

**N J DEPARTMENT OF BANKING AND INSURANCE
OFFICE OF ADMINISTRATION AND FINANCE
LICENSING SERVICES BUREAU
P.O. BOX 473
TRENTON, NJ 08625**

HOME REPAIR SALESPERSON APPLICATION INSTRUCTIONS

All applications submitted to this office must be complete and include **all fees, documents/ attachments. A preliminary review for correct fees will occur upon submission. **No further review** will occur if the fees are incorrect. Any incomplete application will not be accepted for processing and will be returned in its entirety.**

A home repair salesperson application is filed in affiliation with a licensed home repair contractor.

1. Indicate on the application if you have ever held a license issued by this Department.
2. Type or print clearly your full name.
3. Insert complete name and reference number of the employing company.
4. Insert complete address of the location where you are employed.
5. Sign and date where indicated on the application.
6. Employing company must complete the Employer Certification portion of the application.
Note: It is the employer's responsibility to internally review the salesperson application(s) for completeness prior to submission.
7. Application must be properly signed and dated by: (1) corporate president, if a corporation; (2) managing member, if a limited liability company; (3) member of the partnership, if a partnership; or (4) the sole proprietor, if a sole proprietorship.
8. A properly completed personal certification form must accompany this application. You must submit supporting documentation for any "yes" answered question.
9. Send a company check or money order made payable to: **Treasurer, State of New Jersey** in the appropriate amount listed below. Personal checks are not accepted.

NOTE: All fees submitted with applications are Non-Refundable.

<u>LICENSE TYPE</u>	<u>NON-REFUNDABLE FEE</u>
Home Repair Salesperson	\$60.00

Questions regarding an application may be directed to (609) 292-5340.

Send to:

Licensing Services Bureau
Dept. of Banking & Insurance
PO Box 473
Trenton, NJ 08625

or, for Overnight Service:

Licensing Services Bureau
Dept. of Banking & Insurance
20 W. State St. – 8th Floor
Trenton, NJ 08610

DEPARTMENT USE ONLY:			
Ref No.	Rel No.	C/R No.	Date Proc.

STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
 OFFICE OF ADMINISTRATION AND FINANCE
 LICENSING SERVICES BUREAU
 PO Box 473
 Trenton, NJ 08625

HOME REPAIR SALESPERSON APPLICATION

YOU MUST INDICATE HERE WHETHER YOU HAVE EVER HAD A LICENSE ISSUED BY THIS DEPARTMENT _____ YES _____ NO

YOU MUST SUBMIT A COMPLETED PERSONAL CERTIFICATION AS PART OF THIS APPLICATION.

Name: _____

Employing Company: _____ Reference No. _____

Address of location where you are employed: _____

 Signature of Applicant

 Date

EMPLOYER CERTIFICATION

This is to certify that _____ is authorized to apply for a
 (Name of Applicant)
 Home Repair Salesperson license in my employ.

 Print name of Home Repair Contractor

 Signature of Corporate President, Partner or Sole Proprietor

 Date

PERSONAL CERTIFICATION

(This blank form may be reproduced)

Individual completing form check below:

Officer/Partner/Member/Owner _____
Director/Trustee _____
Stockholder _____
Individual Licensee _____
Employee _____

1. Name _____
2. Residence Address _____
3. Business Address _____
4. Date of Birth _____ Place of Birth _____
5. Telephone No. (_____) _____ Social Security Number _____

NOTE: Disclosure of Social Security Numbers is mandatory for child support enforcement purpose. The authority to compel disclosure of Social Security Numbers is established by P.L. 1996, c.7 and N.J.A.C. 3:1-20.

6. Employment History for Five Year Period Preceding the Date of This Application

Date		(Include present employment as well as preceding five years)	
From	To	Name, Location & Type of Business	Position & Nature of Duties

Attach additional sheet if more space is needed to complete employment history

7. Are you a citizen of the United States? Yes _____ No _____. If no, in what country do you hold citizenship? _____ . If you presently reside in the United States without citizenship, provide a copy of your alien registration status document.
8. Have you ever been arrested, indicted, convicted or pleaded “nolo contendere” to any offense, crime, or misdemeanor (other than a motor vehicle violation) in this state, any other state, or any federal jurisdiction? Yes _____ No _____ **If “yes”, complete ARREST FORM found on www.njdobi.org**
9. Have any fines or penalties been levied against you by any state, municipality or federal agency? Yes _____ No _____
10. Have you been involved in any material litigation during the five-year period prior to application? Yes _____ No _____
11. Are you now under investigation in this state, any other state, or federal jurisdiction? Yes _____ No _____
12. Have you ever held any license issued by the Department of Banking and Insurance? Yes _____ No _____
13. Have you ever had a license or right to engage in any business which is the subject of this application or any other business or profession denied, revoked, suspended, otherwise restrained by any agency of this state, any other state, or by the federal government? Yes _____ No _____
14. Have you ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes _____ No _____. If the answer is “yes”, attach a separate schedule providing complete details including dates of bankruptcy or reorganization proceedings and copies of all petitions, discharges, etc.
15. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations? Yes _____ No _____
Are you in arrears on such obligations for a period of six months or more? Yes _____ No _____.

For “Yes” responses, refer to the website for an explanation of supporting documentation requirements. Failure to provide the specific information requested will cause the application to be returned to you.

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License or an approval under an existing license, and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance. This authorizes release to the New Jersey Department of Banking and Insurance any and all information pertaining to me, documentary otherwise, from all governmental agencies, federal, state and local, without exception, both foreign and domestic. A photostatic copy of this authorization will be considered as effective and valid as the original.

Print Name

Signature

Title

Date

Subscribed and sworn to before me

On this _____ day of

_____, 20_____

Title