



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section

124 Halsey Street, 7th Floor, P.O. Box 46016, Newark, NJ 07101



Home Improvement Contractor Application for Initial Registration

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Notice: Any changes, additions or deletions to the information in this application must be reported to the Regulated Business Section within 20 days.

Please refer to the instruction sheet. Please print clearly. You must answer all of the questions on this application. (Attach additional sheets of paper as necessary, identifying the question to which they provide a response and the applicant's name.)

- 1. Business name of applicant as it will appear on the registration
Applicant's business organization: [ ] Corp. [ ] L.L.C. [ ] Limited Partnership [ ] Partnership [ ] Sole proprietor
[ ] Other, please specify

(Include a copy of the certificate of incorporation or other document evidencing the formation of the business entity.)

- 2. List all other names under which the applicant does business:

(Include a copy of the statement or certificate of firm, partnership or assumed name filed with the county or state.)

Principal address
Street (no post office boxes) City County State ZIP code

Telephone number (include area code) Fax number (include area code)

E-mail

- 3. Does the applicant have other locations in addition to the place of business listed above?

[ ] Yes [ ] No If "Yes," please provide the following:

Address:
Street (no post office boxes) City State ZIP code

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Street (no post office boxes) City State ZIP code

- 4. Provide the name and address of an agent in the State of New Jersey for service of process (See number 4 of the instruction sheet):

Name

Street address (no post office boxes) City State ZIP code

Telephone (include area code)

- 5. Does any of the home improvement work performed by the applicant require municipal building permits? [ ] Yes [ ] No

- 6. Is the applicant insured for commercial general liability under a policy in the amount of at least \$500,000 per occurrence? [ ] Yes [ ] No

Name of insurance company (as it appears on the policy)

Policy number

Expiration date

7. If the applicant is a sole proprietorship:

- (a) Is the applicant in default of a New Jersey or federal direct or guaranteed educational loan?  
 Yes     No    If "Yes," see instructions.
- (b) Is the applicant the subject of a child support warrant or has the applicant failed to pay a court ordered child support obligation in an amount equal to or more than the amount of child support payable for six months, failed to pay any court ordered health care coverage for the past six months or failed to respond to a subpoena relating to a paternity or child support proceeding?     Yes     No    If "Yes," see instructions.
- (c) Check the appropriate box below which indicates your citizenship/immigration status.
  - U.S. citizen
  - Alien lawfully admitted for permanent residence in U.S.
  - Other immigration status qualifying for work
  - Other \_\_\_\_\_

If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

8. Provide the applicant's Federal Employer Identification Number (FEIN): \_\_\_\_\_ or, if the applicant is not required to have a FEIN, provide the Social Security number\*: \_\_\_\_\_ and sign where indicated below.

\* Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Division of Consumer Affairs ("Division") is required to obtain your Social Security number. If you do not have a Social Security number, the Division must ascertain the reason that you do not have one. The Division is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement. You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below. You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Division is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, aid in the collection of financial obligations due and owed the Division or any other state agency, and aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure or certification and disciplinary proceedings. If you do not consent, no adverse action or inference will be taken or drawn.

**Sign Here**

→ I, \_\_\_\_\_,     Consent     Do Not Consent  
Applicant's signature

9. List the name, home and business street address and business telephone number of each officer, director, principal and person with an ownership interest of 10 percent or more in the applicant and the percentage of ownership held. If the applicant is a partnership, each member of the partnership must be listed. (Use additional sheets if necessary.)

Name and title			
Business street address	City	State	ZIP code
Home street address	City	State	ZIP code
Business telephone number (include area code)			
Other names by which known or previously known	Title	Percentage of ownership	
Name and title			
Business street address	City	State	ZIP code
Home street address	City	State	ZIP code
Business telephone number (include area code)			
Other names by which known or previously known	Title	Percentage of ownership	

10. (a) Is any officer, director, principal or person with an ownership interest of 10 percent or more in the applicant the holder of any professional or occupational license, certificate or registration issued by any state or jurisdiction?  Yes  No  
 If "Yes," provide the following information:

Holder's Name	Government Agency Name (include jurisdiction)	Type of license, certificate or registration	License Number	Date of Issue

- (b) Has any action been taken against this license, certification or registration?  Yes  No  
 If "Yes," please provide documentation.

11. Has the applicant or any of its officers, directors, principals or persons with an ownership interest of 10 percent or more in the applicant: (a) violated or failed to comply with the provisions of any act, regulation or order administered or issued by the New Jersey Division of Consumer Affairs; (b) entered into any consent order or assurance of voluntary compliance with the New Jersey Division of Consumer Affairs or any other state or federal agency; or (c) been adjudged liable in an administrative or civil action in any state or federal agency involving any of the following situations:
- i. Obtaining a license, certificate or registration through fraud, deception or misrepresentation;
  - ii. Engaging in the use or employment of dishonesty, fraud, deception, misrepresentation, false promise or false pretense;
  - iii. Engaging in gross negligence, gross malpractice or gross incompetence;
  - iv. Engaging in acts of negligence, malpractice or incompetence involving selling or making a home improvement;
  - v. Engaging in professional or occupational misconduct; and/or
  - vi. Engaging in theft, fraud or deceptive business practices.
- Yes  No If "Yes," provide the following:

Name of entity/person against whom action was taken	Date of action	Name and address of government agency that took action	Action taken

For each occurrence listed above, please provide a true copy of all final orders and/or judgments, consents and agreements. For the purposes of this paragraph, a judgment of liability in an administrative or civil action shall include, but not be limited to, any finding or admission that the applicant, or any of its officers, directors, principals or persons with an ownership of 10 percent or more in the applicant engaged in an unlawful practice or practices related to any of the named situations i. through vi. above, regardless of whether that finding was made in the context of an injunction, a proceeding resulting in the denial, suspension or revocation of a license, certification or registration, consented to in an assurance of voluntary compliance or any similar order or legal agreement with any state or federal agency.

# DISCLOSURE STATEMENT

(Please print applicant's name and check either the "Yes" or "No" box below.)

Applicant's name: \_\_\_\_\_

Has the applicant or any of its officers, directors, principals or persons with an ownership of 10 percent or more in the applicant been convicted of a crime involving moral turpitude, or any crime relating adversely to selling or making home improvements or any crime in violation of any of the following provisions of the "New Jersey Code of Criminal Justice," Title 2C of the New Jersey Statutes, or the equivalent under the laws of any other jurisdiction:

1. Any crime of the first degree;
2. Any crime which is a second- or third-degree crime and is a violation of chapter 20 or 21 of Title 2C of the New Jersey Statutes; or
3. Any other crime which is a violation of N.J.S.A. 2C:5-1 (criminal attempt), 2C:5-2 (conspiracy), 2C:11-2 (criminal homicide), 2C:11-3 (murder), 2C:11-4 (manslaughter), 2C:12-1 (assault), 2C:12-3 (terroristic threats), 2C:13-1 (kidnapping), 2C:14-2 (sexual assault), 2C:15-1 (robbery), subsection a. or b. of 2C:17-1 (arson and related offenses), subsection a. or b. of 2C:17-2 (causing or risking widespread injury or damage), 2C:18-2 (burglary), 2C:20-4 (theft by deception), 2C:20-5 (theft by extortion), 2C:20-7 (receiving stolen property), 2C:20-9 (theft by failure to make required disposition of property received), 2C:21-2 (criminal simulation), 2C:21-2.1 (fraud relating to driver's license or other document issued by government agency to verify identity or age; simulation), 2C:21-2.3 (fraud relating to motor vehicle insurance identification card; production or sale), 2C:21-3 (frauds relating to public records and recordable instruments), 2C:21-4 (falsifying or tampering with records), 2C:21-6 (frauds relating to credit cards), 2C:21-7 (deceptive business practices) 2C:21-12 (defrauding secured creditors), 2C:21-14 (receiving deposits in a failing financial institution), 2C:21-15 (misapplication of entrusted property and property of government or financial institution), 2C:21-19 (wrongful credit practices and related offenses), 2C:27-2 (bribery in official and political matters), 2C:27-3 (threats and other improper influence in official and political matters), 2C:27-5 (retaliation for past official action), 2C:27-9 (public servant transacting business with certain persons), 2C:27-10 (acceptance or receipt of unlawful benefit by public servant for official behavior), 2C:27-11 (offer of unlawful benefit to public servant for official behavior), 2C:28-1 (perjury), 2C:28-2 (false swearing), 2C:28-3 (unsworn falsification to authorities), 2C:28-4 (false reports to law enforcement officials), 2C:28-5 (tampering with witnesses and informants; retaliation against them), 2C:28-6 (tampering with or fabricating physical evidence), 2C:28-7 (tampering with public records or information), 2C:28-8 (impersonating a public servant or law enforcement officer), 2C:30-2 (official misconduct), 2C:30-3 (speculating or wagering on official action or information), 2C:35-5 (manufacturing, distributing or dispensing a controlled dangerous substance), 2C:35-10 (possession, use or being under the influence or failure to make lawful disposition of a controlled dangerous substance), 2C:37-2 (promoting gambling), 2C:37-3 (possession of gambling records), 2C:37-4 (maintenance of gambling resort).

Every such conviction on record must be disclosed. A true copy of every judgment of conviction, sentencing order and termination of probation order, if applicable, must be submitted with this application. Any documents (including letters of reference) which present clear and convincing evidence of rehabilitation must be submitted with this application. Failure to follow these instructions may result in the denial of the initial registration.

Yes     No    If "Yes," provide the following:

Name of entity/person against whom action was taken	Date of action	Name and address of government agency that took action	Action taken

## CERTIFICATION

I, as a principal officer of the applicant, understand that this application for registration will be accepted and the registration issued only if the requirements of the Consumer Fraud Act ("the Act"), N.J.S.A. 56:8-137 to N.J.S.A. 56:8-152, and the regulations promulgated under the Act have been met.

I certify that the applicant and each of its officers, directors, principals and persons with an ownership of 10 percent or more in the applicant are capable of discharging the functions of a registrant in a manner consistent with the public's health, safety and welfare.

I certify that all of the information provided in connection with the application is true to the best of my information, knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the N.J. Division of Consumer Affairs ("the Division").

I agree to cooperate fully with any request by the Attorney General or the Division to provide any assistance or information and to produce any records requested by the Director of the Division, and to cooperate in any inquiry, investigation or hearing conducted by the Director.

You must complete all five lines below.

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Your name (please print)

\_\_\_\_\_  
Your Title

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

**The applicant must submit the following to: N.J. Division of Consumer Affairs  
Regulated Business Section  
124 Halsey Street, 7th Floor  
P.O. Box 46016  
Newark, New Jersey 07101**

- (1) Completed application;**
- (2) nonrefundable check or money order in the amount of \$90 payable to "N.J. Division of Consumer Affairs" for the application for registration fee; and**
- (3) Supporting documentation including proof of insurance required by N.J.A.C. 13:45A-17.12.**