

**New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
Indoor Environments Program
PO Box 369
Trenton, NJ 08625-0369**

INDOOR ENVIRONMENTAL CONSULTANT LICENSE APPLICATION

Non-Refundable Application Fee: \$2,000.00

NJDOH Use Only	
Tracking No.	Date Received
<input type="checkbox"/> Check <input type="checkbox"/> MO No.: _____	
Logged In by:	

I. General Consultant Information

Legal Company Name (do not abbreviate)					
Physical Address			Mailing Address (If same, check: <input type="checkbox"/>)		
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 Insurance Registration No.	NJ Corporate Registration No.		

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 Department 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 No.	Name of Insurance Carrier	Ins. Carrier Tel. No.	Policy Period
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III. Primary Contact Information

Name	Email Address		
Street Address	City	State	Zip Code

IV. Ownership
(List all individuals who have at least 10% interest in company. Check if additional sheet is used.)

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

INDOOR ENVIRONMENTAL CONSULTANT LICENSE APPLICATION
(Continued)

V. Employee Qualifications	
See directions. You must complete the appropriate Employee Qualifications form for each discipline.	
VI. 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.	
Representative Name (Please Print or Type)	Title
Signature	Date

Directions for the Completion of the “Indoor Environmental Consultant License Application” Form

Section I. General Consultant Information

Provide the information indicated in this section. The company name must be the legal name and must not be abbreviated.

Section II. Errors and Omissions Insurance

Must provide proof of insurance as follows: a minimum of \$1,000,000 per occurrence for liability or errors and omissions insurance; a copy of the consultant’s certificate of insurance specifying the name of the insurance carrier, policy number, policy period under which the entire New Jersey Worker’s Compensation obligation is insured; the insurance company must be otherwise approved to write policies in New Jersey by the Department of Banking and Insurance, and with an “A” rating or better rating from A.M. Best Company, Inc. Insurance coverage meeting this requirement shall be in effect during the entire period in which a consultant remains licensed and cannot be allowed to lapse.

Section III. Primary Contact Information

The individual (if there will be more than one responsible person it must be indicated on a separate sheet) indicated here will be the responsible party for ensuring that all work completed in accordance with applicable regulations, and all individuals employed will be qualified to conduct the work they have been hired to do.

Section IV. Ownership

List all individuals who have at least 10% ownership interest in the company.

Section V. Employee Qualifications

All individuals who will be conducting an Indoor Environmental Health Assessment of child care facilities must be registered with the NJDOH. As such Employee Qualification forms must be completed for each area (Lead, Asbestos, Radon, and General Indoor Environmental Assessments). In addition, documentation which proves the individual is qualified to conduct specific portions of or the entire indoor environmental health assessment must be included. Documentation includes, but is not limited to, training certificates, professional degrees, certificates, educational transcripts, licenses, diplomas, resumes, and evidence of projects on which proposed staff have worked. In addition, for each employee a consultant submits for review and approval to provide services, a “Consultant Employee Certification” form must be completed and submitted with all of the above documentation.

Section VI. Certification Statement

Please read this statement carefully. The primary, authorized contact, indicated in Section III, must sign this form.