STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

Official Use Only						
Assignment						
Code						

(Date)

(Area Code)

(Telephone Number)

(Ext.)

FORM AA-201												
Revised 11/11	INITIAL PRO.											
For instruction	ns on completing the	form, go to	o: http:/	//www.s	state.n	j.us/trea	sury/co	ntract_	compliar	ce/pdf/aa201ins.p	odf	
1. FID NUMBER 2. CONTRACTOR ID NUMBER			ID NUME	BER	5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT							
			Name:									
3. NAME AND ADDRESS OF PRIME CONTRACTOR					Address:							
(Name)												
(realine)				CONTRACT NUMBER DATE OF AWARD DOLLAR AMOUNT OF AWARD								
(Street Address)					6. NAME AND ADDRESS OF PROJECT 7. PROJECT NUMBER							
					Name: Address:							
(City)	(State) (Zip Co	ode)				1				8 IS THIS PROJECT	Γ COVERED BY A PROJ	
•	PANY MINORITY OWNE		OMAN O	WNED	[]	COUNTY LABOR AGREEMENT (PLA)? YES (I						
9. TRADE C		PROJECTED TOTAL EMPLOYEES				ED MINORI	TY EMPLOY	'EES	PROJECTED	PROJECTED		
		MALE				MALE FEMALE				PHASE - IN	COMPLETION	
		J	AP	J	AP	J	AP	J	AP	DATE	DATE	
1. ASBESTOS						-				 	1	
2. BRICKLAYE 3. CARPENTE	ER OR MASON	_			<u> </u>	-				_		
				-	-	-				╄		
4. ELECTRIC	IAN									-		
5. GLAZIER						_						
6. HVAC MEC												
7. IRONWOR	KER				+							
8. OPERATIN	G ENGINEER									_		
9. PAINTER		_				_				_		
10. PLUMBE	R					_				_		
11. ROOFER		_				_						
	TAL WORKER	_								├ ──		
13. SPRINKLE										├ ──		
14. STEAMFI						-				∔		
15. SURVEYO	OR	_				_				_		
16. TILER												
17. TRUCK D										_		
18. LABORE	₹											
19. OTHER												
20. OTHER	. that the favoration of		and b		. 4	1 277 2	aua Aba	-4 if any	af the f		1.000	
willfully	y that the foregoing solution of the section of the	tatements i	made by	y me ar	e true.	I am a	ware th	at if any	of the fo	regoing statemen	its are	
	(Si							Signatur	ignature)			
10. (Please	Print Your Name)					(Title)						