

Project Information

CAPIS/Project ID Number

DDC Project Manager/EIC name

Contract Registration Number

Phone Number

Project Name, Location and Borough

PIN Number

Subcontractor **1st Tier** or **2nd Tier**

Subcontractor Name

EIN/Tax ID Number

Vendor Customer Number

Office Phone

Email Address

Address

City

State

Zip Code

Subcontract Amount

Industry Classification

Subcontract Work Description

Date Questionnaires filed with MOCS in PASSPort (MM/DD/YY): _____

I hereby verify that the above information is true and provided in full, & the prime contractor reported this subcontract information correctly in PIP, using an "active" vendor customer number.

Subcontractor

Print Name & Title

Signature

Date (MM/DD/YY)

Prime Contractor or **1st-Tier Subcontractor**

Contractor Name

EIN/Tax ID Number

Email Address

Office Phone

Address

City

State

Zip Code

If 1st-Tier Subcontractor, Provide Prime Contractor Name:

I hereby certify that the above named subcontractor has been informed of all relevant requirements and has provided all necessary documentation for certifications and Labor agreements indicated; has adequate equipment to do the work expeditiously; has suitable financial status to meet obligations incident to the job; has appropriate technical experience; that all operations are covered by a sufficient amount of insurance; and that the applicable provision of the general contract, as set forth in said contract, will govern the work to which the subcontract relates.

I hereby certify that the value of work subcontracted does not exceed the limits allowed under the contract, and that the information supplied here is true.

**Prime Contractor/
1st Tier Subcontractor**

Signature

Date (MM/DD/YY)

Print Name

Title

Contract Registration Number

Prime Contractor Name

CAPIS/Project ID Number

Subcontractor Name

DDC PB Project Manager

Signature

Date (MM/DD/YY)

Approved Denied

Print Name

FL/Cubicle Number

DDC Agency Chief Contracting Office/Final Approval or Denial

Mandatory - Indicate Reviewed Below:

Vendor Integrity

Sub: Satisfactory

Unsatisfactory

Approved Denied

Print Name

Signature

Date (MM/DD/YY)

Submit Original Forms: RFAS

PASSPort www.nyc.gov/PASSPort