



Design and Construction
 AN ISO 9001:2008 CERTIFIED ORGANIZATION
 Contract Administration, 35th Floor, Corning Tower
 The Governor Nelson A. Rockefeller Empire State Plaza
 Albany, New York 12242
 Phone: (518) 474-0203 FAX: (518) 473-7862

WICKS EXEMPT LIST OF SUBCONTRACTORS

Contract No.: **45127-C**

NOTE: This form is required for "Single-Contract" projects exempt from the Wicks Law. Failure to submit this form correctly will result in disqualification of the bid.

Contractor's Name and Address: APS CONTRACTORS, INC. 27 EAST 33RD STREET PATERSON NJ 07514 Federal ID No. 22-3257048	Project Description (Project Title, Facility Name and Address): REMEDIATE EXTERIOR ENVELOPE CONDITIONS BUILDING 5 NEW YORK PSYCHIATRIC INSTITUTE 1051 RIVERSIDE DRIVE NEW YORK, NY	Bid Date: 03/16/2016	Total Contract Amt.: \$1,471,000.00
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Indicate ANY work to be self-performed by the contractor in the following categories (check all that apply):

- Plumbing and Gas Fitting
- Steam Heating, Hot Water Heating, Ventilating and AC Apparatus
- Electric Wiring and Standard Illuminating Fixtures

If ALL contract work is to be self-performed, i.e., no subcontractors will be used, please check this box skip to the bottom of this form, and sign it as required.

Subcontractor's Name, Address and Federal ID No.	Check (✓) only one:			General Description of Work	Subcontractor's Contract Amt.
	Plumbing and Gas Fitting	Steam Heating, Hot Water Heating, Ventilating and AC Apparatus	Electric Wiring and Standard Illuminating Fixture		
AAA WINDOWS AND DOORS CORP. 27 EAST 33RD STREET, PATERSON NJ 07514 Federal ID No. 26-2092658	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WINDOW GLAZING	\$600,000.00
Federal ID No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Federal ID No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

This form must be filled out completely and legibly, signed by a company authorized representative and included in a separate, sealed envelope within the bid envelope. Use Page 2 if needed.
 Failure to complete this form accurately and in its entirety, in accordance with Document 002220, will result in disqualification of the bid.

Company Authorized Signature: *[Signature]* Title: **PRESIDENT** Date: **03/16/2016**