



## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
State Board of Professional Planners  
124 Halsey Street, 3rd Floor, P.O. Box 45016  
Newark, New Jersey 07101  
(973) 504-6465



# **Application for Reinstatement/Reactivation Instructions**

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reinstated, provided that the applicant otherwise qualifies for licensure, registration or certification and complies with the provisions of N.J.S.A. 45:1-7.4. The necessary application and materials for applying for reinstatement/reactivation are enclosed.

1. Complete: The enclosed application for reinstatement/reactivation.
2. Enclose:
  - Payment of the *unpaid* renewal fee for the previous biennial renewal period (if applicable) and payment of the current renewal fee;
  - Payment of a reinstatement/reactivation fee (see N.J.A.C. 13:41-3.2 for Fee Schedule.); and
  - Employment data listing the work performed while the professional planning license was suspended/inactive. This is to include information on projects worked on or completed and the name of your immediate supervisor.
3. Submit to:

State Board of Professional Planners  
P.O. Box 45016  
Newark, NJ 07101



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Attach a clear, full-face passport-style photograph (2" x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.

Check one:

I am applying to have my license to practice:

- Reinstated
- Reactivated.

## Application for Reinstatement/Reactivation

Date: \_\_\_\_\_

Along with the submission of this completed application, the reinstatement fee of \$200.00 and the appropriate renewal fee must be paid in the form of a check or money order made payable to the State of New Jersey. (Applicants should understand that if the fees are 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. You are, however, 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 Country

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** disclose your Social Security number to the Board or Committee. Failure to do so may 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. Student Loan

Are you in default in regard to any student loan obligation(s)?  Yes  No

If “Yes,” you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. 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 may 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

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. Have you previously applied for a license or certificate as a professional planner in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If "Yes," when and where? \_\_\_\_\_

10. 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	
					Is this license or certificate active?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of license / certificate	Number	State that issued the license or certificate	Date issued		
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of license / certificate	Number	State that issued the license or certificate	Date issued		
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of license / certificate	Number	State that issued the license or certificate	Date issued		
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of license / certificate	Number	State that issued the license or certificate	Date issued		
					<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Have you ever been disciplined or denied a professional planner's license or certificate or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

12. 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

13. 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

14. Have you ever been named as a defendant in any litigation related to the practice of professional planning or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

15. Are you aware of any investigation pending against a professional license or certificate issued to you by any professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

16. 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

17. 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 professional planning 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 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.



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## Employment During Period of Suspended/Expired License

Please complete this certification, sign and date it and return it to the State Board of Professional Planners.

\_\_\_\_\_ ( \_\_\_\_\_ )  
First name                      Middle name                      Last name                      Maiden name

\_\_\_\_\_ Current street address                      City                      State                      ZIP code

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

Are you currently working as a professional planner, or did you work as a professional planner while your license was lapsed or expired?

Yes       No

Provide an explanation:

**Employment data** *(For the past five (5) years in New Jersey or in any other jurisdiction. You may photocopy this page if necessary.)*

**Employer:** \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ *(include area code)*      Hours per week: \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary):

Dates of employment \_\_\_\_\_ to \_\_\_\_\_  
Month                      Year                      Month                      Year

Immediate supervisor's name: \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ (*include area code*) Hours per week: \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary):

Dates of employment \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ (*include area code*) Hours per week: \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary):

Dates of employment \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ (*include area code*) Hours per week: \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary):

Dates of employment \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

# **CERTIFICATION FOR REINSTATEMENT/REACTIVATION APPLICATION**

I, \_\_\_\_\_, in making this application to the Board for reinstatement/ reactivation of certification or licensure, certify that I am the applicant and that all of the 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 reinstatement/reactivation or to withhold renewal of or suspend or revoke a certificate or license issued by the Board.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for reinstatement/reactivation. 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.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Date

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Signature of applicant

