

**IF YOU FAIL TO COMPLETE YOUR RENEWAL BY SEPTEMBER 1, 2009, YOUR LICENSE WILL
EXPIRE AUTOMATICALLY ON SEPTEMBER 30, 2009.**

FEES: MAKE YOUR CHECK PAYABLE TO: "NEW JERSEY DIVISION OF CONSUMER AFFAIRS"

Calculate the fee owed as follows:

\$400.00 for the original license (The license shall be displayed at the principal place of business in New Jersey.)
Add \$35.00 for each additional license (The license shall be displayed at other facilities in New Jersey and on all trucks.)
and
add \$100.00 if you apply to renew late between October 1, 2009 and October 31, 2009, or
add \$200 if you apply to reinstate between November 1, 2009 and November 30, 2009.

Answer the following questions:

- List the number of vehicles owned or leased by the applicant.
 _____ owned - **INCLUDE A COPY OF EACH VEHICLE'S REGISTRATION.**
 $\frac{\text{Quantity}}{\text{Quantity}}$ leased - **INCLUDE A COPY OF EACH LEASE AGREEMENT.**
- Has any of your information changed since your last renewal? List any change of address, telephone number, the place where vehicles are parked, a change in directors and officers, a change in business structure and any other changes.
 No
 Yes (Specify the type of change and provide supporting documentation.)
- 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 the moving and storage industry? (Circle the correct response and provide documentation of the conviction.) No Yes
- 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 New Jersey or any other state or federal agency; or (c) been adjudged liable in an administrative or civil action in any state or federal agency? (Circle the correct response and provide a copy of the order, assurance or judgment.) No Yes
- Has the applicant or any of its directors, principals or persons with an ownership of 10% or more in the applicant ever had his/her authority to engage in moving and/or storage activities revoked or suspended by any other state or federal agency? (Circle the correct response and provide a copy of the order.) No Yes
- Have you submitted: (a) Form E; (b) Form H; (c) proof of warehousemen's legal liability (if applicable); (d) proof of Workmen's Compensation Insurance; and (e) an order granting exemption from the commissioner of banking and insurance, or a certification that you do not have any employees? (Circle the correct response.) No Yes

If the Division does not have proof of insurance on file, your renewal will not be processed.

I certify that the information entered on this form is true and complete to the best of my knowledge and that if the information supplied on this form is willfully false, I am subject to punishment and/or disciplinary sanction including the suspension of the license or the imposition of civil penalties as may be provided by law.

Signature of the person authorized to apply for renewal

Business telephone number (include area code)

Print the authorized person's title

Print the name of the person authorized to sign the renewal

Date

Mail to: Regulated Business Section, P.O. Box 45028, Newark, NJ 07101.