



STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
PO Box 805
Trenton, New Jersey 08625-0805
(609) 984-7534/984-7563



NEW HOME BUILDER REGISTRATION APPLICATION

Instructions

Please read carefully before completing this application.
Application must be typed or completed in ink.

1. A **nonrefundable** registration fee of \$200 must accompany this application. Make check or money order payable to "STATE OF NEW JERSEY, NEW HOME WARRANTY FUND." Maker of check must be the registering business or a principal named in the application.
2. Allow at least 20 working days for the processing of this application.

PAGE 1. NAME OF NEW HOME BUILDING BUSINESS - The name of the business which is transferring title is the entity which must register and warrant the new home.

If the New Home Building Business is a **CORPORATION**, a **RECORDED** copy of the Certificate of Incorporation must be attached to the registration application.

LOCATION ADDRESS - must be a street address, post office box is not acceptable.

PAGE 4. Each individual completing a page 2 or 3 must be listed on page 4.

Voluntarily providing your social security number will enable the program to more efficiently conduct the necessary background checks before issuing a Certificate Of Registration. (NJSA 46:3B-5 and NJAC 5:3-1.2)



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NEW HOME BUILDER REGISTRATION APPLICATION

NAME OF NEW HOME BUILDING BUSINESS

TYPE OF APPLICATION *(check one)*

- New Amended

TYPE OF BUSINESS *(check one)*

- Sole Proprietorship (1 person) General Partnership*
 Limited Partnership* Corporation*
 LIMITED LIABILITY COMPANY* Joint Venture*

AGENT *(individual, with New Jersey address)*

(FOR CORPORATION OR LIMITED LIABILITY CO.)

Name _____

Street & No. _____

City _____

State _____ Zip Code _____

Business Phone () _____

*** ATTACH A COPY OF THE CERTIFICATE OF INCORPORATION, PARTNERSHIP/JOINT VENTURE AGREEMENT OR CERTIFICATE OF FORMATION FOR LIMITED LIABILITY COMPANY, INDICATING THE CURRENT OFFICERS/PRINCIPALS.**

LOCATION ADDRESS *(where business records are maintained)*

Street & No. _____

City _____

County _____

State _____ Zip Code _____

Business Phone () _____

Fax Number () _____

WARRANTY SECURITY OPTION *(check one)* SEE LIST

- State Plan
 Private Plan (Complete Information Below)

PRIVATE PLAN NAME

PRIVATE PLAN I.D. NO.

- Application Pending - YOU MUST NOTIFY THIS DEPARTMENT OF YOUR PLAN I.D. NUMBER WITHIN 60 DAYS

MAILING ADDRESS

(this is the address where official notifications will be received)

Street & No. _____

City _____

State _____ Zip Code _____

Are there any unsatisfied judgements against this building entity? Yes No

If yes, do the judgements relate to the construction or sale of real estate? Yes No

Description of Judgement _____

Amount of Judgement _____

Date of Judgement _____

Is this business currently in bankruptcy or has application been made for bankruptcy protection? Yes No

AUTHORIZED SIGNATURE

(must be officer/principal of building business)

X _____ Date _____

Name *(print or type)* _____

Title _____

VALIDATION *(Registration expires on the date stamped)*

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SCHEDULE A - BUILDER DESIGNEE

NAME OF BUSINESS _____

TYPE OF APPLICATION

New Amended

The builder designee must be the name of an INDIVIDUAL who is a primary partner, principal, officer or director designated as such in the builder's application for registration and is the INDIVIDUAL responsible for participating in the claims process, if necessary. (SOLE PROPRIETORS MUST ALSO COMPLETE THIS PAGE)

SECTION 2A - BUILDER DESIGNEE *(print or type)*

Name _____ Business Telephone () _____

Title _____

Home Address _____

City _____ State _____ Zip Code _____

SECTION 2B

If you are or have ever been a builder designee, officer, partner or a holder of a minimum of 10% interest in any other new home building business, list them below. ALL CURRENT AS WELL AS INACTIVE BUSINESSES MUST BE LISTED. *(use a separate sheet if necessary.)*

From	To	Company Name	Registration #	Position	Ownership	Percent
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

SECTION 2C

Has the INDIVIDUAL making this disclosure ever been subject to any CRIMINAL, CIVIL OR ADMINISTRATIVE proceeding involving any finding of CONSUMER FRAUD in this State, the United States, or any other state or foreign country?

YES NO

If yes, please complete the questions below.

NATURE OF PROCEEDING _____

JURISDICTION _____ **DATE** _____

SECTION 2D

Does the individual making this disclosure have any unsatisfied judgements? Yes No

If yes, do the judgements relate to the construction or sale of real estate? Yes No

Description of Judgement _____

Amount of Judgement _____ Date of Judgement _____

I certify that the foregoing statements made by me are true. I am aware that if any statements are willfully false this registration may be revoked. Failure to disclose may also result in revocation of registration.

SIGNATURE _____ **DATE** _____

(must be signed by individual listed in section 2A)

NAME _____

(Print or type)

STATE OF NEW JERSEY
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SCHEDULE B - OFFICERS/PRINCIPALS

NAME OF BUSINESS

A SEPARATE SCHEDULE B (PAGE 3) MUST BE COMPLETED FOR EACH OFFICER, PARTNER AND PRINCIPAL IN THIS BUSINESS. Also complete a separate schedule B for all individuals who hold a minimum of 10% interest. ****NOTE** EACH INDIVIDUAL NAMED IN THE CERTIFICATE OF INCORPORATION, PARTNERSHIP/JOINT VENTURE AGREEMENT OR LIMITED LIABILITY COMPANY MUST COMPLETE A SEPARATE PAGE 3.** (This page may be be photocopied if necessary.)

SECTION 3A -OFFICER/PRINCIPAL *(print or type)*

Name _____ Business Telephone () _____
Title _____
Home Address _____
City _____ State _____ Zip Code _____

SECTION 3B

If you are or have ever been a builder designee, officer, partner or a holder of a minimum of 10% interest in any other new home building business, list them below. ALL CURRENT AS WELL AS INACTIVE BUSINESSES MUST BE LISTED. *(use a separate sheet if necessary.)*

From	To	Company Name	Registration #	Position	Ownership	Percent
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

SECTION 3C

Has the INDIVIDUAL making this disclosure ever been subject to any CRIMINAL, CIVIL OR ADMINISTRATIVE proceeding involving any finding of CONSUMER FRAUD in this State, the United States, or any other state or foreign country?

YES NO

If yes, please complete the questions below.

NATURE OF PROCEEDING _____

JURISDICTION _____ **DATE** _____

SECTION 3D

Does the individual making this disclosure have any unsatisfied judgements? Yes No

If yes, do the judgements relate to the construction or sale of real estate? Yes No

Description of Judgement _____

Amount of Judgement _____ Date of Judgement _____

I certify that the foregoing statements made by me are true. I am aware that if any statements are willfully false this registration may be revoked. Failure to disclose may also result in revocation of registration.

SIGNATURE _____ **DATE** _____

(must be signed by individual listed in section 3A)

NAME _____

(Print or type)

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SCHEDULE B - OFFICERS/PRINCIPALS

NAME OF BUSINESS

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SECTION 3A -OFFICER/PRINCIPAL *(print or type)*

Name _____ Business Telephone () _____
Title _____
Home Address _____
City _____ State _____ Zip Code _____

SECTION 3B

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_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

SECTION 3C

Has the INDIVIDUAL making this disclosure ever been subject to any CRIMINAL, CIVIL OR ADMINISTRATIVE proceeding involving any finding of CONSUMER FRAUD in this State, the United States, or any other state or foreign country?

YES NO

If yes, please complete the questions below.

NATURE OF PROCEEDING _____

JURISDICTION _____ **DATE** _____

SECTION 3D

Does the individual making this disclosure have any unsatisfied judgements? Yes No

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I certify that the foregoing statements made by me are true. I am aware that if any statements are willfully false this registration may be revoked. Failure to disclose may also result in revocation of registration.

SIGNATURE _____ **DATE** _____
(must be signed by individual listed in section 3A)

NAME _____
(Print or type)

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SCHEDULE C- OFFICERS/PRINCIPALS

NAME OF BUSINESS

TYPE OF APPLICATION

New Amended

SECTION 1 - OFFICERS/PRINCIPALS (sole proprietorships must also complete this section)

LIST BELOW THE NAMES, ADDRESSES AND POSITIONS OF EACH OFFICER, PARTNER, AND INDIVIDUAL IN THE BUSINESS. ALSO LIST THE NAMES AND ADDRESSES FOR ALL INDIVIDUALS WHO HOLD A MINIMUM OF 10% INTEREST IN THIS BUSINESS. IF SOCIAL SECURITY NUMBERS ARE PROVIDED THEY WILL REMAIN CONFIDENTIAL AND WILL NOT REMAIN IN FILES REVIEWED OR COPIES BY THE GENERAL PUBLIC. (This page may be photocopied if necessary)

Name: _____ Home Telephone: _____

Home Address: _____ Social Security No. _____

City: _____ State: _____ Zip Code: _____

Name: _____ Home Telephone: _____

Home Address: _____ Social Security No. _____

City: _____ State: _____ Zip Code: _____

Name: _____ Home Telephone: _____

Home Address: _____ Social Security No. _____

City: _____ State: _____ Zip Code: _____

Name: _____ Home Telephone: _____

Home Address: _____ Social Security No. _____

City: _____ State: _____ Zip Code: _____

Name: _____ Home Telephone: _____

Home Address: _____ Social Security No. _____

City: _____ State: _____ Zip Code: _____