

**NEW JERSEY TURNPIKE AUTHORITY
 SMALL BUSINESS ENTERPRISE ("SBE") PROGRAM
 AND DISABLED VETERAN-OWNED ("DVOB") SET-ASIDE PROGRAM
 FORM D
SBE/DVOB UNAVAILABILITY CERTIFICATION**

OPS Number: _____ Title: _____

I, _____ (Name), _____ (Title),
 of _____ (Prime Contractor)

located in the STATE OF _____

certify that on _____ (Date), I contacted the following SBE(s) and DVOB(s) to obtain a Proposal for services to be performed on the Project named above.

To the best of knowledge and belief, each SBE or DVOB identified in this form was unavailable for work on this project, exclusive of unavailability due to lack of agreement on price, and each SBE or DVOB was unable to prepare a bid for the following reason(s) (if known):

SBE or DVOB Firm Name	SBE Category No.	SBE or DVOB Registration No.	Type of Work
Reason Unavailable:			
Reason Unavailable:			
Reason Unavailable:			
Reason Unavailable:			
Reason Unavailable:			

(additional pages are attached as necessary)

Signature: _____ Date: _____

This form MUST be completed and submitted with the Firm's Expression of Interest.

On this _____ day of _____, 20____, before me _____, the person described in the foregoing Affidavit acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.

In witness thereof, I hereunto set my official seal.

 Notary Public (Seal)
 My Commission Expires _____