



STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION

NOTICE OF CONSULTANT PREQUALIFICATION

FIRM: NEWPORT CONSTRUCTION
MANAGEMENT CORPORATION
ADDRESS: 5032 MARLTON PIKE
PENNSAUKEN, NJ 08109

INITIAL REVISED RENEWAL

DATE OF ISSUE: DECEMBER 10, 2015
EXPIRATION DATE: NOVEMBER 30, 2017
FEDERAL ID NUMBER: 223 646 242

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The Experience Questionnaire (FORM 48A), submitted by your firm, has been reviewed. As a result of this review, your firm may be invited to submit proposals for projects involving the checked discipline(s) having a not to exceed Construction Cost Estimate (CCE) as noted. For the purposes of this form, NA = no fixed amount.

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| <ul style="list-style-type: none"> <input type="checkbox"/> ARCHITECTURE _____ <input type="checkbox"/> ELECTRICAL ENGINEERING _____ <input type="checkbox"/> HVAC ENGINEERING _____ <input type="checkbox"/> PLUMBING ENGINEERING _____ <input type="checkbox"/> CIVIL ENGINEERING _____ <input type="checkbox"/> SANITARY ENGINEERING _____ <input type="checkbox"/> STRUCTURAL ENGINEERING _____ <input type="checkbox"/> MECH. ENG. (ELEV., CONVEYORS, ETC.) _____ <input type="checkbox"/> SOILS ENGINEERING _____ <input type="checkbox"/> FIRE PROTECTION ENGINEERING _____ <input type="checkbox"/> ENVIRONMENTAL ENGINEERING _____ <input type="checkbox"/> MARINE ENGINEERING _____ <input type="checkbox"/> LANDSCAPE DESIGN _____ <input type="checkbox"/> PLANNING _____ <input type="checkbox"/> LAND SURVEYING _____ <input type="checkbox"/> AERIAL SURVEYING _____ <input type="checkbox"/> HYDROGRAPHIC SURVEYING _____ <input type="checkbox"/> FIRE & LIFE SAFETY RENOVATIONS _____ <input type="checkbox"/> BUILDING COMMISSIONING _____ <input type="checkbox"/> BOILER/STEAM LINES/HIGH PRESSURE SYS. _____ <input type="checkbox"/> DAM/LEVEE DESIGN _____ <input type="checkbox"/> BARRIER FREE/ADA DESIGN _____ <input type="checkbox"/> ESTIMATING/COST ANALYSIS _____ <input type="checkbox"/> INTERIOR DESIGN/SPACE PLANNING _____ <input type="checkbox"/> ROOFING INSPECTION _____ <input type="checkbox"/> CONSTRUCTION MANAGEMENT _____ <input checked="" type="checkbox"/> CPM 3 MILLION <input type="checkbox"/> ARCHAEOLOGY _____ <input type="checkbox"/> GEOLOGY _____ <input type="checkbox"/> VALUE ENGINEERING _____ <input type="checkbox"/> HISTORIC PRESERVATION/RESTORATION _____ | <ul style="list-style-type: none"> <input type="checkbox"/> ROOFING CONSULTANT _____ <input type="checkbox"/> ACOUSTICS _____ <input type="checkbox"/> ASBESTOS DESIGN _____ <input type="checkbox"/> ASBESTOS SAFETY MONITORING _____ <input checked="" type="checkbox"/> CLAIMS ANALYSIS NA <input type="checkbox"/> TELECOMMUNICATIONS _____ <input type="checkbox"/> EXHIBIT/INTERPRETATIVE DESIGN _____ <input type="checkbox"/> FEASIBILITY PLANNING _____ <input type="checkbox"/> FIRE DETECTION SYSTEMS _____ <input type="checkbox"/> FIRE PROTECTION SYSTEMS _____ <input type="checkbox"/> FOOD SERVICE _____ <input type="checkbox"/> HYDRAULICS/PNEUMATICS _____ <input type="checkbox"/> HYDROLOGY _____ <input type="checkbox"/> SECURITY SYSTEMS _____ <input type="checkbox"/> SITE PLANNING _____ <input type="checkbox"/> HISTORIC PRESERVATION CONSULTANT _____ <input type="checkbox"/> ENERGY AUDITING _____ <input type="checkbox"/> TRAFFIC _____ <input type="checkbox"/> TRANSPORTATION _____ <input type="checkbox"/> WASTE/WATER TREATMENT _____ <input type="checkbox"/> ENERGY MANAGEMENT CONTROL SYSTEM _____ <input type="checkbox"/> RENEWABLE ENERGY CONSULTANT _____ <input checked="" type="checkbox"/> CONSTRUCTION FIELD INSPECTION 3 MILLION <input checked="" type="checkbox"/> PROJECT MANAGEMENT 5 MILLION <input type="checkbox"/> ENVIRONMENTAL CONSULTANT _____ <input type="checkbox"/> STORAGE TANK REMOVAL _____ <input type="checkbox"/> STORAGE TANK INSTALLATION _____ <input type="checkbox"/> PERIMETER SECURITY FENCING _____ <input type="checkbox"/> INDOOR AIR QUALITY TESTING _____ <input type="checkbox"/> LANDFILL CLOSURE _____ <input type="checkbox"/> LEAD PAINT EVALUATION _____ |
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PREPARED BY:

Pamela Sullivan

**PAMELA SULLIVAN
MANAGER, PREQUALIFICATION UNIT**

APPROVED BY:

Richard S. Flodmand

**RICHARD S. FLODMAND
DEPUTY DIRECTOR**

NOTE: THIS IS AN ORIGINAL DOCUMENT. IT MAY BE REQUIRED AS PROOF OF YOUR PREQUALIFICATION STATUS. PLEASE RETAIN THIS FORM FOR YOUR RECORDS.