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
www.njconsumeraffairs.gov/fbl

Application for an Alarm License for Individual Licensed in Another State

(N.J.A.C. 13:31A-1.10)

Instructions to Applicants

General Information

An individual who applies for both a fire alarm license and a burglar alarm license must file separate applications. Indicate at the top of the application whether you are applying for a burglar alarm license or a fire alarm license.

The nonrefundable application fee must be paid in the form of a check or money order made payable to the State of New Jersey. The application fee for the first alarm license application is $150.00. The application fee for a second alarm license application is $100.00.

The application must be neatly printed or typewritten. All sections of the application must be fully completed before the application can be processed. If the application is not of sufficient size to furnish the required information, a supplemental sheet of the same size may be enclosed with the application (please refer to the section for which you have used the supplemental sheet).

A full-face photograph, two inches by two inches in size, must be signed and dated on the reverse side and attached to the application. Do not staple the photograph to the application.

Fully answer all questions with regard to the Criminal History and Child Support sections of the application. Your application may be delayed or denied should your responses require further review.

The Affidavit section of the application must be executed and signed in the presence of a notary public.

An applicant seeking licensure to engage in the burglar alarm or fire alarm business shall:

1. Be at least 18 years of age;
2. Be of good moral character pursuant to N.J.S.A. 45:5A-27;
3. Not have been convicted of a crime of the first, second or third degree within 10 years prior to the filing of the application for licensure;
4. Not have been convicted of the fourth degree offense of engaging in the unlicensed practice of electrical contracting;
5. Hold a high school diploma or equivalency certificate;
6. Have successfully completed the burglar alarm or fire alarm examination, as applicable to the field in which the applicant is seeking a license, set forth in N.J.A.C. 13:31A-3.2;
7. Have within the last three years successfully completed:
    - Two (2) hours of training in the Barrier Free Subcode, N.J.A.C. 5:23-7
    - Two (2) hours of training in the New Jersey Uniform Construction Code, N.J.A.C. 5:23, exclusive of the Barrier Free Subcode
    - Two (2) hours of training in the Americans with Disabilities Act Code, 36 C.F.R. §§ 1191; and
    - Two (2) hours of training in industrial safety.
8. Submit verification from all state(s) in which he or she holds a registration, certification or license to engage in the burglar or fire alarm business stating the registration, certification or license is in good standing.

Your application will be reviewed by the Advisory Committee once you have satisfied these preliminary requirements.

Criminal History Review

If your application is preliminarily approved, you will undergo a Criminal History Record Background Check.

All applicants for a license issued by the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee are required to submit to a Criminal History Record Background Check. Please fully complete the enclosed Certification and Authorization form and return the form with the license application. The form must be completed in its entirety, executed and signed in the presence of a notary public, and returned to the Advisory Committee office with your application for a license. The Committee will then provide you with instructions on how to obtain fingerprints. Once your fingerprints have been submitted to the Criminal History Review Unit, a full review will be performed and a determination will be made regarding your eligibility to be licensed.

An application for licensure will not be processed until the results of the Criminal History Record Background Check have been reviewed by the Committee.

Alarm Licensing Examination

A qualified applicant who has satisfactorily completed the criminal history review will be approved to take an alarm licensing examination. The applicant will receive an approval letter from the Advisory Committee and a Candidate Information Bulletin which includes a registration form and instructions about the examination. An applicant must successfully pass all sections of the examination as a prerequisite to receiving a burglar alarm or fire alarm license.

Information regarding the burglar alarm and fire alarm licensing examinations, including content outlines and subject references, may be found at www.prometric.com. Once you are at the website, click "Exams by State," and then click "Burglar/Fire Alarm/ Locksmith License Exams."

A listing of approved sponsors who provide classes which may be helpful to applicants seeking to obtain alarm and locksmith licenses is available at our website at www.njconsumeraffairs.gov/fbl.

The Advisory Committee does not require that you take classes from approved sponsors and cannot verify that classes are being provided to applicants. You may contact a sponsor to inquire whether classes are being provided.

Topic codes:

TECBA - Techinical Burglar Alarm	TECFA - Technical Fire Alarm	TECBF - Technical Burglar Alarm & Fire Alarm
TECLD - Technical Locks	TECES - Electronic Security	TECRF - Technical Residential Smoke Detection
L/C - Laws/Codes	SAF - Safety	BUS - Business

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Applicant for Fire and Burglar Alarm License for Individual Licensed in Another State

(N.J.A.C. 13:31A-1.10)

Submissions Checklist

Applicant:

Please review this checklist before sending in your application. Any materials not included may cause a delay in the processing of your application.

- ❑ The application (Please note that ***every*** section must be filled out including, but not limited to, child support, student loans and Social Security number.)
- ❑ The application fee
- ❑ One (1) full-face passport size (2″x 2″) photo of your head and shoulders taken within the past six months
- ❑ The Criminal History Background Check Form (Certification and Authorization)
- ❑ Citizenship Documentation (if necessary)
- ❑ The application must be properly executed and notarized.
- ❑ Proof that you have completed the following education within the last three years:
  - Two (2) hours Barrier Free Subcode (N.J.A.C. 5:23-7);
  - Two (2) hours N.J. Uniform Construction Code, exclusive of the Barrier Free Subcode;
  - Two (2) hours Americans with Disabilities Act Code, 36 C.F.R. §119; and
  - Two (2) hours Industrial Safety.
- ❑ Verification of registration, certification or license in good standing from all states in which you are registered, certified or licensed.

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

A photograph is required with each application.

Do not use staples to attach the photograph.

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For Office Use Only

Approved
By _____
Date_____

Rejected
By _____
Date_____

Reason:_____
_____
_____

Application for an Alarm License for Individual in Another State

Indicate the license you are applying for:

Application date: _____
Month Day Year

- ☐ Burglar Alarm License
- ☐ Fire Alarm License

A nonrefundable application filing fee of $150 in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (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 licensure or certification 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 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.

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

7. Have you ever been convicted of a criminal offense? (Minor traffic offenses such as parking or speeding violations need not be listed; however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ 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.)

8. 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

9. 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

10. Have you ever been cited for disciplinary reasons 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

11. 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

12. Have you ever been named as a defendant in any litigation related to the practice of fire and burglar alarm installation, alteration and repair or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

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

14. 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

15. 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 and burglar alarm installation, alteration and repair 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 9 through 15, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

An applicant qualifying to take the Alarm Examination must provide proof of having successfully completed, during the three years immediately preceding submission of this application, two hours of training in the Barrier Free Subcode, N.J.A.C. 5:23-7, two hours of training in the New Jersey Uniform Construction Code, N.J.A.C. 5:23, exclusive of the Barrier Free Subcode, two hours of training in the Americans with Disabilities Act Code, 36 C.F.R. Section 1191; and two hours of training in industrial safety.

Title of training	Name of provider	Location	Number of hours	Date completed

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 Fire Alarm, Burglar Alarm and Locksmith Advisory Committee for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee, 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 licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Committee.

I further swear (or affirm) that I have read N.J.S.A. 45:5A-23 et seq., together with the Rules and Regulations of the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee, N.J.A.C. 13:31A-3.1 et seq., and fully understand that in receiving licensure or certification from the Committee, I bind myself to be governed by them.

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 licensure or certification. 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 Committee.

_____
Signature of applicant

Sworn and subscribed to before me this_____

day of _____ , _____
Month Year

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Affix seal here

New Jersey Office of the Attorney General
Division of Consumer Affairs
Fire Alarm, Burglar Alarm and
Locksmith Advisory Committee
124 Halsey Street, 6th Floor, Newark, NJ 07102

Alarm - Important
Certification and Authorization Form

The Division of Consumer Affairs is required to conduct criminal history record background checks of all applicants for burglar alarm, fire alarm and locksmith licensure (N.J.S.A. 45:5A-26 and 35). In order for the Division to conduct a criminal history record background check, you must complete the enclosed Certification and Authorization Form and return it to:

Fire Alarm, Burglar Alarm and Locksmith Advisory Committee
P.O. Box 45042
Newark, New Jersey 07101

Upon receipt of a completed application form and the Certification and Authorization Form, the Committee will forward to you information you will need to schedule an appointment to have your fingerprints electronically recorded by MorphoTrust USA The recording of your fingerprints is necessary to conduct the criminal history record background check. Please note that you will be required to pay a $62.70 fee to MorphoTrust; ***do not*** send this fee when returning your form to the address above.

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other Board or Committee of the New Jersey Division of Consumer Affairs (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. The fee for this background check will be $17.50. Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

Enclosure

Official Use Only
☐ Dual License
License Type 1

Applicant's Number

License Type 2

Applicant's Number

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Examiners of Electrical Contractors
Fire Alarm, Burglar Alarm and Locksmith Advisory Committee
P.O. Box 45042
Newark, New Jersey 07101
(973) 504-6245

Official Use Only

☐ Resubmit

Board or Committee

Certification and Authorization Form For a Criminal History Background Check

Directions: Answer all of the questions on this form.

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
   Last First Middle Maiden Name

2. Address _____
   Street or P.O. Box City State ZIP code

3. Date of birth __ __ /__ __ /__ __ Sex: ☐ Male ☐ Female
   Month Day Year

4. Social Security number _____/ _____ / _____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No
   If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.
   If "Yes," please provide the following information and follow the instructions outlined below:

   _____ _____
   Board or committee requiring the fingerprinting Month and year you were fingerprinted

   If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is $18.75.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

   Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

   Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

   Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➨

Certification

I, _____, in making this application to the Board or Committee for 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 certification or licensure 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 certification 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 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

New Jersey Office of the Attorney General
Division of Consumer Affairs
Fire Alarm, Burglar Alarm and
Locksmith Advisory Committee
124 Halsey Street, 6th Floor, Newark, NJ 07102

License/Certification/Registration Verification Request

Direction: Complete only the top portion of this lecense/certification/registration form and forward a copy to every license/certification/registration agency in the states or jurisdiction in which you are or have been licensed/certified/registered. The agency should complete the form and return it to the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee.

Note: Be advised that the agency completing the form may charge a fee for license/certification/registration verification. Please call the agency to check on any fees that may be required fore license/certification/registration verification prior to submitting this form.

Applicant

Name: _____
Last name | First name | Middle initial | Maiden name (if applicable)

Name on original license/certification/registration: _____

Telephone number: _____ *(include area code)*

Current address: _____
Street | City | State | ZIP code

License/Certification/Registration number: _____ Year issued: _____

Agency

This section is to be completed by the state licensing/certification/registration agency.

1. License/certification/registration number: _____ Date issued: _____
2. When was the license/certificate/registration last renewed? _____
3. Is the license/certificate/registration in good standing? ☐ Yes ☐ No
4. Has this license/certification/registration ever been revoked, suspened or voluntarily surrendered or has any action been taken by your agency against this licensee? ☐ Yes ☐ No

   If "Yes," please provide a description of the reason and/or charge(s) and any action(s) taken and provide a copy of any complaint, order or relevant document.

I certify that the statements contained herein are true based upon official records that I reviewed.

_____ Print name

_____ Signature

_____ Title

_____ State

Date: _____

Official seal