



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 Registration

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.

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 registration. **Ten (10) credit hours of Continuing Education on the most recent edition of the National Electrical Code for the current triennial registration period within three (3) years prior to the date of the application for reinstatement.**

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

Registration Reinstatement Fee	
Year Registration Lapsed	Total Fee Due
Previous Cycle	\$160.00
The fees are calculated based on the fee for each triennial cycle that has occurred since the certificate of registration has lapsed, plus a reinstatement fee of \$100.00 which is already included in the total fee due noted above.	

N.J.A.C. 13:31-5.2 Registration Renewal, Suspension or Reinstatement

- (a) A Qualified Journeyman Electrician shall renew his or her certificate of registration for a period of three years from the last expiration date. The Qualified Journeyman Electrician shall remit 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 registration expiration. A Qualified Journeyman Electrician who submits a renewal application within 30 days following the date of registration expiration shall submit the renewal fee, as well as the late fee set forth in N.J.A.C. 13:31-1.6. A Qualified Journeyman Electrician who fails to submit a renewal application within 30 days of registration expiration shall have his or her certificate of registration suspended without a hearing.
- (b) A Qualified Journeyman Electrician who has had his or her certificate of registration suspended pursuant to (a) above may apply to the Board for reinstatement within five years following the date of certificate of registration expiration. A Qualified Journeyman Electrician applying for reinstatement shall submit a renewal application, all past delinquent renewal fees and the reinstatement fee set forth in N.J.A.C. 13:31-1.6, as well as evidence of having completed all continuing education credits, consistent with the requirements set forth in N.J.A.C. 13:31-5.4, for the current triennial registration period within three years prior to the date of application for reinstatement.

Note: If the year that your registration expired is not listed above, please contact the Board for further instructions.

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 Registration to Practice as a Qualified Journeyman Electrician

Date : _____

Qualified Journeyman Electrician Registration No.: _____ Initial Registration Date: _____

A nonrefundable reinstatement fee of \$100.00, along with a \$60.00 registration fee for the current triennial registration period, 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.

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
_____	_____	_____	_____
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
_____	_____	_____	_____
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 a Qualified Journeyman Electrician 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 a Qualified Journeyman Electrician 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 Certificate of Registration 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

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