

6. Indicate the type of license for which you are applying: Moving only
 Warehousing only
 Moving and Warehousing

7. State the number of vehicles you own or lease _____ .

8. List all address(es) where your moving vehicles are parked/garaged.

Street (no post office boxes)	City	County	State	ZIP code
Street (no post office boxes)	City	County	State	ZIP code

9. If the applicant is a sole proprietorship:

Is the applicant 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? Yes No
 If "Yes," see the instruction sheet.

10. Provide the applicant's Federal Employer Identification Number (FEIN): _____
 or, if the applicant is not required to have a FEIN, provide the Social Security number*: _____ and sign where indicated below.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Division of Consumer Affairs ("Division") is required to obtain your Social Security number. If you do not have a Social Security number, the Division must ascertain the reason that you do not have one. The Division is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement. You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below. You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a, note (b)), the Division is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Security number, it may be used: to verify the identity of an applicant, aid in the collection of financial obligations due and owing the

Division or any other state agency, and aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure or certification and disciplinary proceedings. If you do not consent, no adverse action or inference will be taken or drawn.

Sign Here: I, _____ ,

Consent Do Not Consent

11. List the name, home and business street address and business telephone number of each officer, director, principal and person with an ownership interest of 10 percent or more in the applicant 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.)

Name and title			
Business street address	City	State	ZIP code
Home street address	City	State	ZIP code
Business telephone number (include area code)			
Other names by which known or previously known	Title	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)			
Other names by which known or previously known	Title	Percentage of ownership	

DISCLOSURE STATEMENT

(Please print the business name of applicant as it appears in response to Question 1 and check either the “Yes” or “No” box below.)

Business name of applicant: _____

Has the applicant or any of its officers, directors, principals or persons with an ownership interest of 10 percent or more in the applicant been convicted of a crime?

Every such conviction on record must be disclosed. A true copy of every judgment of conviction, sentencing order and termination of probation order, if applicable, must be submitted with this application. Any documents (including letters of reference) which present evidence of rehabilitation must be submitted with this application. Failure to follow these instructions may result in the denial of the initial registration. A plea of guilty, non vult, nolo contendere or other similar disposition of alleged criminal activity is deemed a conviction and must be disclosed.

Yes No

If “Yes,” provide the following:

Name of entity/person against whom action was taken	Date of action	Nature of the offense	Name and address of government agency that took action	Action Taken

12. Has the applicant or any of its officers, directors, principals or persons with an ownership interest of 10 percent or more in the applicant: (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; (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 (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, misrepresentation or concealment of material facts;
 - ii. Engaging in the use or employment of dishonesty, fraud, deception, misrepresentation, false promise or false pretense;
 - iii. Engaging in gross negligence or gross incompetence;
 - iv. Engaging in repeated acts of negligence or incompetence involving the moving or storage business;
 - v. Engaging in occupational misconduct; and/or
 - vi. Repeatedly failing to discharge contractual obligations to any person contracting for moving or storage services.
- Yes No

If “Yes,” provide the following:

Name of entity/person against whom action was taken	Date of action	Name and address of government agency that took action	Action Taken

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 applicant, or any of its officers, directors, principals or persons with an ownership of 10 percent or more in the applicant engaged in an unlawful practice or practices related to any of the named situations i. through 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, certification or registration, consented to in an assurance of voluntary compliance or any similar order or legal agreement with any state or federal agency.

13. Has the applicant or any of its directors, principals or persons with an ownership of 10% or more in the applicant ever had his/her authority to engage in moving and/or storage activities revoked or suspended by any other state or federal agency? Yes No
- If “Yes,” list the agency and date of the action.

_____ Agency _____ Date _____

14. INSURANCE

Does the applicant have in effect at least the minimum amounts of insurance as follows:

A) Bodily injury liability, property damage liability:

Limit for bodily injury to or death of one person\$25,000

Limit of bodily injuries to or death of all persons injured or killed in any one accident (subject to a maximum of \$25,000 for bodily injury or death of one person)\$100,000

Limit for loss or damage in any one accident to property of others (excluding cargo)\$10,000

Yes No

B) Cargo liability:

For loss or damage to property being transported (cargo liability insurance) on any one vehicle, for each accident\$5,000

For loss or damage to or aggregate of losses or damages to property occurring at any one time and place\$10,000

Yes No

C) Legal liability coverage\$1.00 per pound per article

Yes No

WAREHOUSEMEN ONLY

Warehouseman’s legal liability coverage in a minimum amount of \$1.00 per pound per article.

Please enclose in triplicate Form E and Form H evidencing insurance and proof of warehousemen’s legal liability insurance if applicable.

D) Workmen’s Compensation Insurance:

Check the applicable line:

___ Workmen’s Compensation Insurance - provide the certificate of coverage

___ Self Insurance - provide a copy of the written order granting an exemption from the Commissioner of Banking and Insurance

___ I (hereby) certify that the applicant is not an employer of at least one employee as defined in N.J.S.A. 34:15-36 who is not a self-employed person, limited liability partner, limited liability company member or partner actively performing services on behalf of the business, limited liability partnership, limited liability company or partnership.

CERTIFICATION

I, as a principal officer of the applicant, understand that this application for registration will be accepted and the license issued only if the requirements of the Public Movers and Warehousemen's Licensing Act ("the Act") N.J.S.A. 45:14D-1 et seq. and the regulations promulgated under the Act have been met.

I certify that all of the information provided in connection with the 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 licensing or to withhold renewal of or suspend or revoke a license issued by the N.J. Division of Consumer Affairs ("the Division").

I certify that any changes to the information contained in this application will be reported to the Division in writing within thirty (30) days.

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 Director of the Division, and to cooperate in any inquiry, investigation or hearing conducted by the Director.

You must complete all five lines below.

Name as it will appear on the license

Your name (please print)

Your Title

Your signature

Date

The applicant must submit the following to:

**N.J. Division of Consumer Affairs
Regulated Business Section
124 Halsey Street, 7th Floor
Newark, New Jersey 07101**

- (1) Completed application;**
- (2) Nonrefundable check or money order in the amount of applicable fee - see instruction sheet - payable to "N.J. Division of Consumer Affairs";**
- (3) Copy of fully executed tariff;**
- (4) Statement of Financial Condition - Profit and Loss Statement for most recent 12-month accounting period**
- (5) Certificate of Filed Incorporation or other business formation documents, trade name papers and Certificate of Authority to do business in New Jersey if applicable;**
- (6) Copy of warehouse lease (if applicable);**
- (7) Copy of vehicle lease agreement or copy of vehicle registration issued by New Jersey's Motor Vehicle Commission for each vehicle (see Question 7);**
- (8) Insurance documents: Form E; Form H; Certificate of Coverage for Workers' Compensation or Order of Exemption or Certification that applicant is not an employer and warehouseman's legal liability if applicable.**
- (9) Sample copies of all forms the business will use and the brochure - see instruction sheet.**

Instructions

Before completing the application, please read the instructions relating to each question.

Question 5 Designation of Agent:

- Must be an individual who is not an owner, director or principal of the applicant.
- Must be a resident of New Jersey.

Question 9

- If you answer "Yes" to question 9, your license will be denied until the court or the Probation Division certifies that the conditions that resulted in the denial are satisfied.

Please note:

- You must send with your completed application a sample of each and every form your business will use.
- The Order for Service and Estimate forms may be combined providing the combined form contains the same information and type size.
- The applicant may add his/her/their business name, address, telephone number, license number and logo to these forms.

Vehicle lettering (N.J.S.A. 13:44d-2.1g and h)

All trucks must be marked in conspicuous lettering, at least three inches high on the passenger and driver side of the truck cab, and on the passenger and driver side of the truck's trailer with: (1) the name of the licensee; (2) the words "License Number" or "Lic. #" followed by the letters and numbers as they appear on the license certificate; and (3) the name of the registered owner or lessee of the vehicle, if it is different from the licensee's name.

Fees

You must carry a copy of your license on each moving truck and display one in each office. The applicable fee is \$400 plus \$35 for each license. e.g. ABC Moving Company has one office, one registered warehouse and 5 trucks. ABC's annual fee is \$400 + 6 x \$35 (\$210). The total fee would be \$610.

Tariff

Tariffs may be viewed at the Division's offices during normal business hours. Please call 973-504-6442 to schedule an appointment.