



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
State Board of Examiners of Heating, Ventilating,  
Air Conditioning and Refrigeration (HVACR) Contractors  
124 Halsey Street, 6th Floor, P.O. Box 47031  
Newark, New Jersey 07101  
(973) 504-6420

**Instructions for Reinstating a License as a Master Heating, Ventilating,  
Air Conditioning and Refrigeration (HVACR) Contractor**

**Pursuant to N.J.A.C. 13:32A-3.3 License Reinstatement**

A person who has had his or her license suspended pursuant to N.J.A.C.13:32A-3.1(f) may apply to the Board for reinstatement. A person applying for reinstatement shall submit:

- 1) A reinstatement application, attached;
- 2) A certification of employment listing each job held during the period of suspended license which includes the names, addresses, and telephone number of each employer;
- 3) The \$160.00 renewal fee set forth in N.J.A.C. 13:32A-6.1 for the biennial period for which reinstatement is sought;
- 4) The past due renewal fee \$160.00 for the biennial period immediately preceding the renewal period for which reinstatement is sought;
- 5) The \$150.00 reinstatement fee set forth in N.J.A.C. 13:32A-6.1;
- 6) Evidence of having completed all continuing education credits for the current biennial registration period, consistent with the requirements set forth in N.J.A.C. 13:32A-4.1.

**Enclose with your completed application:**

Please review and submit the following items required for your HVACR license, pursuant to N.J.A.C. 13:32A-2.4 Licensure and pressure seal:

- A **surety bond** in the sum of \$3,000, to expire June 30, 2022;
- A **certificate of general liability insurance** from an insurance company authorized and licensed to do business in New Jersey in the amount of \$500,000 for combined property damage and bodily injury to or death of one or more persons in any one accident or occurrence or proof of self-insurance approved by the Department of Banking and Insurance, obtained by the applicant or the HVACR company or corporation, only if the applicant will offer HVACR contracting services to the public, which includes instances when the applicant will act as a bona fide representative for a company or corporation;
- A **Federal Tax Identification number** for the HVACR business if the licensee will be engaging in the business of HVACR contracting, which includes instances when the applicant will act as a bona fide representative for a company or corporation;

**Licensing Fees:**

**Pursuant to N.J.A.C 13:32A-6.1 Fee Schedule**

The following fees shall be charged by the Board. **Enclose a Personal Check or Money Order:**

Licensure Reinstatement Fee	
Year License Lapsed	Total Fee Due
2018	\$470.00
2020	\$310.00
The fees are calculated based on the fee for each biennial cycle that has occurred since the license has lapsed, plus a reinstatement fee of \$150.00 which is already included in the total fee due noted above.	

**Pursuant to N.J.A.C. 13:32A-4.1 License Renewal; Continuing Education Requirement**

Every master HVACR contractor shall successfully complete five credits of continuing education at an approved course every biennial period.

- Certificate(s) of Completion for Continuing Education - submit proof that you have completed the mandatory **five (5) hours of continuing education required** for the most **current biennial cycle** for which you are seeking reinstatement.

**Pursuant to N.J.A.C. 13:32A-5.2 Bona Fide Representative; Reporting Responsibilities**

A master HVACR contractor seeking to act as a bona fide representative shall comply with the following:

- 1) Register with the Board, providing the name of the HVACR business, its address and if the HVACR business is a corporation, the names of the officers of record, attached;
- 2) Provide to the Board proof that the HVACR business has consented that the bona fide representative will act as the agent for service of process within this State. Such proof shall be in writing and on a form provided by the Board, attached;
- 3) Provide to the Board the acceptance of liability by the HVACR business for any monetary penalty, monies to be paid for restoration to consumers of fees paid for services or for delays suffered by consumers, and costs assessed against the bona fide representative while acting within the scope of his or her employment on behalf of the HVACR business. Such acceptance of liability shall be in writing and on a form provided by the Board, attached.

**Submit all documents to:**

**State Board of Examiners of Heating, Ventilating, Air Conditioning  
and Refrigeration (HVACR) Contractors**  
P.O. Box 47031  
Newark, NJ 07101



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 Newark, New Jersey 07101  
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<i>For Office Use Only</i>	
<b>Approved</b>	
By _____	
Date _____	
<b>Rejected</b>	
By _____	
Date _____	
<b>Reason</b>	_____
	_____

## Application for Reinstatement of a License to Practice as a Master Heating, Ventilating, Air Conditioning and Refrigeration (HVACR) Contractor

Application date: \_\_\_\_\_  
Month Day Year

License number: \_\_\_\_\_

Along with the submission of this completed application, all fees must be paid in the form of a check or money order made out to the State of New Jersey. (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

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of 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. Child Support

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 will 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 or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

6. 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.
7. 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
8. 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.)
9. 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
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

10. 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
11. 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
12. 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
13. Have you ever been named as a defendant in any litigation related to the practice of HVACR contractors or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
14. 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
15. 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
16. 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 HVACR contractors 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 10 through 16, 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

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

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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

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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

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Applicant's name (Please print)

Applicant's signature

Date

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# 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 State Board of Examiners of Heating, Ventilating, Air Conditioning and Refrigeration (HVACR) Contractors for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Examiners of Heating, Ventilating, Air Conditioning and Refrigeration (HVACR) 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 licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:16A-1 et seq., together with the Rules and Regulations of the State Board of Examiners of Heating, Ventilating, Air Conditioning and Refrigeration (HVACR) Contractors, N.J.A.C. 13:32A-1 et seq., and fully understand that in receiving licensure from the Board, 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 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







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(973) 504-6420

**Registration of Bona Fide Representative**

Select category:  Initial submission  Change to business

License number: \_\_\_\_\_

**Licensed Master HVACR Contractor**

Name: \_\_\_\_\_  
Last name First name Middle name

Address of record: \_\_\_\_\_  
(Available to the public) Street address City State ZIP code

Home Address: \_\_\_\_\_  
Street address City State ZIP code

Home telephone number: \_\_\_\_\_ Cellular number: \_\_\_\_\_  
(include area code) (include area code)

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street address City State ZIP code

**HVACR Business**

Business Name: \_\_\_\_\_

New Jersey Business Address: \_\_\_\_\_  
Street address City State ZIP code

If you do not have a New Jersey address, please identify the New Jersey agent for service of process pursuant to N.J.A.C. 13:32A-5.3(a)6.

Business telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
(include area code) (include area code)

**In order to register as a bona fide representative, you must be a licensed Master HVACR Contractor who (Select category):**

- In the case of a sole proprietorship, is the owner of the business;
- In the case of a partnership, is a partner in the business;
- In the case of a limited liability company, is a manager; or
- In the case of a corporation, is an executive officer.

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**Name the Officers(s) of Record for Corporation (if applicable):**

_____	_____
_____	_____
_____	_____
_____	_____

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**N.J.A.C. 13:32A-5.2 (a)2 Bona Fide Representative; Reporting Responsibilities requires proof that the HVACR business has consented that the bona fide representative will act as the agent for service of process within this State.**

Signature of licensee \_\_\_\_\_

**N.J.A.C. 13:32A-5.2 (a)3 Bona Fide Representative; Reporting Responsibilities requires proof of the acceptance of liability by the HVACR business for any monetary penalty, monies to be paid for restoration to consumers of fees paid for services or for delays suffered by consumers and costs assessed against the bona fide representative, while acting within the scope of his or her employment on behalf of the HVACR business.**

Signature of licensee \_\_\_\_\_

# AFFIDAVIT

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

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

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

} ss.

I, \_\_\_\_\_,  
(Licensed Master HVACR Contractor)

in submitting this registration to the State Board of Examiners of Heating, Ventilating, Air Conditioning and Refrigeration (HVACR) Contractors under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Examiners of Heating, Ventilating, Air Conditioning and Refrigeration (HVACR) Contractors, do swear or affirm that I am the licensee, and that all of the information provided in connection with this registration 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 registration.

I further swear or affirm that I have read N.J.S.A. 45:16A-1 et seq. together with the Rules and Regulations of the State Board of Examiners of Heating, Ventilating, Air Conditioning and Refrigeration (HVACR) Contractors, N.J.A.C. 13:32A, and fully understand that in registering as a bona fide representative, I bind myself to be governed by them.

I further authorize all institutions, employers, agencies and all governmental agencies, including federal, state or local government, to release any information as requested by the Board. I may be required at any time to provide tax documentation upon Board request.

\_\_\_\_\_  
Signature of licensee

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_ 20\_\_\_\_  
month year

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

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