New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Examiners of Electrical Contractors
124 Halsey Street, 6th Floor, P.O. Box 45006
Newark, New Jersey 07101
(973) 504-6410

Instructions for Reinstating a License as an Electrical Contractor

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reinstated, provided that the applicant otherwise qualifies for licensure, registration or certification and complies with the provisions of N.J.S.A. 45:1-7.2a, b, c and d. The necessary application and materials for applying for reinstatement are enclosed. Please follow the instructions carefully to avoid any further delays.

1. **Complete:**

   - The enclosed Application for Reinstatement. **Use this application only if your license is in expired status.**

2. **Enclose with your completed application**:

   - Certificate(s) of Completion for Continuing Education - proof that the applicant has maintained proficiency by completing the mandatory continuing education hours required for the renewal of a license. **Thirty-four (34) credit hours of continuning education to include a 10-hour course of study relating to the most recent edition of the National Electrical Code, nine (9) hours of which shall pertain to the Code and one hour of which shall pertain to applicable State statutes and rules.**

3. **Enclose a Personal Check or Money Order**:

   See the Reinstatement Fee Schedule below for the amount of payment due with this Application for Reinstatement. Your check or money order should be made payable to the "State of New Jersey" for the amount stated below and **must** accompany this application.

N.J.A.C 13:31-1.6 Fee Schedule

Licensure Reinstatement Fee	
Year License Lapsed	**Total Fee Due**
Current Cycle	$250.00
Previous Cycle	$400.00
The fees are calculated based on the fee for each triennial cycle that has occurred since the license has lapsed, plus a reinstatement fee of $100.00 which is already included in the total fee due noted above.	

N.J.A.C. 13:31-2.3 License Renewal; Suspension; Reinstatement

a) The Board shall send a notice of renewal to each licensee at least 60 days prior to the expiration of the license. The notice of renewal shall explain inactive renewal and advise the licensee of the option to renew as inactive. If the notice to renew is not sent 60 days prior to the expiration date, no monetary penalties or fines shall apply to the holder for failure to renew provided that the license is renewed within 60 days from the date the notice is sent or within 30 days following the date of license expiration, whichever is later.

b) A licensee shall renew his or her license for a period of three years from the last expiration date. The licensee shall submit a renewal application to the Board, along with the renewal fee set forth in N.J.A.C. 13:31-1.6, prior to the date of license expiration.

Note: If the year that your registration expired is not listed above, please contact the Board for further instructions. **If you plan to practice electrical contracting, you will be required to have a Business Permit; you may request a Business Permit Application from the Board Office once your license has been reinstated.**

4. **Submit all documents to**: **Board of Examiners of Electrical Contractors**
   P.O. Box 45006
   Newark, NJ 07101

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Application for Reinstatement of a License to Practice as an Electrical Contractor

Date : _____

Electrical Contractor License No.:_____

A nonrefundable reinstatement fee of $100.00, along with all past delinquent renewal fees, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application for reinstatement (applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the reinstatement process will be delayed until the fee is paid).

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

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

Please print clearly. You must answer all of the questions on this application.

Personal Information Date of birth: _____
Month Day Year

1. Name _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

_____ _____
Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

_____
Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

If you were issued a Social Security Number or an Individual Taxpayer Identification Number, you must provide it to the Board or Committee. Failure to do so may result in denial of licensure/certification/reinstatement/reactivation.

* Social Security Number: _____ - _____ - _____

* Individual Taxpayer Identification Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain this information. Pursuant to these authorities, the Board or Committee is also obligated to provide this information to:

(For healthcare-related boards, the following a, b and c entries apply. For boards not related to healthcare, only the a and b entries apply.)

a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
b. the Probation Division or any other agency responsible for child-support enforcement, upon request; and
c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are an American citizen, please enclose a copy of your birth certificate or U.S. passport. 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).

☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support **(You must answer a, b, c and d.)**

Please certify, under penalty of perjury, the following:

a. Do you currently have a child-support obligation? ☐ Yes ☐ No
   (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
   (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a through d may result in denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

_____ _____ _____
Applicant's name (please print) Applicant's signature Date

7. Have you ever changed your name? ☐ Yes ☐ No

   If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

   If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. _____

    Last name First name Middle initial

Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
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Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expire

11. Have you ever been disciplined or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?

    ☐ Yes ☐ No

14. Have you ever been named as a defendant in any litigation related to the practice of electrical contracting or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?

    ☐ Yes ☐ No

15. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of electrical contracting or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Employment since your license expired. **(You may photocopy this page if necessary.)**

Employer's name: _____

Employer's address: _____
Street

_____
City State ZIP code

Immediate supervisor's name: _____

Employer's telephone number: _____ Hours per week: _____
(Include area code)

Your major responsibilities (use additional sheets of paper if necessary): _____

_____

_____

Dates employed: from: _____ to: _____
month day year month day year

Employer's name: _____

Employer's address: _____
Street

_____
City State ZIP code

Immediate supervisor's name: _____

Employer's telephone number: _____ Hours per week: _____
(Include area code)

Your major responsibilities (use additional sheets of paper if necessary): _____

_____

_____

Dates employed: from: _____ to: _____
month day year month day year

Employer's name: _____

Employer's address: _____
Street

_____
City State ZIP code

Immediate supervisor's name: _____

Employer's telephone number: _____ Hours per week: _____
(Include area code)

Your major responsibilities (use additional sheets of paper if necessary): _____

_____

_____

Dates employed: from: _____ to: _____
month day year month day year

_____ _____ _____
Applicant's name (Please print) Applicant's signature Date

Continuing Education Credits Earned

Individuals applying to reinstate an electrical contractor's license are required to show that they have completed 34 credit hours of continuing education for the current triennial registration period within three years prior to the date of application for reinstatement consistent with the requirements set forth in N.J.A.C. 13:31-1.7. Please list the courses completed below and, in addition, submit copies of all continuing education certificates earned along with this application.

Date of course	Name of sponsor	Title of program	Number of credits

Certification for Reinstatement Application

I, _____, in making this application to the Board or Committee for reinstatement of my license or registration, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny reinstatement or to withhold renewal of or suspend or revoke a license or registration issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for reinstatement. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

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

_____ Signature of applicant

_____ Date