SUB S CORPORATION

GENDER OF COMPANY OWNER: M___ F___ ESTIMATED ANNUAL SALES $___________

MILITARY STATUS: ___NON-VETERAN ___VETERAN
___VIETNAM-ERA VETERAN ___SERVICE DISABLED

DATE BUSINESS ESTABLISHED:___/____/____ HOME BASED BUSINESS:___Yes ___ No

BUSINESS ADDRESS:

STREET ADDRESS: ______________________________________________________

CITY: _________________________________ STATE:______________

5 DIGIT ZIP CODE:___________ COUNTY: ________________________

CERTIFIED HUBZONE: ___YES ___ NO

DISTRESSED AREA (LSA): ___YES ___ NO

SBA:

CERTIFICATION: STATE OF NJ SDB 8A

PRODUCTS/SERVICES: WRITE IN DETAIL WHAT BEST DESCRIBES YOUR
PRODUCTS OR SERVICES:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
List all FSC/PSC Codes that apply to your Products and/or Services and WRITE the keywords that you used to find them:(Website for FSC/PSC codes:)
HTTP://WWW.OUTREACHSYSTEMS.COM/RESOURCES/TABLES/PSCS/

FSC CODE:                KEY WORDS USED:
________________________
________________________
________________________
________________________
________________________
________________________
________________________

List all of your Company’s SIC and NAIC Codes:

(Website for SIC and NAIC codes: WWW.CENSUS.GOV/NAICS)

4 DIGIT SIC CODES: ____________________________

6 DIGIT NAICS CODES (North American Industry Classification Codes):
__________________________
__________________________
__________________________

SEARCH AREAS:

ENTIRE U.S. _____
OR LIST THE SPECIFIC STATES: ____________________________

__________________________

FOREIGN OPPORTUNITY: