



**New Jersey Office of the Attorney General**

Division of Consumer Affairs

State Board of Examiners of Heating, Ventilating,  
Air Conditioning and Refrigeration (HVACR) Contractors

Licensed Master Hearth Specialist Advisory Committee

124 Halsey Street, 6th Floor, P.O. Box 47031

Newark, New Jersey 07101

(973) 504-6420

**Registration of Bona Fide Representative**

Select category:  Initial submission  Change to business

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

**Licensed Master Hearth Specialist**

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

**Master Hearth Specialist 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 Hearth Specialist 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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_____	_____
_____	_____
_____	_____

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**N.J.S.A. 45:16A-35(e) Bona Fide Representative; Reporting Responsibilities requires proof that the **Master Hearth Specialist** 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.S.A. 45:16A-35(e) Bona Fide Representative; Reporting Responsibilities requires proof of the acceptance of liability by the Master Hearth Professional Contracting 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 **Master Hearth Specialist** business.**

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

# AFFIDAVIT

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

State of: \_\_\_\_\_ } ss.

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

I, \_\_\_\_\_, in making this application to the Licensed Master Hearth Specialist Advisory Committee for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Licensed Master Hearth Specialist 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. 45:16A-1 et seq., together with the Rules and Regulations of the Licensed Master Hearth Specialist Advisory Committee, N.J.A.C. 13:32A-1, and fully understand that in receiving licensure 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 licensee

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

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

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

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