New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey State Board of Architects
Interior Design Examination and Evaluation Committee
124 Halsey Street, 3rd Floor, P.O. Box 45001
Newark, New Jersey 07101
(973) 504-6385

Application for Reinstatement

You may not practice in the State of New Jersey until your license has been reinstated.

Date:_____

N.J. License No.: _____ Type of License: _____

Initial License Date: _____ Date of last renewal: _____

Please submit with this application a check or money order made payable to the State of New Jersey in the amount corresponding to your application category. (Applicants should understand that if the 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 or reactivation 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 **(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 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 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 disclosed.) ☐ Yes ☐ No

7. 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.)

8. 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

9. Have you ever been disciplined or denied 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

10. Have you ever had a professional 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

11. Has any action (including the assessment of fines or other penalties) ever been taken against your professional 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 interior design or other professional 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 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

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 group related to the practice of interior design or other professional 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.

Answer the following questions for the time period since you were last licensed in New Jersey.

1. Have you completed the required continuing education requirements for the immediate preceding biennial period? ☐ Yes ☐ No

2. Are you currently practicing interior design as a sole proprietorship? ☐ Yes ☐ No
   If "No," please indicate your type of practice:

   ☐ L.L.C. ☐ L.L.P. ☐ Consultant ☐ Employee
   ☐ Partnership ☐ General Business Corporation ☐ Professional Service Corporation

3. Is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any state licensing board? ☐ Yes ☐ No

   If "Yes," please provide a detailed explanation and any documentation, e.g. a copy of the disciplinary action taken by the state licensing board.

You may attach additional sheets of paper to this application in order to respond to the preceding questions.

Note

All requests for reinstatement must be submitted in writing along with a notarized statement that includes the following:

a. Payment of a reinstatement fee, renewal fee for the current biennial period, and the renewal fee for the immediate preceding biennial period.

b. Proof of completion of the Continuing Education (C.E.) hours required for the immediate preceding biennial period.

Please attach additional pages to this application to respond to a and b above.

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 Interior Design Examination and Evaluation Committee of the New Jersey State Board of Architects for certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Interior Design Examination and Evaluation 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 certification or to withhold renewal of or suspend or revoke a certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:3-31 et seq., together with the Rules and Regulations of the Interior Design Examination and Evaluation Committee, N.J.A.C. 13:27-9.1 et seq., and fully understand that in receiving certification 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 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

Affix Seal Here