

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 print clearly. You must answer all of the questions on this application. Please refer to the instruction sheet. (Attach additional sheets of paper as necessary, identifying the question to which they provide a response and the applicant's name.) 1. Name of contractor ("applicant") Applicant's business organization:

Corp. LL.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.) 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) ZIP code County Telephone number ____ Fax number ___ (include area code) (include area code) Does the applicant have other locations in addition to the place of business listed above? □ No If "Yes," please provide the following: ☐ Yes Street (no post office boxes) City State ZIP code Address: __ Street (no post office boxes) ZIP code Provide the name and address of an agent in the State of New Jersey for service of process: Name Street address (no post office boxes) State ZIP code Telephone (include area code) Does any of the home improvement work performed by the applicant require municipal building permits? \Box Yes \Box No Is the applicant insured for commercial general liability under a policy in the amount of at least \$500,000 per occurrence? \square Yes \square 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 ☐ Yes ☐ No If "Yes," see instruct		ed educational loan?			
	(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 child support payable for six months, failed to pay any court ordered child support payable for six months, failed to pay any court ordered child support payable for six months, failed to pay any court ordered child support payable for six months, failed to pay any court ordered child support payable for six months, failed to pay any court ordered child support payable for six months, failed to pay any court ordered child support payable for six months, failed to pay any court ordered child support payable for six months, failed to pay any court ordered child support payable for six months, failed to pay any court ordered child support payable for six months, failed to pay any court ordered child support payable for six months, failed to pay any court ordered child support payable for six months, failed to pay any court ordered child support payable for six months, failed to pay any court ordered child support payable for six months, failed to pay any court ordered child support payable for six months are child support payable for six months are children to the child support payable for six months are children to the					
	ordered health care coverage for the past six months or failed to respond to a subpoena relating to a paternity or ch support proceeding? \square Yes \square No If "Yes," see instructions.					
	(c) Check the appropriate box below which indicates your citizenship/immigration status.					
	U.S. citizen					
	Alien lawfully admitted for perma					
	Other immigration status qualifyinOther	ig for work				
	If you are not a U.S. citizen, attach a copy o the Bureau of Citizenship and Immigration		(front and back) or othe	r documentation issued by		
8.	Provide the applicant's Federal Employer Identifica	ation Number (FEIN):				
	or, if the applicant is not required to have a FEIN, p	provide the Social Security nu	ımber*:			
	law and Section 1128 E(b)(2)A of the Social Security Act, the Division of Consumer Affairs ("Division") is required to obtain you 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 of 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 you 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 disciplinar proceedings. If you do not consent, no adverse action or inference will be taken or drawn. I,					
0	List the name have and haviness street address and	l business talanhana numban	of analy officer director	main aimal and manage with		
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				
	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				
	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	Percen	tage of ownership		

10.	professional or occupa) Is any officer, director, principal or person with an ownership interest of 10 percent or more in the applicant the holder of rofessional or occupational license, certificate or registration issued by any state or jurisdiction? Yes No "Yes," provide the following information:				•
	Holder's Name	Government Agency N (include jurisdiction		Type of license, cate or registration	License Number	r Date of Issue
11.	applicant: (a) violated Jersey Division of Consumer any state or federal agai. Obtaining a licen ii. Engaging in the uii. Engaging in gross iv. Engaging in acts ov. Engaging in profevi. Engaging in theft,	any of its officers, directors or failed to comply with the sumer Affairs; (b) entered Affairs or any other state of ency involving any of the fase, certificate or registrations or employment of dishort an engligence, gross malpractor of negligence, malpractice of sessional or occupational mist, fraud or deceptive business If "Yes," provide the follow	he provisions of into any consent r federal agency; collowing situation through fraud, nesty, fraud, dec tice or gross inco or incompetence sconduct; and/or as practices.	any act, regulation of order or assurance of or (c) been adjudged ons: deception or misrepresentation of misrepresentation or misrepres	or order administered voluntary complian liable in an administresentation; tion, false promise of	d or issued by the New ce with the New Jersey trative or civil action in or false pretense;
	Name of entit against whom act		Date of action	Name and address agency that to		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

Applicant's name:	
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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;

☐ Yes

□ No

- 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.

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 registration will be accepted 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 is 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.

Name of applicant
Your name (please print)
V m.d
Your Title
Your signature
Tour 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 registration form;
- (2) Check or money order in the amount of \$90 payable to "N.J. Division of Consumer Affairs" for the registration fee; and
- (3) Supporting documentation including proof of insurance required by <u>N.J.A.C.</u> 13:45-17.12.

Note: The registration fee is nonrefundable.



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Newark, NJ 07102
1-888-656-6225



www.njconsumeraffairs.com/contractor.htm

INSTRUCTIONS FOR REGISTERING AS A HOME IMPROVEMENT CONTRACTOR

WHO MUST FILE:

Every business engaging in the business of making or selling home improvements, whether an individually owned business or a corporation, limited liability company, partnership, or other business entity, is required to register annually with the New Jersey Division of Consumer Affairs, ("the Division") unless specifically exempted from registration under the Act. For a list of the exempt categories see the Contractors' Registration Act and proposed regulations and the Frequently Asked Questions ("FAQ's") included in this packet.

ALL HOME IMPROVEMENT CONTRACTORS ARE REQUIRED TO REGISTER BY NOVEMBER 9TH 2004. ALLOW SEVERAL WEEKS FOR PROCESSING ONCE A COMPLETED APPLICATION HAS BEEN RECEIVED.

AFTER THE EFFECTIVE DATE, MUNICIPALITIES ARE BARRED FROM ISSUING CONSTRUCTION PERMITS IF YOU ARE NOT REGISTERED AND ARE REQUIRED TO BE REGISTERED.

INCOMPLETE REGISTRATION FORMS WILL NOT BE PROCESSED. The date of filing will be the date the Regulated Business Section receives a completed application. All questions and sections of the Home Improvement Contractor Application for Initial Registration form must be completed. If a question does not apply to you, so indicate. If there is insufficient room on the form for you to provide a complete answer to the question, staple additional sheets of paper to the form. Clearly note on the top of any additional sheets the applicant's name as it appears on the application and the number of the question to which the sheet refers.

You are required to report to the Regulated Business Section, within 20 days, any changes, additions or deletions to the information provided on the Home Improvement Contractor Application for Initial Registration form.

BEFORE COMPLETING THE APPLICATION, PLEASE READ THE INSTRUCTIONS RELATED TO THE CORRESPONDING QUESTION ON THE FORM:

- 1. List the name of your business. This will then be the name that appears on your registration. If you are the only owner of the business and are doing business under your own name ("a sole proprietor"), list your own name.
- 2. "Principal address" means the main address from which you do business and the address at which you wish to receive mail. Please note, if you provide an e-mail address, we will interpret this as permission to contact you via e-mail.
- 4. An agent for service of process is the person or corporation in New Jersey authorized by your business to accept legal papers on behalf of your business. If you are a corporation, limited liability company or a limited partnership you are required to have a registered agent/agency for service of process.
- 7(a) If you answer 'Yes' to question 7(a), your registration will be denied until you provide the Division with a written release issued by the lenders or guarantors stating that you have cured the default or are making payments on the loan in accordance with a repayment agreement approved by the lender or guarantor.

- 7(b) If you answer 'Yes' to question 7(b), your registration will be denied until the court or the Probation Division certifies that the conditions that resulted in the denial are satisfied.
- 7(c) Federal law limits the issuance or renewal of professional or occupational licenses, certificates or registrations to U.S. citizens or qualified aliens. To comply with the federal law, you must indicate whether you are a U.S. citizen or a legal alien. If you are not a U.S. citizen, check the appropriate box and attach a copy of your alien registration card (front and back) or other documentation issued by the Bureau of Citizenship and Immigration Services (B.C.I.S.). Please refer to the enclosed list which explains the status of aliens and the appropriate documents which may be submitted.

Questions about your immigration status and whether or not it qualifies you for work under federal law should be directed to the B.C.I.S. at 1-800-375-5283. If you are not a U.S. citizen and do not fall within any of the alien status categories in the application, please check "other."

- 8. If you are not sure whether your business requires a Federal Employer Identification Number (FEIN), information on the following web site may help you: www.irs.gov . Under the section labeled "Information For" double click on "Businesses." In the section "Related Topics" double click on "Employer ID Numbers." If your principal business or office is in New Jersey, write to the "Internal Revenue Service Center" at: Attn: EIN Operations, Holtsville, NY 00501 or call 1-800-829-4933.
- 11. Provide a copy of any judgments with your completed application. If you are unsure whether a judgment against the applicant or its officers involves the situations listed in i through vi (fraud, gross negligence etc.) please consult your attorney.

IN ORDER TO EXPEDITE THE ISSUANCE OF YOUR REGISTRATION PLEASE SUBMIT THE FOLLOWING:

DI	III THE FOLLOWING:
	A check or money order payable to "The N.J. Division of Consumer Affairs" for the registration fee of \$90 with the payment coupon fully completed. If the coupon is preprinted and there are any errors on it, please correct the errors legibly in ink.
	Please note, the application fee is NON-REFUNDABLE.
	The Home Improvement Contractor Application for Initial Registration form completed in all respects.
	A copy of the filed Certificate of Incorporation or other business certificate, Registration of Alternate Name (if applicable) or Trade Name.
	If you are an out-of-state business, a copy of the filed Certificate of Authority to do business in the State of New Jersey which can be obtained from the Division of Commercial Recording (1-609-292-9292).
	Completed Disclosure form.
	Proof of a certificate of commercial general liability insurance in a minimum amount of \$500,000 per occurrence.
	A written release issued by the lenders or guarantors if required by Question 7 (a).
	A certification from the court or the Probation Division if required by Question 7 (b).
	A copy of immigration documents if required by Question 7 (c).
	Documents showing action taken against a professional or occupational license if required by Question 10.
	Copies of all final orders, judgments, consents or agreements listed in answer to Question 11.
	A true copy of every conviction, sentencing order and termination of probation order as listed in the Disclosure Statement.
	Documents demonstrating evidence of rehabilitation if applicable in connection with the Disclosure

Statement.

Alien Status Categories

The following are categories of alien status. Please submit documents evidencing such status. The alien status documents listed for each category are the most commonly used documents that the Bureau of Citizenship and Immigration Services (B.C.I.S.) provides to aliens in those categories. You may provide other acceptable evidence of your alien status even if not listed below.

- 1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
 - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
 - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
- 2. An alien who is granted asylum under section 208 of the INA. Evidence includes:
 - INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
 - INS Form I-688B (Employment Authorization Card annotated "274a. 12(a)(5)".
 - INS Form I-766 (Employment Authorization Document) annotated "A5".
 - Grant letter from the Asylum Office of INS; or
 - Order of an immigration judge granting asylum.
- 3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:
 - INS Form I-94 annotated with stamp showing admission under s207 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a. 12(a)(3)".
 - INS Form I-766 (Employment Authorization Document) annotated "A3", or
 - INS Form I-571 (Refugee Travel Document).
- 4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
 - INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
- 5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect immediately prior to September 30, 1996) of Section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
 - INS Form I-688B (Employment Authorization Card) annotated "247a. 12(a)(10)".
 - INS Form I-766 (Employment Authorization Document) annotated "A10", or
 - Order from an immigration judge showing deportation withheld under s243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under s241(b)(3) of the INA.
- 6. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
 - INS Form I-94 with stamp showing admission under s203 (a)(7) of the INA;
 - INS Form I-688 (Employment Authorization Card) annotated "274a. 12(a)(3)"; or
 - INS Form I-766 (Employment Authorization Document) annotated "A3".
- 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
 - INS form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6.
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
 - INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under section 212(d)(5) of the INA
- 8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)
- 9. An alien not in categories 1 through 8 above who has been admitted to the United States for a limited period of time (a non-immigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)