



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

Division of Consumer Affairs  
State Board of Examiners of Master Plumbers  
124 Halsey Street, 6th Floor, P.O. Box 45008  
Newark, New Jersey 07101  
(973) 504-6420

### **Required Documentation**

N.J.A.C. 13:32-3.2(a)(2) requires that every licensed master plumber provide the Board with documentary proof of his/her ownership in the business. Please refer to the categories below and submit those documents with your registration form.

***Your registration form will not be processed without your accompanying documentation.***

**Check one.**

<b>Category</b>	<b>Document(s) required</b>
<input type="checkbox"/> Sole proprietorship	"Trade Name Certificate" from your local county clerk.
<input type="checkbox"/> Limited Liability Company	"L.L.C. Members Agreement" (joint ownership) "Certificate of Formation" (self-owned)
<input type="checkbox"/> Corporation or "S" Corporation	"Certificate of Incorporation" ( <b>Stamped and filed</b> with the State of New Jersey, Department of the Treasury, Division of Revenue and Commercial Recording, Trenton, N.J.) <b>and</b> a stock certificate.
<input type="checkbox"/> Partnership	"Formation Agreement" and stock certificate.
<input type="checkbox"/> Joint Venture	"Operating Agreement" and stock certificate.

**Note:** You will also need an "**Authority to Do Business**" document if you are affiliated with a foreign corporation or entity - **one other than the State of New Jersey.**

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**Contact information:** State of New Jersey, Department of the Treasury, Division of Revenue and Commercial Recording, Trenton, N.J., (609) 292-9292, or visit <http://www.nj.gov/njbgs/> to gain access to the "New Jersey Business Gateway Registry Services."

**Submitting your reply (please mail your information directly to):**

Division of Consumer Affairs  
State Board of Examiners of Master Plumbers  
P.O. Box 45008  
Newark, NJ 07101

**Sending by priority mail? Please direct your mail to the below physical address:**

Division of Consumer Affairs  
State Board of Examiners of Master Plumbers  
124 Halsey Street, 6th floor  
Newark, NJ 07102

***Please contact the Board office at 973-504-6420 should you require any further assistance concerning your Master Plumber's license or the registration of your trade name or business.***



# Affidavit

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

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

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

} ss.

I, \_\_\_\_\_, in submitting this registration to the State Board of Examiners of Master Plumbers for licensure (or change to business) under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Examiners of Master Plumbers, 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 either deny licensure or to withhold renewal of, or suspend or revoke a license issued by the Board.

I further swear or affirm that I have read N.J.S.A. 45:14C-1 et seq. together with the Rules and Regulations of the State Board of Examiners of Master Plumbers, N.J.A.C. 13:32-1.1 et seq., and fully understand that in receiving licensure from the Board and/or registering my business, 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

AFFIX SEAL HERE