

Attach a clear, full-face passport-style photograph (2" x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photograph.



Date of photograph: \_\_\_\_\_  
Month Day Year

**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

## Application for a Certificate of Registration to Practice as a Qualified Journeyman Electrician

Date: \_\_\_\_\_

### N.J.A.C. 13:31-5.1 Registration as qualified journeyman electrician

The term "qualified journeyman electrician" as used in N.J.S.A. 45:5A-18(k) or N.J.A.C. 13:31-3.4 shall mean and include any person who is either: (1) The holder of a current valid license to practice electrical contracting issued by the Board; or (2) A person who has acquired 8,000 hours of practical experience working with tools in the installation, alteration, or repair of wiring for electric light, heat or power and who has had a minimum of 576 classroom hours of related instruction. The requirement of practical experience shall not include time spent in supervising, engineering, estimating, and other managerial tasks. At least 4,000 hours of the practical experience shall have been obtained within five (5) years of the date of application; or (3) A person who can demonstrate to the satisfaction of the Board that he or she has gathered the required experience through alternative means.

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

Place of birth: \_\_\_\_\_  
City State

1. Name  Mr. \_\_\_\_\_ ( \_\_\_\_\_ )  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
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

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Use additional sheets of paper if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

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 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

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

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 or occupational 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 or occupational 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.

18. Please provide proof of your practical experience working with tools (submit work-experience certifications).
- a. Total work experience \_\_\_\_\_ (years) and average number of hours worked per week \_\_\_\_\_.
  - b. Technical trade school or approved apprenticeship course - total hours \_\_\_\_\_.  
You must submit a copy of the certificate of course completion and indicate the total number of years attended.
  - c. I hold a current active New Jersey Electrical Contractor's License, number \_\_\_\_\_.

**19. Detailed Statement of Experience:**

Dates Month/Year to Month/Year	Give a detailed account of your practical experience in the field working with tools in the installation, alteration, or repair of wiring for electric light, heat or power, giving dates, employer(s) and duties for a minimum of the past five (5) years; 8,000 hours of practical experience is required, at least 4,000 hours of which shall have been obtained within five (5) years of the date of the application. Attach completed work-experience certification(s) for each employer. (Use additional sheets of paper if necessary.)	
	Employer	Duties

**20. Application Fee**

**Upon approval of your application, you will receive a letter of notification at which time your registration fee will be due.**

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

} *ss.*

I, \_\_\_\_\_, in making this application to the Board of Examiners of Electrical Contractors for certification, registration or licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Board of Examiners of Electrical Contractors, swear (or affirm) that I am the applicant and that all 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 certification, registration or licensure or to withhold renewal of or suspend or revoke a certificate, registration or license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:5A-1 et seq., together with the Rules and Regulations of the Board of Examiners of Electrical Contractors, N.J.A.C. 13:31-1.1 et seq., and fully understand that in receiving certification, registration or licensure from the Board, I bind myself to be governed by the aforementioned Statute and the Rules and Regulations of the Board of Examiners of Electrical Contractors.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification, registration or licensure. 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.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public





**New Jersey Office of the Attorney General**

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**Work-Experience Certification for Qualified Journeyman Electrician**

(To be completed by the individual named as a reference.) (Please print.)

_____			_____		
Name of applicant			Name of reference and company name		
_____			_____		
Applicant's address			Reference's address		
_____			_____		
City	State	ZIP code	City	State	ZIP code
_____			_____		
Telephone number (include area code)			Internet address		

1. Applicant's practical hands-on experience working with tools in the installation, alteration, or repair of wiring for electric light, heat or power.

A. Exact dates: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

B. Average number of hours per week: \_\_\_\_\_

C. Explain electrical experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

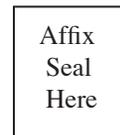
\_\_\_\_\_

\_\_\_\_\_

2. Are you an electrical contractor?  Yes  No

If "Yes," in what state? \_\_\_\_\_ License number: \_\_\_\_\_

If you are a New Jersey Electrical Contractor, impress your Business Permit Seal.



3. I hereby certify that I am the \_\_\_\_\_ of \_\_\_\_\_  
Reference/Title Company

and that I have personal knowledge of the qualifications of the applicant and that he/she worked for me in the installation, alteration, or repair of wiring for electric light, heat or power with tools in the field during the time stated.

\_\_\_\_\_

Signature of reference Date