Public Movers and Warehousemen License Application

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

Notice: Any change to the information in this application must be reported in writing to the Regulated Business Section within 30 days.

Please refer to the instruction sheet. Please print clearly. You must answer all of the questions on this application. (Attach additional sheets of paper as necessary, identifying the question to which they provide a response and the applicant’s name.)

1. Business name of applicant as it will appear on the license: ____________________________________________

Applicant’s business organization:
☐ Corp. ☐ L.L.C. ☐ Limited Partnership ☐ Partnership ☐ Sole Proprietor
☐ Other, please specify: __________________________________________________________
(Include a copy of the Certificate of Incorporation or other document evidencing the formation of the business entity.)

2. List all other names under which the applicant does business: __________________________________________
(Include a copy of the statement or certificate of firm, partnership or assumed name filed with the county or state.)

3. Principal address: ____________________________________________________________

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

   Telephone number: __________________________  Fax number: _________________________

   (include area code)  (include area code)

   E-mail: ______________________________________________

4. List all other addresses at which applicant does business:

   Address:_______________________________________________________ Office / Warehouse

   Street (no post office boxes)    City    State    ZIP code

   Address:___________________________________________________________ Office / Warehouse

   Street (no post office boxes)    City    State    ZIP code

5. DESIGNATION OF AGENT:
Provide the name and address of an agent in the State of New Jersey for service of process (See the instruction sheet):

   Name

   __________________________________________________________

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

   Telephone (include area code)
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.

<table>
<thead>
<tr>
<th>Street (no post office boxes)</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>ZIP code</th>
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9. If the applicant is a sole proprietorship:

(a) Is the applicant in default of a New Jersey or federal direct or guaranteed educational loan? 
   ☐ Yes ☐ No
   If “Yes,” see the instruction sheet.

(b) 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.

(c) Check the appropriate box below which indicates your citizenship/immigration status.
   ☐ U.S. citizen
   ☐ Alien lawfully admitted for permanent residence in the U.S.
   ☐ Other immigration status qualifying for work
   ☐ Other
   
   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).

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: 1, __________________________

☐ 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.)

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<th>Name and title</th>
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<td>Business street address</td>
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<td>Home street address</td>
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<td>Business telephone number (include area code)</td>
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<td>Other names by which known or previously known</td>
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**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.

If “Yes,” provide the following:

☐ Yes  ☐ No
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.

If “Yes,” provide the following:

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

If “Yes,” list the agency and date of the action.
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 ofFiled 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(a), your license 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.
- If you answer “Yes” to question 9(b), your license will be denied until the court or the Probation Division certifies that the conditions that resulted in the denial are satisfied.
- Federal law limits the issuance or renewal of professional or occupational licenses, certificates or registrations to U.S. citizens or qualified aliens. To comply with the federal law, you must indicate whether you are a U.S. citizen or a legal alien. Check the appropriate box and, 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). Please refer to the enclosed list which explains the status of aliens and the appropriate documents which may be submitted.
- Questions about your immigration status and whether or not it qualifies you for work under federal law should be directed to the USCIS at 1-800-375-5283. If you are not a U.S. citizen and do not fall within any of the alien status categories in the application, please check “other.”

Alien Status Categories

The following are categories of alien status. The alien status documents listed for each category are the most commonly used documents that the office of U.S. Citizenship and Immigration Services (USCIS) provides to aliens in those categories. You may provide other acceptable evidence of your alien status even if that evidence is not listed below.

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (I.N.A.). Evidence includes:
   - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
   - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.

2. An alien who is granted asylum under section 208 of the I.N.A. Evidence includes:
   - INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the I.N.A.;
   - INS Form I-688B (Employment Authorization Card annotated “274a. 12(a)(5).”)
   - INS Form I-766 (Employment Authorization Document) annotated “A5.”
   - Grant letter from the Asylum Office of USCIS; or
   - Order of an immigration judge granting asylum.

3. A refugee admitted to the United States under section 207 of the I.N.A. Evidence includes:
   - INS Form I-94 annotated with stamp showing admission under s.207 of the I.N.A.;
   - INS Form I-688B (Employment Authorization Card) annotated “274a. 12(a)(5).”
   - INS Form I-571 (refugee Travel Document).

4. An alien paroled into the United States for at least one year under section 212(d)(5) of the I.N.A. Evidence includes:
   - INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the I.N.A. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

5. An alien whose deportation is being withheld under section 243(h) of the I.N.A. (as in effect immediately prior to September 30, 1996) of Section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
   - INS Form I-688B (Employment Authorization Card) annotated “247a. 12(a)(10).”
   - Order from an immigration judge showing deportation withheld under s.243(h) of the I.N.A. as in effect prior to April 1, 1997, or removal withheld under s.241(b)(3) of the I.N.A.
6. An alien who is granted conditional entry under section 203(a)(7) of the I.N.A. as in effect prior to April 1, 1980. Evidence includes:
   • INS Form I-94 with stamp showing admission under s.203(a)(7) of the I.N.A.;
   • INS Form I-688 (Employment Authorization Card) annotated “274a. 12(a)(3)”; or
   • INS Form I-766 (Employment Authorization Document) annotated “A3.”
7. An alien paroled into the United States for less than one year under section 212(d)(5) of the I.N.A. (Evidence includes INS Form I-94 showing this status.)
8. An alien not in categories 1 through 8 above who has been admitted to the United States for a limited period of time (a non-immigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)

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.