



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 license/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 Has this license/certification/registration ever been revoked, suspended or voluntarily surrendered or has any action been taken by your agency against this licensee?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