

**New Jersey Department of Health and Senior Services
Consumer, Environmental and Occupational Health Service
Indoor Environments Program
P.O. Box 372
Trenton, NJ 08626-0372**

**INDOOR ENVIRONMENTAL CONSULTANT
LICENSE RENEWAL APPLICATION
[Non-Refundable Application Fee: \$2,000.00]**

NJDHSS USE ONLY	
Tracking No.	Date Received
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
Number: _____	
Logged In By:	

Directions:

Applicant must fully complete Sections I, II and V.

For Sections III, IV, and V, the applicant must check either "There have been no changes since prior application" or "Changes have occurred since prior application" boxes. If there have been changes, you must provide any new information.

Send the completed Application with the fee to the above address.

I. GENERAL CONSULTANT INFORMATION

Legal Name of Company <i>(Do not abbreviate.)</i>					IEHA License No.	
Physical Address				Mailing Address		
Street Address				Street Address		
City	State	Zip Code	City	State	Zip Code	
Telephone No.	Fax No.		Telephone No.	Fax No.		
Federal Tax ID Number		Unemployment Registration No		NJ Corporate Registration No.		
		<input type="checkbox"/> Check if Not Applicable		<input type="checkbox"/> Check if Not Applicable		

II. ERRORS AND OMISSIONS INSURANCE

Must provide proof of a minimum \$1,000,000 per occurrence for liability or errors and omissions insurance. Must include copy of certificate of insurance. Insurance company must be approved by the NJ Dept. of Banking to write policies with an "A" rating or better from Best, Inc. Insurance coverage must be in effect the entire period for which a consultant is licensed.

Policy Number	Name of Insurance Carrier
Insurance Carrier Telephone No.	Policy Period

III. PRIMARY CONTACT INFORMATION

Check one of the following:

- There have been no changes since prior application. *(Go to Section IV.)*
- Changes have occurred since prior application. *(Complete this section.)*

Name		Email Address		
Street Address		City	State	Zip Code

**INDOOR ENVIRONMENTAL CONSULTANT LICENSE RENEWAL APPLICATION
(Continued)**

Check One of the Following:
 There have been no changes since prior application. *(Go to Section IV.)*
 Changes have occurred since prior application. *(Complete this section.)* Additional Sheet Used

1	Name (Full Legal Name)	Date of Birth	Title		Percent Ownership
	Street Address	City		State	
2	Name (Full Legal Name)	Date of Birth	Title		Percent Ownership
	Street Address	City		State	
3	Name (Full Legal Name)	Date of Birth	Title		Percent Ownership
	Street Address	City		State	
4	Name (Full Legal Name)	Date of Birth	Title		Percent Ownership
	Street Address	City		State	

IV. EMPLOYEE QUALIFICATIONS

Check one of the following:
 There have been no changes since prior application. *(Go to Section V.)*
 Changes have occurred since prior application. See directions below.

- Complete CEHS-13 for each new employee.
- Revise previously submitted CEHS-10, CEHS-11, CEHS-12 and CEHS-14 (as appropriate).
- Provide any additional information (i.e., staff no longer employed by consultant) on a separate sheet.

V. CERTIFICATION STATEMENT

I certify that all the information provided on this application or supplied on any documents submitted for the purposes of certification is true and accurate to the best of my knowledge. I understand that the falsification of any documentation may result in the rejection of my application and/or the assessment of an administrative penalty of up to \$25,000 per day for the first offense and \$50,000 per day for the second and each subsequent offense. I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purposes, I understand that outside sources may be contacted and I do hereby give my permission for disclosure of any information provided to determine certification validity and/or eligibility. I understand that failure to provide full disclosure of all required information may result in the denial of this application. I understand that the completion of this application does not guarantee certification to conduct Indoor Environmental Health Assessments of child care facilities.

Name of Representative <i>(Please Print or Type)</i>	Title
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Signature	Date
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