



New Jersey Office of the Attorney General

Division of Consumer Affairs
Fire Alarm, Burglar Alarm and
Locksmith Advisory Committee
124 Halsey Street, 6th Floor, P.O. Box 45042
Newark, New Jersey 07101
(973) 504-6245



Instructions for Reinstatement

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. 45:1-7.2 a, b, c and d.

The necessary application and materials for applying for reinstatement are enclosed.

1. Complete the enclosed Application for Reinstatement. ***(Please submit one application for each license category.)***
2. Enclose the following:
 - Payment of all past delinquent license renewal fees and payment of the current reinstatement fee;
 - An Affidavit of Employment listing each job held during the lapsed licensure or certification period. This Affidavit of Employment must include the names, addresses and telephone numbers of each employer;
 - A notarized statement that clearly indicates whether you were engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey license or certificate was suspended. You must include a description of the type of work or projects with which you were involved if you were practicing your profession or occupation during this period;
 - Certificates of completion that show you completed the continuing education units required for any triennial period during which you were suspended; and
 - A copy of the certificate or license in good standing from any other jurisdiction if you did engage in the alarm business or locksmith business during the triennial period your license was suspended in New Jersey.
3. N.J.A.C. 13:31A-1.4 - Fee schedule

| Licensure Reinstatement Fee | |
|---|---------------|
| Year license lapsed | Total fee due |
| 2013 | \$340.00 |
| 2016 | \$220.00 |
| The fees are calculated based on the fee for the 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. | |

4. Submit to the:

**Division of Consumer Affairs
Fire Alarm, Burglar Alarm and Locksmith Advisory Committee
P.O. Box 45042
Newark, New Jersey 07101**

Please note that a check or money order **must** accompany this application for the reinstatement of your license. Upon review and approval of your reinstatement application, a license will be issued.



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Application for Reinstatement

Indicate the type of license for which you seek reinstatement: *(Please submit one application for each license category.)*

- Burglar Alarm License Fire Alarm License Locksmith License

License No.: _____

Date: _____

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. 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

You **must** provide your Social Security number to the Board or Committee. Failure to do so may result in the denial of reinstatement of your licensure or certification.

*Social Security 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 Support 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 your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- 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; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

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 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 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(1) through d may result in a 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.

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 |
| _____ | _____ | _____ | _____ | _____ |
| 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 fire/burglar alarm installation or repair, locksmithing 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 fire/burglar alarm installation or repair, locksmithing 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, excluding question number 10, 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 address City State ZIP code

Immediate supervisor's name: _____

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

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 address City State ZIP code

Immediate supervisor's name: _____

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

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 address City State ZIP code

Immediate supervisor's name: _____

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

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/reactivation of certification or licensure, 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/reactivation or to withhold renewal of or suspend or revoke a certificate or license 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/reactivation. 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.

Date

Signature of applicant

