

Instructions

Please print clearly and answer all of the questions. Your application will not be processed until all of the questions have been answered and all of the required documents, and the registration fee*, have been received by the Division. **If a question does not apply to your business, write “N/A.” *If you are currently a registered home improvement contractor, the registration fee will be waived.**

Question Number:

1. List the name of your business as it appears on your corporate documents or certificate of formation and provide a filed copy of your documentation. This will be the name that appears on your registration.
If you are doing business under your own name, list your full legal name. For example, “John Doe.”
If you are doing business under a fictitious name, print your business name as it is listed on your Trade Name Certificate.
For example, write “John Doe’s Painting & Carpentry.”
2. Provide a copy of your Alternate Name Form C-150G or Trade Name Certificate. If you do not use any other names, write “N/A.”
- 9(a). If you are a sole proprietor and answer “Yes” to question 9(a), the business’ registration will be denied until you provide the Division with a written release issued by the lenders or guarantors stating that you have cured the default or are making payments on the loan in accordance with a repayment agreement approved by the lender or guarantor.
- 9(b). If you are a sole proprietor and answer “Yes” to question 9(b), the business’ registration will be denied until you submit a certification from the court or the Probation Division that the conditions that resulted in the denial have been satisfied.
- 9(c). If you are a sole proprietor and not a U.S. citizen, submit a copy of your immigration documents.
- 10(a). FEIN - If you are not sure whether your business requires a Federal Employer Identification Number (FEIN), call 609-292-9292 or call 1-800-829-4933. If you do not have a FEIN, you may now obtain one, online, at www.irs.gov.
12. For purposes of question 12, an “experienced person” means someone in an ownership or staff position, an employee or a consultant with a minimum of five (5) years’ experience in home elevation, including working directly on home elevation projects and training in the operation of home elevation equipment.

Please allow time for your application to be processed, and for the business’ registration to be printed and mailed.



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 Office of Consumer Protection
 Regulated Business Section
 124 Halsey Street, 7th Floor, P.O. Box 46016, Newark, NJ 07101



Home Elevation Contractor Application for Initial Registration

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Instructions: Please print clearly. Answer all of the questions. Your application will not be processed until all of the questions have been answered and all of the required documents, and the registration fee if applicable, have been received by this Division. If a question does not apply to your business, write "N/A." **Refer to: Instructions for Register as a Home Elevation Contractor.**

1. **Business Name**
The name must match the name listed on the corporate documents and the required insurance and bond.

2. **LIST ALL OTHER NAMES UNDER WHICH THE APPLICANT DOES BUSINESS . IF YOU DO NOT USE ANY OTHER NAME(S), WRITE "NONE." IF THE ANSWER TO THIS QUESTION IS LEFT BLANK, IT WILL AUTOMATICALLY DEFAULT TO "NONE."**

3. Indicate the type of business you own.

<input type="checkbox"/> Sole Proprietorship:	Attach a copy of your business' Trade Name Certificate.	Contact your local county clerk's office to obtain a Trade Name Certificate. Contact the N.J. Department of the Treasury, Division of Revenue, at (609) 292-9292, if the business is a corporation.
<input type="checkbox"/> Partnership:	Attach a copy of the business' Trade Name Certificate.	
<input type="checkbox"/> Corporation:	Attach a copy of the business' Certificate of Incorporation.	
<input type="checkbox"/> Limited Liability Co.:	Attach a copy of the business' Certificate of Formation.	
<input type="checkbox"/> Limited Liability Partnership:	Attach a copy of the business' Certificate of Formation.	

Additional Requirements

<input type="checkbox"/> Out-of-State Corporation:	Attach a copy of the business' New Jersey Certificate of Authority and the formation documents from your home state.
<input type="checkbox"/> Alternate Name:	Attach a copy of the business' Registration of Alternate Name Form C-150G.

4. Do you have an existing Home Improvement Contractor Registration Number with the Division of Consumer Affairs? Yes No
 If Yes, provide the 13VH# _____

5. Business Address (Must be a street address.)		E-mail Address:	
City	State	ZIP Code	
Telephone No. (include area code)	Fax No. (include area code)		

6. **Mailing Address** If the address is the same as in question #5, write "N/A."

7. **Agent** – If the business is a corporation (L.L.C., L.L.P., etc.), you must provide the name and address of an agent in New Jersey who is authorized to accept documents on its behalf for the service of process.

Agent's Name _____

Street Address _____

City	State: New Jersey	ZIP Code
Telephone No. (include area code)	Fax No. (include area code)	

8. Do you have the required insurance as specified by <u>N.J.A.C. 13:45A-17A.11(a)1</u> (See attached)? PROVIDE COPIES OF THE POLICIES.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Complete questions 9(a), 9(b) and 9(c) only if the business is a sole proprietorship.			
9(a). Is the sole proprietor in default of a New Jersey or federal direct or guaranteed educational loan? If "Yes," see the instructions.	<input type="checkbox"/> Yes See Instructions	<input type="checkbox"/> No	
9(b). Is the sole proprietor the subject of a child-support warrant or has the applicant failed to pay a court-ordered child-support obligation in an amount equal to or more than the amount of child support payable for six months, failed to pay any court-ordered health care coverage for the past six months or failed to respond to a subpoena relating to a paternity or child-support proceeding? If "Yes," see the instructions.	<input type="checkbox"/> Yes See Instructions	<input type="checkbox"/> No	
9(c). Check the appropriate box that indicates the sole proprietor's citizenship/immigration status.	<input type="checkbox"/> U.S. citizen	<input type="checkbox"/> Alien Lawfully admitted for permanent residence in U.S.	<input type="checkbox"/> Other

Provide the business' Federal Employer Identification Number **and** provide **your** Social Security number.

10(a). Federal Employer Identification Number (FEIN) - -

10(b). 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 Office of Consumer Protection is required to obtain your Social Security number. Pursuant to these authorities, the Office of Consumer Protection 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.

11. List the full name, home and business street address and business telephone number of each owner, officer, director, principal and person with an ownership interest of 10 percent or more in the business and the percentage of ownership held. If the applicant is a partnership, each member of the partnership must be listed. (Use additional sheets of paper if necessary.)

Please print clearly.



You must indicate
Percentage of Ownership
_____ %

Name and title

Business street address

City

State

ZIP code

Home street address

City

State

ZIP code

Business telephone number (include area code)



You must indicate
Percentage of Ownership
_____ %

Name and title

Business street address

City

State

ZIP code

Home street address

City

State

ZIP code

Business telephone number (include area code)



You must indicate
Percentage of Ownership
_____ %

Name and title

Business street address

City

State

ZIP code

Home street address

City

State

ZIP code

Business telephone number (include area code)



12(a). The law requires you to have at least one person in an ownership position, or as an employee or consultant, with a minimum of five (5) years' experience in home elevation. Does the business employ at least one individual with a minimum of five (5) years' experience in home elevation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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12(b). Provide the name, address and telephone number, and position in the business of the person with a minimum of five (5) years' experience in home elevation:

Name and title

Street address City State ZIP code

Telephone number (include area code)

12(c). Provide three (3) references with complete contact information. One of the references must be for an elevation that occurred at least five (5) years ago. The other two (2) references may be for elevations that occurred at anytime within the past five (5) years. **At this time, in lieu of three (3) references, you may submit a certification (see form attached) that states that you, (the applicant contractor), have at least one named person in an ownership position, or an employee or consultant with a minimum of five (5) years' experience in home elevation, including working directly on home elevation projects and training in the operation of home elevation equipment. You will be required, at a later time, to submit the required three (3) references requested above.**

(1) _____
Name

Street address City State ZIP code

Telephone number (include area code) Date of Elevation

(2) _____
Name

Street address City State ZIP code

Telephone number (include area code) Date of Elevation

(3) _____
Name

Street address City State ZIP code

Telephone number (include area code) Date of Elevation

Note: It is your responsibility to provide up-to-date contact information. If the Division is unable to contact your reference, it will not be deemed acceptable and another reference **must** be provided to the Division.

13(a). Is any officer, director, principal or person with an ownership interest of 10 percent or more in the business the holder of any professional or occupational license, certificate or registration issued by any state or jurisdiction? If "Yes," provide the following information:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Holder's Name	Name(s) of the agency that issued the License, Certificate or Registration	Type of License, Certificate or Registration	License, Certificate or Registration Number	Date Issued

13(b). Has any action been taken against this license, certificate or registration? If "Yes," please provide any supporting documentation and the outcome of the action.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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14. Have any of the business' officers, directors, principals or persons with an ownership interest of 10 percent or more in the business:

A. Violated or failed to comply with the provisions of any act, regulation or order administered or issued by the New Jersey Division of Consumer Affairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Entered into any consent order or assurance of voluntary compliance with the New Jersey Division of Consumer Affairs or any other state or federal agency? or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Been adjudged liable in an administrative or civil action in any state or federal agency involving any of the following situations:		
(i) Obtaining a license, certificate or registration through fraud, deception or misrepresentation?		
(ii) Engaging in the use or employment of dishonesty, fraud, deception, misrepresentation, false promise or false pretense?		
(iii) Engaging in gross negligence, gross malpractice or gross incompetence?		
(iv) Engaging in acts of negligence, malpractice or incompetence involving selling or making a home improvement?		
(v) Engaging in professional or occupational misconduct? and/or		
(vi) Engaging in theft, fraud or deceptive business practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14(a). If you answered "Yes" to any part of question number 14, please provide the following:

Name of applicant, partner(s), person(s) or business against whom action was taken.	Date of Action	Name and address of the government agency that took action against the individual (applicant, partner, etc.)	Type of Action Taken

Important Instructions:
 For each occurrence listed above, please provide a true copy of all final orders and/or judgments, consents and agreements. For the purposes of this paragraph, a judgment of liability in an administrative or civil action shall include, but not be limited to, any finding or admission that the business, or any of its officers, directors, principals or persons with an ownership of 10 percent or more in the business engaged in an unlawful practice or practices related to any of the named situations 14 C(i) through 14 C(vi) above, regardless of whether that finding was made in the context of an injunction, a proceeding resulting in the denial, suspension or revocation of a license, certificate or registration, consented to in an assurance of voluntary compliance or any similar order or legal agreement with any state or federal agency.

DISCLOSURE STATEMENT

(Please print your business name and check either the “Yes” or “No” box below.)

Business Name: _____

Has the applicant or any of its officers, directors, principals or persons with an ownership of 10 percent or more in the applicant been convicted of a crime involving moral turpitude, or any crime relating adversely to selling or making home improvements or any crime in violation of any of the following provisions of the “New Jersey Code of Criminal Justice,” Title 2C of the New Jersey Statutes, or the equivalent under the laws of any other jurisdiction?

1. Any crime of the first degree;
2. Any crime which is a second- or third-degree crime and is a violation of chapter 20 or 21 of Title 2C of the New Jersey Statutes; or
3. Any other crime which is a violation of N.J.S.A. 2C:5-1 (criminal attempt), 2C:5-2 (conspiracy), 2C:11-2 (criminal homicide), 2C:11-3 (murder), 2C:11-4 (manslaughter), 2C:12-1 (assault), 2C:12-3 (terroristic threats), 2C:13-1 (kidnapping), 2C:14-2 (sexual assault), 2C:15-1 (robbery), subsection a. or b. of 2C:17-1 (arson and related offenses), subsection a. or b. of 2C:17-2 (causing or risking widespread injury or damage), 2C:18-2 (burglary), 2C:20-4 (theft by deception), 2C:20-5 (theft by extortion), 2C:20-7 (receiving stolen property), 2C:20-9 (theft by failure to make required disposition of property received), 2C:21-2 (criminal simulation), 2C:21-2.1 (fraud relating to driver’s license or other document issued by government agency to verify identity or age; simulation), 2C:21-2.3 (fraud relating to motor vehicle insurance identification card; production or sale), 2C:21-3 (frauds relating to public records and recordable instruments), 2C:21-4 (falsifying or tampering with records), 2C:21-6 (frauds relating to credit cards), 2C:21-7 (deceptive business practices) 2C:21-12 (defrauding secured creditors), 2C:21-14 (receiving deposits in a failing financial institution), 2C:21-15 (misapplication of entrusted property and property of government or financial institution), 2C:21-19 (wrongful credit practices and related offenses), 2C:27-2 (bribery in official and political matters), 2C:27-3 (threats and other improper influence in official and political matters), 2C:27-5 (retaliation for past official action), 2C:27-9 (public servant transacting business with certain persons), 2C:27-10 (acceptance or receipt of unlawful benefit by public servant for official behavior), 2C:27-11 (offer of unlawful benefit to public servant for official behavior), 2C:28-1 (perjury), 2C:28-2 (false swearing), 2C:28-3 (unsworn falsification to authorities), 2C:28-4 (false reports to law enforcement officials), 2C:28-5 (tampering with witnesses and informants; retaliation against them), 2C:28-6 (tampering with or fabricating physical evidence), 2C:28-7 (tampering with public records or information), 2C:28-8 (impersonating a public servant or law enforcement officer), 2C:30-2 (official misconduct), 2C:30-3 (speculating or wagering on official action or information), 2C:35-5 (manufacturing, distributing or dispensing a controlled dangerous substance), 2C:35-10 (possession, use or being under the influence or failure to make lawful disposition of a controlled dangerous substance), 2C:37-2 (promoting gambling), 2C:37-3 (possession of gambling records), 2C:37-4 (maintenance of gambling resort).

If “Yes,” please provide the following:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of person against whom action was taken	Date of Action	Nature of the Offense	Name and address of the government agency that took action	Action Taken	

For each conviction, attach the following:

1. Judgment of conviction.
2. Sentencing order.
3. Presentencing report.
4. Letter confirming probation and/or parole status.
5. Documents showing clear and convincing evidence of rehabilitation, including letters or references from members of your community who are not related to you by blood or marriage, and who can attest to your character.
6. Certificate of Rehabilitation pursuant to N.J.S.A. 2A: 168A-7 to 16.

CERTIFICATION

I, as a principal officer of the business, understand that this application for registration will be accepted and the registration issued only if the requirements of the Consumer Fraud Act (“Act”), N.J.S.A. 56:8-137 to N.J.S.A. 56:8-152, and the regulations promulgated under the Act have been met.

I certify that the business and each of its officers, directors, principals and persons with an ownership of 10 percent or more in the applicant are capable of discharging the functions of a registrant in a manner consistent with the public’s health, safety and welfare.

I certify that all of the information provided in connection with this application is true to the best of my information, knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Division of Consumer Affairs (“the Division”).

I agree to cooperate fully with any request by the Attorney General or the Division to provide any assistance or information and to produce any records requested by the Division, and to cooperate in any inquiry, investigation or hearing conducted by the Division.

You must complete all five lines below.

Business name of applicant

Your name (please print clearly)

Your signature

Your title

Date

Any changes, additions or deletions to the information you have provided must be submitted to the address listed below within 20 days.

Please submit:

- (1) A completed application – all of the questions must be answered.
- (2) A nonrefundable check or money order in the amount of \$110.00 made payable to the N.J. Division of Consumer Affairs.
- (3) Attach the corporate document(s) or formation documents.
- (4) Attach any other documents required by questions No. 9(a), 9(b), 9(c), 13(a) and 14(a), and the Disclosure Statement.

Mailing Address:

**State of New Jersey
Division of Consumer Affairs
Regulated Business Section
124 Halsey Street, 7th Floor
P.O. Box 46016
Newark, NJ 07101**

If you need a duplicate or replacement registration, the fee is \$20 each. Make the check payable to the New Jersey Division of Consumer Affairs.

CERTIFICATION OF EXPERIENCE

I, _____ as a principal officer of the business, certify that _____, is an owner, employee or consultant (circle one) who has at least five (5) years of experience in home elevation including experience in working directly on home elevation projects **and** training in the operation of home elevation equipment. I understand that the Division has proposed rules setting forth additional insurance and bonding requirements as well as verification of experience. These rules are presently subject to public comment and are awaiting possible adoption. I understand that if these additional rules are implemented, I will be required to provide the name, address and telephone number of three (3) references who can confirm that the business satisfies the experience requirements set forth above.

I certify that the information provided in this certification is true to the best of my knowledge and belief.

Business name of applicant

Your name (please print clearly)

Your signature

Your title

Date