

BID AUTOMOTIVE 2020-1 LIGHT AUTO REPAIR

05.13.2020

AGM TRANSMISSION LLC
790 COMMUNIPAW AVE
790 Communipaw Ave
Bayonne, NJ 07304

NOTE: A bid must be entered for all items. The Failure to bid any one item will result in the automatic rejection of the bid at the bid reception

- 1. THE TERM OF THE CONTRACT SHALL BE ONE-YEAR COMMENCING 01 DAYS AFTER THE CONTRACT AWARD BY THE CITY COUNCIL. BID PRICES SHALL REMAIN FIRM FOR THE DURATION OF THE CONTRACT.**
- 2. BID PROPOSAL MUST COMPLY STRICTLY IN ACCORDANCE WITH SPECIFICATIONS LISTED HEREIN.**
- 3. ALL BIDDERS ARE REQUIRED TO SUBMIT A BID BOND OR CERTIFIED CHECK FOR 10% OF THE TOTAL BID AMOUNT NOT TO EXCEED \$20,000.00. A PERFORMANCE BOND IS NOT REQUIRED FOR THIS CONTRACT.**
- 4. THE CITY OF JERSEY CITY WILL AWARD THE CONTRACT BASED ON THE GRAND TOTAL PRICE. FAILURE TO BID ON ANY ONE ITEM WILL RESULT IN THE REJECTION OF THE BID.**

All Quotations Must Be Typewritten Or Written In Ink. Pencil Quotations Will Automatically Render Bid Informal. This Bid Must Be Accompanied by a Bond Or Certified Check For Ten (10%) Percent Of The Total Amount Of The Bid. Bond be From Surety Company Authorized To Do Business In The State Of New Jersey. (This Proposal Form Not Transferrable)

COMPANY NAME: AGM TRANSMISSION LLC.	NAME: Zarief Karas
ADDRESS: 790 Communipaw Ave Jersey City NJ 07304	ADDRESS: 28 Silver St. Bayonne NJ 07002
DATE: 05/13/ 2020	

Contracts will be awarded to the lowest responsible bidder(s) based upon the grand total amount.

All bid quotations must be typewritten or in ink. Pencil quotations will automatically render the bid informal.

BANK OF AMERICA

Cashier's Check

No. 1502608125

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

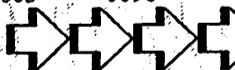
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Date 05/14/20 03:51:25 PM

OLD BERGEN

0003 0093003 0096

Pay



BANK OF AMERICA TWO ZERO ZERO ZERO ZERO CTSCTS

****\$20,000.00****

Twenty Thousand and 00/100 Dollars

To The Order Of CITY OF JERSEY CITY

Remitter (Purchased By): A.G.M/ TRANSMISSION LLC

Bank of America, N.A.
SAN ANTONIO, TX

[Signature]
AUTHORIZED SIGNATURE

⑈ 1502608125 ⑆ ⑆ 14000019 ⑆ 001641006097 ⑆

This contract will be awarded as an open-end contract. The minimum and the maximum quantities for each item are as stated in the Bid Form. **Bidder will bid on the maximum quantities.**

The City will use the grand total price calculated by using the maximum quantities stated for such items. The Contractor shall be paid based on actual quantities used, however, it shall not exceed the maximum quantities without prior issuance of a change order by the City.

Labor : Light Automotive Repair (I)

Description	Unit of Measure	Estimated Number of Hours Annually (A)	Unit Cost (B)	Extended Cost (C) = A x B
Labor – Light Automotive Repair	Hourly Rate	3000	\$ 65.00	\$ 195,000.00

Repair Parts and Materials (II)

Description	Estimated Annual Materials Cost (A)	% Mark-Up (B)	Mark-up Cost (C) = A + (A X B)
Repair Parts and Materials	\$100,000	10	\$ 110,000.00

GRAND TOTAL: TOTAL LABOR COST (I) PLUS TOTAL REPAIR, PARTS AND MATERIALS (II)

\$ THREE-HUNDRED-FIVE-THOUSAND-DOLLARS

(In Writing)

\$ 305,000.00

(In Figures)

BID FORM (continued)

NOTE: A bid must be entered for all items. The Failure to bid any one item will result in the automatic rejection of the bid at the bid reception

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COMPANY NAME: AGM TRANSMISSION LLC.	NAME: Zarief Karas
ADDRESS: 790 Communipaw Ave Jersey City NJ 07304	ADDRESS: 28 Silver St. Bayonne NJ 07002
DATE: 05/13/ 2020	

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All bid quotations must be typewritten or in ink. Pencil quotations will automatically render the bid informal.

TITLE: LIGHT AUTOMOTIVE REPAIRS (UNDER 15,000 GVW)
FOR THE DEPARTMENT OF PUBLIC WORKS

IN COMPLIANCE WITH YOUR INVITATION FOR BIDS DATED 05/19/2020 ,

2020, WE THE Bidder _____

UNDERSIGNED AGM TRANSMISSION LLC.

HEREBY DECLARE THAT WE HAVE CAREFULLY EXAMINED THE PROJECT AND ALL OTHER MATTERS PERTAINING TO THE PROPOSED WORK; AND THAT WE PROPOSE TO FURNISH ALL LABOR, EQUIPMENT AND MATERIALS NECESSARY TO COMPLETE THE WORK IN FULL ACCORDANCE WITH THE CONTRACT DOCUMENTS AT THE TOTAL BID PRICE: \$305,000.00.

BID GUARANTEE

Attach herewith is a: (Check one)

<input type="checkbox"/>	Certified Check
<input checked="" type="checkbox"/>	Cashier's Check
<input type="checkbox"/>	(Bid Bond)

In the amount of \$ 20,000.00 representing 10% of the total amount bid, but not Exceeding \$20,000.00.

The undersigned agrees that this check or bond is to be forfeited as liquidated damages and not as a penalty, if the contract is awarded to the undersigned and he shall fail to execute the contract for the project or forward the bond required within the stipulated time. Otherwise, the check or bond will be returned to the undersigned.

Each bid shall be accompanied by a certified check, cashier's check or bid bond in the amount of not less than 10% of the total bid amount, but in no case need the certified check, cashier's check or bid bond or any combination thereof, exceed \$20,000.00 and shall be not less than \$500.00. No cash will be accepted. The bidder's bond shall be made by a surety company qualified to do business in the State of New Jersey and must be signed by an officer or agent of the surety company authorized to execute the Bid Bond on behalf of the surety company. Include with the bond such documents which indicate that the officer or agent is authorized to execute the bid bond. If a certified check is offered as a guarantee, it shall be made payable to the City of Jersey City.

CERTIFICATE OF EXPERIENCE

ZARIEF KARAS Hereby certifies that AGM TRANSMISSION LLC has performed the following work within the past three (3) years:

Name of Owner	Amount of Contract	Type of Work	Owner=s Representative in charge of Work (Inc. Address and Phone)	Approximate Dates
CARMINE AUMENTA	Fifty Thousand	Automotive Repair	Aumenta Plumbing 309 Sip Ave. Jersey City NJ 07306 201-451-8008	09/2012-05/2020
KATHERINE CADILLO	Thirty Thousand	Automotive Repair	ACDC Home Remodeling 55 Corbin Ave Jersey City NJ 07304 201-284-1078	04/2013-05/2020
DAVE GOODWIN	Twenty Five Thousand	Automotive Repair	Warren George Drilling 1 Jersey Ave. Jersey City NJ 07304 201-433-9797	02/12-05/2020
NICK RUTKO	Twenty Thousand	Automotive Repair	Action Carting Environmental 300 Frank Wurr Blvd Teaneck NJ 07666 1-866-270-9900	10/2016-05/2020
NABIL TADROUS	Twenty Thousand	Automotive Repair	Care With Love Adult Daycare 953 Garfield Ave Jersey City NJ 07304 201-433-9797	06/2015-05/2020

AGM TRANSMISSION LLC

Name of Bidder

ZARIEF KARAS

By

OWNER

Title

Zarif Karas

GEORGE KARAS
Witness


IMPORTANT: THIS FORM MUST BE FILLED IN BY BIDDER.

EQUIPMENT CERTIFICATION

The undersigned Bidder hereby certifies as follows:

The bidder owns or controls all the necessary equipment required to accomplish the work described in the specifications.

Name of Bidder: AGM TRANSMISSION LLC

By: 
Signature

Name of above: ZARIEF KARAS
Print

Title: OWNER

Date: 05/13/2020

**CITY OF JERSEY CITY
ADDENDUM ACKNOWLEDGEMENT FORM
GOODS AND GENERAL SERVICES CONTRACTS**

The undersigned acknowledges receipt of the following addenda to the bidding document:

**THE COMPLETED ACKNOWLEDGEMENT OF ADDENDA FORM
SHOULD BE RETURNED WITH BID RESPONSE PACKAGE: NOT TO
BE SENT SEPARATELY**

NOTE: Failure to acknowledge receipt of all addenda will cause the bid to be considered non-responsive, and the bid will be rejected. Acknowledged receipt of each addendum must be clearly established and included with the bid pursuant to N.J.S.A. 40A:11-23.2 (e).

Addendum No. 1 Dated 04/06/2020

Addendum No. _____ Dated _____

Addendum No. _____ Dated _____

Name of Bidder: AGM TRANSMISSION LLC

Street Address: 790 COMMUNIPAW AVE

City, State, Zip JERSEY CITY, NJ, 07304

Authorized Signature: *[Handwritten Signature]*

Date: 05/13/2020

NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY)

ss:

COUNTY OF HUDSON)

I, ZARIEF KARAS of the City of JERSEY CITY, in the County of HUDSON and the State of New Jersey, of full age, being duly sworn according to law, upon my oath depose and say that:

I am OWNER of the firm of AGM TRANSMISSION LLC the bidder making the Proposal for the above named project and that I executed the said Proposal with full authority so to do; that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the City of Jersey City relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by:

AGM TRANSMISSION LLC

(Name of Contractor)

ZARIEF KARAS *Zarif Karas*

(Also type or print name of affiant under signature)

ATTEST: GEORGE KARAS

Secretary

(Affix Corporate Seal)

Sworn and subscribed to before me this 13 day of May 2020


George H. Marcos
NOTARY PUBLIC

My commission expires on: 12/12/2020

(NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL).

(An individual)
The undersigned is (a corporation) under the laws
(a partnership)

Of the State of New Jersey having offices
at 790 COMMUNIPAW AVE JERSEY CITY NJ 07304.

Signed 
Name ZARIEF KARAS
Title OWNER
Company AGM TRANSMISSON LLC

Address 790 COMMUNIPAW AVE
JERSEY CITY NJ 07304

Phone () 201-451-2006

Fax () 201-451-2009

(Seal if Bid by a Corporation)

STATEMENT OF OWNERSHIP DISCLOSURE
N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

Name of Organization: AGM TRANSMISSION LLC

Organization Address: 790 COMMUNIPAW AVE JERSEY CITY NJ 07304

Part I Check the box that represents the type of business organization:

- Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
- Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- For-Profit Corporation (any type) Limited Liability Company (LLC)
- Partnership Limited Partnership Limited Liability Partnership (LLP)
- Other (be specific): _____

Part II

The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. **(COMPLETE THE LIST BELOW IN THIS SECTION)**

OR

No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. **(SKIP TO PART IV)**

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Home Address (for Individuals) or Business Address

Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent)

that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed.**

Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II other than for any publicly traded parent entities referenced above. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Home Address (for Individuals) or Business Address

Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the City of Jersey City is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with City of Jersey City to notify the City of Jersey City in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the City of Jersey City to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	ZARIEF KARAS	Title:	OWNER
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Signature: <i>X [Signature]</i>	City of Jersey City	Date: 05/13/2020	Bid AUTOMOTIVE 2020 -1
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SIGNATURE: *[Signature]*

TITLE: OWNER

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 19 DAY OF MAY OF 2020

(TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)

NOTARY PUBLIC OF
MY COMMISSION EXPIRES: 2021

(NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL).

[Signature]


CITY OF JERSEY CITY, NEW JERSEY 07307
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

COMPANY NAME:

PART 1: CERTIFICATION

BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25list.pdf>. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party

PLEASE CHECK THE APPROPRIATE BOX:

I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

OR

I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the box below.

Name _____	Relationship to Bidder/Offeror _____
Description of Activities _____	

Duration of Engagement _____	Anticipated Cessation Date _____
Bidder/Offeror Contact Name _____	Contact Phone Number _____

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): ZARIEF KARAS

Signature: *Zarief Karas*

Title: OWNER

Date: 05/13/2020

EXHIBIT A (Continuation)

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.

The undersigned vendor certifies on their company's receipt, knowledge and commitment to comply with:

**EXHIBIT A
N.J.S.A. 10:5-31 and N.J.A.C. 17:27
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
Goods, Professional Services and General Services Contracts
(Mandatory Affirmative Action Language)**

The undersigned vendor further agrees to furnish the required forms of evidence and

understands that their contract/company's bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

Representative's Name/Title (Print): ZARIEF KARAS

Representative's Signature: *Zarief Karas*

Name of Company: AGM TRANSMISSION LLC

Tel. No. 201-451-2006

Date: 05/13/2020

APPENDIX A
AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability

The contractor and the OWNER ^{AGM} of TRANSMISSION, (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. 5121 01 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereto, are made a part of this contract. In providing any aid, benefit, or services on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature, arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim. If any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the owner shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Representative's Name/Title Print: ZARIEF KARAS
Representative's Signature: [Signature]
Name of Company: AGM TRANSMISSION LLC
Tel. No.: 201-451-2006 Date: 05/13/2020



**CITY OF JERSEY CITY
DEPARTMENT OF BUSINESS ADMINISTRATION
OFFICE OF DIVERSITY AND INCLUSION**



SUPPLIER DIVERSITY BIDDER QUESTIONNAIRE

The City of Jersey City is committed to ensuring that its utilization of vendors reflects the diversity of its community. Please complete this form to assist us with monitoring our supplier diversity performance.

Business Name: AGM TRANSMISSION LLC
Address: 790 COMMUNIPAW AVE
Phone: 201-451-2006
Email: AGMTRANSMISSIONLLC@GMAIL.COM
Contact Name: GEORGE KARAS

Please indicate if your business qualifies as any of the following: (See definitions for clarification)

- Minority Owned
- Woman Owned
- Veteran Owned
- Disability Owned
- Lesbian, Gay, Bisexual, Transgender Owned
- None

Please indicate if your business is currently certified by an authorized certifying body as any of the following:

- Minority Business Enterprise
- Woman Business Enterprise
- Veteran Business Enterprise
- Disability Owned Business Enterprise
- Lesbian, Gay, Bisexual, Transgender Business Enterprise
- Disadvantaged Business Enterprise
- Small Business Enterprise
- None

THE CITY OF JERSEY CITY IS AN AFFIRMATIVE ACTION & EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH ALL LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS IN EMPLOYMENT AND CONTRACTING.

Sample Employee Information Report Form AA-302

FORM AA-302
Rev. 11/11

STATE OF NEW JERSEY
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. FAILURE TO PROPERLY COMPLETE THE FORM FORM AND TO SIGN THE REQUIRED STATEMENT MAY BE PENALIZED IN YOUR CONTRACT. DO NOT SIGN THIS REPORT FOR SECTION 2, ITEM 11, FOR INFORMATION ON COMPLETING THE FORM GO TO THE STATE OF NEW JERSEY DIVISION OF PURCHASE & PROPERTY WEBSITE.

SECTION A - COMPANY IDENTIFICATION

1. PHONE NO. OR SOCIAL SECURITY: **271-146-7399**

2. TYPE OF BUSINESS: 1. INFO 2. SERVICE 3. WHOLESALE 4. RETAIL 5. OTHER

3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY: **4**

4. COMPANY NAME: **AGM TRANSMISISON LLC**

5. STREET: **790 Communipaw Ave** CITY: **JERSEY CITY** COUNTY: **HUDSON** STATE: **NJ** ZIP CODE: **07304**

6. NAME OF PARENT OR AFFILIATED COMPANY IF NONE SO INDICATE

7. BUSINESS IN THE COMPANY: SINGLE ESTABLISHMENT EMPLOYER MULTI-ESTABLISHMENT EMPLOYER

8. IF NOT SINGLE ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ

9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT

10. IDENTIFY ADDRESS AWARDED CONTRACT: CITY: **JERSEY CITY** COUNTY: **HUDSON** STATE: **NJ** ZIP CODE: **07304**

11. DATE RECEIVED: _____ IN AGREEMENT: _____ AGENCY CONTRIBUTION NUMBER: _____

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and at all columns. Where there are no employees in a particular category, enter zero. Include ALL employees not just those in minority categories in columns 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT EMPLOYEES IN MAJORITY CATEGORIES										TEMPORARY EMPLOYEES					
	COL. 1 TOTAL (ROW 2-11)	COL. 2 MALE	COL. 3 FEMALE	BLACK	Hispanic	ASIAN	AMERICAN INDIAN	MIN.	BLACK	Hispanic	ASIAN	AMERICAN INDIAN	MIN.	BLACK	Hispanic	ASIAN	AMERICAN INDIAN	MIN.	
Officials/Managers	1	1		1															
Professionals	1	1		1				2											
Technicians	2	2																	
Sales Workers																			
Office & Clerical																			
Craftworkers (Skilled)																			
Operators (Non-Skilled)																			
Laborers (Non-Skilled)																			
Service Workers																			
TOTAL																			
Total employment from previous Report (If any)	4	4		2	2														
Temporary & Part-time Employees	This data below does NOT be included in the figures for the appropriate categories above																		

12. HOW WAS INFORMATION AS TO RACE GATHERED GROUP IN SECTION B OBTAINED? 1. Visual Survey 2. Employee Report 3. Other (Specify)

13. IS THIS THE FIRST Employee Information Report Submitted? YES NO

14. IF NO, DATE LAST REPORT SUBMITTED: MO: **10** DAY: **15** YEAR: **19**

15. DATES OF PAYROLL PERIOD USED: From: **05/15/19** To: **05/15/2020**

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (PRINT NAME): **ZARIEF KARAS** SIGNATURE: *Zarief Karas* TITLE: **OWNER** DATE: **05 15 2020**

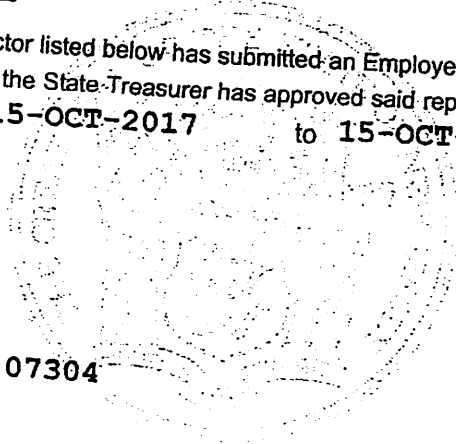
17. ADDRESS No. & STREET: **790 Communipaw Ave** CITY: **Jersey City** COUNTY: **HUDSON** STATE: **NJ** ZIP CODE: **07304** PHONE (AREA CODE, NO. EXTENSION): **201-451-2006**

CERTIFICATE OF EMPLOYEE INFORMATION REPORT
INITIAL

Certification 58194

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-OCT-2017** to **15-OCT-2024**

AGM TRANSMISSION, LLC
790 COMMUNIPAW AVE.
JERSEY CITY NJ 07304



Ford M. Scudder

FORD M. SCUDDER
State Treasurer

PLEASE ALLOW 15 BUSINESS DAYS FOR PROCESSING THE DUPLICATE CERTIFICATE

NJ Department of the Treasury
Division of Purchase & Property
Contract Compliance & Audit
Unit: EEO Monitoring Program
P.O. Box 206
Trenton, New Jersey 08625-0206
Telephone No. (609) 292-5473

RETAIN A COPY OF THIS REQUEST FOR THE VENDOR'S OWN FILES AND FORWARD ONE COPY WITH A CHECK IN THE AMOUNT OF \$75.00 (Non-refundable Fee) PAYABLE TO THE TREASURER, STATE OF NEW JERSEY TO:

- ITEM 1 - Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.
- ITEM 2 - Enter the Certificate Number that was assigned to your company along with the Issue Date and Expiration Date (if available).
- ITEM 3 - Enter the name by which the company is known.
- ITEM 4 - Enter the physical location of the company, include City, County, State and Zip Code.
- ITEM 5 - Enter the reason for requesting a Duplicate Certificate of Employee Information Report.
- ITEM 6 - Print or type the name of the person completing the form, include the signature, title and date.
- ITEM 7 - Enter the physical location where the form is being completed, include City, State, Zip Code and Phone Number.

INSTRUCTIONS FOR COMPLETING DUPLICATE CERTIFICATE REQUEST

RECEIVED DATE	DIVISION OF REVENUE BOX #
---------------	---------------------------

I certify that the information on this form is true and correct.

790 COMMUNIPAW AVE JERSEY CITY HUDSON NJ 07304 201 451 2006

ZARIEF KARAS OWNER 05/15/2020

EXTRA COPY

SECTION 2 - SIGNATURE AND IDENTIFICATION

AGM TRANSMISSION LLC

790 COMMUNIPAW AVE JERSEY CITY HUDSON NJ 07304

271-146-739 58194 10/15/17 10/15/22

SECTION 1 - COMPANY IDENTIFICATION

IMPORTANT: FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND SUBMIT THE REQUIRED \$75.00 FEE (Non-Refundable) MAY DELAY ISSUANCE OF YOUR DUPLICATE CERTIFICATE OF EMPLOYER INFORMATION REPORT.

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
Division of Purchase & Property, Contract Compliance & Audit Unit
EEO Monitoring Program



Form Duplicate Cert
Rev. 1/11

Program

Sample Duplicate Certificate of Employee Information Report Request

A.G.M. TRANSMISSION LLC
790 COMMUNIPAW AVE
JERSEY CITY NJ 07304-1708

DATE 05/15/2020

4515
55-33212 NJ
2832

PAY TO THE ORDER OF Treasurer State of N.J. \$ 75 ⁰⁰/₁₀₀

Seventy Five ⁰⁰/₁₀₀ DOLLARS



ACH R/T 021200339

FOR cert # 58194 AA 302 copy

⑆004515⑆ ⑆021200339⑆ 381003672358⑆

[Signature]

Photo
Safe
Deposit
Box

Form AA302
Rev. 11/11

STATE OF NEW JERSEY
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SIGN THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/ea302a.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY: 271-146-739
 2. TYPE OF BUSINESS: 1. MFG 2. SERVICES 3. WHOLESALE 4. RETAIL 5. OTHER
 3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY: 4

4. COMPANY NAME: AGM TRANSMISSION LLC
 5. STREET: 790 COMMUNIPAW AVE CITY: JERSEY CITY COUNTY: HUDSON STATE: NJ ZIP CODE: 07304
 6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE): CITY: STATE: ZIP CODE:

7. CHECK ONE: IS THIS COMPANY: SINGLE ESTABLISHMENT EMPLOYER MULTI-ESTABLISHMENT EMPLOYER
 8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ: _____
 9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT: _____
 10. PUBLIC AGENCY AWARDED CONTRACT: CITY OF JERSEY CITY CITY: JERSEY CITY COUNTY: HUDSON STATE: NJ ZIP CODE: 07304

Official Use Only	DATE RECEIVED	INAUQ. DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories. In columns 1, 2, & 3, DO NOT SUMMIT A FEEO-1 REPORT.

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYER BREAKDOWN									
	COL. 1 TOTAL (Cols. 1 & 2)	COL. 2 MALES	COL. 3 FEMALES	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.
	Officials/Managers	1	1		1								
Professionals	1	1		1									
Technicians	2	2			2								
Sales Workers													
Office & Clerical													
Craftworkers (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
Total employment from previous Report (if any)	4	4		2	2								
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.												

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? 1. Visual Survey 2. Employment Record 3. Other (Specify): _____
 14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES 2. NO
 15. IF NO, DATE LAST REPORT SUBMITTED: MONTH: 10 DAY: 15 YEAR: 2019

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type): ZARIEF KARAS
 SIGNATURE: *Zarief Karas* TITLE: OWNER
 DATE: 05 | 15 | 2020

17. ADDRESS NO. & STREET: 790 Communipaw Ave CITY: Jersey City COUNTY: Hudson STATE: NJ ZIP CODE: 07304 PHONE (AREA CODE, NO. EXTENSION): 201 . 451 . 2006

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY
 Division of Purchase & Property Contract Compliance Audit Unit KEO Monitoring Program
 VENDOR ACTIVITY SUMMARY REPORT

NEW HIRES PROMOTIONS TRANSFERS TERMINATIONS (CHECK (X) APPROPRIATE ACTIVITY)

CERTIFICATE NO. 58194 DATES OF PAYROLL PERIOD USED: FROM 05/13/2019 TO 05/13/2020
 NAME OF FACILITY:

790 COMMUNIPAW AVE JERSEY CITY HUDSON New Jersey 07304
 STATE COUNTY ZIP CODE

JOB CATEGORIES	MALES					FEMALES						
	Total	Black	Hispanic	AM. Indian	Asian	Non-Min.	Total	Black	Hispanic	AM. Indian	Asian	Non-Min.
OFFICIALS & MANAGERS	1					1						
PROFESSIONALS	1					1						
TECHNICIANS	2		2									
SKILLED WORKERS												
OFFICE & CLERICAL												
CRAFTWORKERS												
OPERATIVES												
LABORERS												
SERVICE WORKERS												
TOTAL												

I certify that the information on this form is true and correct.
 NAME OF PERSON COMPLETING FORM (Print or Type) SIGNATURE X *George Karas* DATE SUBMITTED 05/13/2020
 LAST KARAS FIRST GEORGE MI

790 COMMUNIPAW AVE JERSEY CITY NJ 07304 201-451-2006
 ADDRESS (NO. & STREET) (CITY) (STATE) (ZIP) PHONE (AREA CODE, NO., EXTENSION)

04/04/12

Taxpayer Identification# 271-146-739/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,



James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:

A. G. M. TRANSMISSION LLC

TRADE NAME:

ADDRESS:

790 COMMUNIPAW AVE
JESERY CITY NJ 07304

SEQUENCE NUMBER:

1706506

EFFECTIVE DATE:

04/03/12

ISSUANCE DATE:

04/04/12



Director
New Jersey Division of Revenue

FORM-BRC

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

(04-08) D205846V



CITY OF JERSEY CITY DIVISION OF PURCHASING

394 CENTRAL AVENUE, 2ND FLOOR | JERSEY CITY, NJ 07307
P: 201 547 5155/5156 | F: 201 547 6585



STEVEN M. FULOP
MAYOR OF JERSEY CITY

PETER FOLGADO
DIRECTOR OF PURCHASING, Q.P.A., R.P.P.O.

CERTIFICATION REGARDING SUSPENSION/DEBARMENT

I am ZARIEF KARAS, OWNER of the firm of AGM TRANSMISSION LLC
the Contractor who submitted the lowest responsible bid for the project known as
BID AUTOMOTIVE 2020-1- LIGHT AUTMOTIVE REPAIRS

I executed the Proposal submitted to the City of Jersey City with the full authority to do
so. As of the date of execution of this Certification on this 13TH day of MAY,
2020, the firm of AGM TRANSMISSION LLC has not been suspended or debarred
from submitting bid proposals by the United States of America, its departments,
divisions, and agencies or by the State of New Jersey, its departments, divisions, and
agencies.

I certify that the foregoing statements are true. I am aware that if any of the
foregoing statements made by me are willfully false, I am subject to punishment.

ZARIEF KARAS


(Name of Contractor)

Signed By: X 

Dated: 05/13/2020

Title: OWNER

Sworn and subscribed to before me
This 13 day of 5, 2020

George L. Morcos


notary Public Exp
12/12/2020

*Must be notarized and returned with bid only if total bid amount exceeds \$100,000.00

WWW.JERSEYCITYNJ.GOV



State of New Jersey

PHIL MURPHY
Governor

DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE & ENTERPRISE SERVICES
P.O. BOX 026
TRENTON, NJ 08625-034
PHONE: 609-292-2146 FAX: 609-984-6679

SHEILA OLIVER
Lt. Governor

ELIZABETH MAHER MUOIO
State Treasurer

APPROVED

under the
Small Business Set-Aside Act

This certificate acknowledges A. G. M. TRANSMISSION LLC as a Category 1 and 4 approved Small Business (SBE) that has met the criteria established by N.J.A.C. 17:13 and/or 17:14.

This registration will remain in effect for three years. Annually the business must submit, not more than 60 days prior to the anniversary of the registration notice, an annual verification statement in which it shall attest that there is no change in the ownership, revenue eligibility or control of that business.

If the business fails to submit the annual verification statement by the anniversary date, the SBE registration will lapse and the business SBE status will be revoked in the New Jersey Selective Assistance Vendor information (NJSAVI) database that lists registered Small businesses. If the business seeks to be registered again, it will have to reapply and complete a new application



Peter Lowicki
Deputy Director

Issued: 1/16/2020

Expiration: 1/16/2023

Certification Number: A0099-42

CITY OF JERSEY CITY
DEPT. OF HOUSING, ECONOMIC DEVELOPMENT & COMMERCE
2019 - 2020 AUTO REPAIR ONLY NO AUTOBODY ALLOWED



No: 457

Fee: \$ 200.00

DATE OF ISSUE: 11/06/19

DATE OF EXPIRATION: 10/31/20

LICENSE is hereby granted to: **AGM TRANSMISSION LLC**

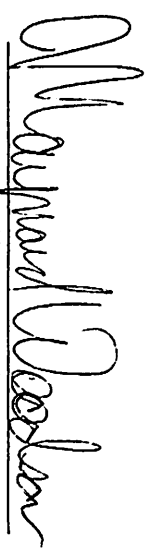
Address: 790 COMMUNIPAW AVENUE
JERSEY CITY NJ 07304

Type of Business: AUTO REPAIR

Sq. Footage : 0
Seats/Rooms : 0

This license shall be entitled to all the rights and privileges pertaining thereto under the terms, provisions, limitations, requirements and conditions of said Ordinance and any rules and regulations promulgated by the City of Jersey City relating thereto and in conformity with said Ordinance.

POST IN A CONSPICUOUS
PLACE


Maynard Woodson, Director
Division of Commerce



National Institute for
AUTOMOTIVE SERVICE EXCELLENCE

ASE Certification Status

George Z Karas
Bayonne, NJ 07002-4346
ASE ID: ASE-5610-9468

Created: January 08, 2020
10:16:18 AM

This individual currently has the ASE certification status shown below:



Current ASE Designations

Certificates	Test Series
Maintenance and Light Repair Technician	G: Maintenance and Light Repair

ASE Certification Details

Test	Description	Expiration Date	Status
G1	Auto Maintenance and Light Repair	06/30/2024	Current

To become ASE certified, you must pass an ASE test and have the required amount of relevant hands-on work experience. You can download the Work Experience Form at www.ase.com/expform.

Any expired certification can be reinstated by taking the corresponding recertification test. If you have any questions, please contact us.

Sincerely,
ASE Customer Service
E-mail: contactus@ase.com

Phone: 1-800-390-6789
Fax: (703) 669-6122