



New Jersey Office of the Attorney General

Division of Consumer Affairs
Fire Alarm, Burglar Alarm and
Locksmith Advisory Committee
124 Halsey Street, 6th Floor, Newark, NJ 07102



Instructions for Reinstatement

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reinstated, provided that the applicant otherwise qualifies for licensure, registration or certification, and complies with the provisions of N.J.S.A. 45:1-7.2 a, b, c and d.

The necessary application and materials for applying for reinstatement are enclosed.

1. Complete the enclosed Application for Reinstatement.
2. Enclose the following:
 - Payment of all past delinquent license renewal fees and payment of the current reinstatement fee;
 - An Affidavit of Employment listing each job held during the lapsed licensure or certification period. This Affidavit of Employment must include the names, addresses and telephone numbers of each employer;
 - A notarized statement that clearly indicates whether you were engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey license or certificate was suspended. You must include a description of the type of work or projects with which you were involved if you were practicing your profession or occupation during this period;
 - Certificates of completion that show you completed the continuing education units required for any triennial period during which you were suspended; and
 - A copy of the certificate or license in good standing from any other jurisdiction if you did engage in the alarm business or locksmith business during the triennial period your license was suspended in New Jersey.
3. Submit to the:

**Division of Consumer Affairs
Fire Alarm, Burglar Alarm and Locksmith Advisory Committee
P.O. Box 45042
Newark, New Jersey 07101**

Upon review and approval of your reinstatement application, a license will be issued.



New Jersey Office of the Attorney General

Division of Consumer Affairs
Fire Alarm, Burglar Alarm and
Locksmith Advisory Committee
124 Halsey Street, 6th Floor, P.O. Box 45042
Newark, New Jersey 07101
(973) 504-6245

Application for Reinstatement

Indicate the type of license for which you seek reinstatement:

- Burglar Alarm License Fire Alarm License Locksmith License

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests. If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses **must** include a street, city, state and ZIP code.

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

Please print clearly.

Date of birth: _____
Month Day Year

N.J. License number(s): _____

1. Name Mr. Mrs. _____ (_____)
 Ms. Last name First name Middle initial Maiden name

2. Address

Mailing address: _____
Street City State ZIP code County

Address of record: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) Fax number (include area code) E-mail address

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonreinstatement of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Have you been arrested, charged or convicted of any crime or offense that you have not already reported to the Advisory Committee since the last renewal of your license? (Minor traffic offenses, such as speeding or parking, need not be provided but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) Yes No
5. If you hold other licenses or are licensed in another jurisdiction, since your initial date of licensure, has any action been taken or is any action now pending against your license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by **any** other licensing authority that you have not already reported to the Advisory Committee? Yes No
6. If you were initially licensed in the 2004-2007 licensing period, have you completed the mandatory 36 hours of continuing education? (Please include certificates of completion for the continuing education if you have answered "Yes." If you answered "No," you may not reinstate your license.) Yes No
7. Have you been engaged in the alarm business or locksmith business during the time that you have not held a license? If you answered "Yes," please submit a notarized letter from your employer/employers indicating the name/names of the business/businesses and the dates of employment. In addition, please submit a copy of your certificate or license in good standing issued by another state or jurisdiction if you did engage in the alarm business or locksmith business in that state or jurisdiction during the period your license was suspended in New Jersey. Yes No

If you answered "No," please submit a notarized letter indicating that you have not been employed in the alarm business or locksmith business during the time you have not held a license.

8. Do you want to change your license status to inactive? Yes No

9. Affidavit of Employment (if applicable)

List the name, address, and telephone number of every employer for whom you worked during the time your license was suspended in New Jersey.

a. Name _____

Address _____

Telephone number _____ (include area code)

b. Name _____

Address _____

Telephone number _____ (include area code)

c. Name _____

Address _____

Telephone number _____ (include area code)

10. Reinstatement Fees

If you were licensed during the 2007-2010 licensing period - -

Renewal fee for 2010-2013 licensing period \$120

Reinstatement fee \$100

Total Fee \$220

If you were not licensed during the 2007-2010 licensing period (did not renew in 2007) -

Renewal fee for 2007-2010 licensing period \$120

Renewal fee for 2010-2013 licensing period \$120

Reinstatement fee \$100

Total Fee \$340

Please note that a check or money order must accompany this application for the reinstatement of your license.

Certification of Applicant

I, _____, being duly sworn, depose and say under penalty of false statement, that I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

Signature of applicant

I have read the above and understand the same.

Sworn and subscribed to before me this _____

day of _____ / _____
Month Year

Affix seal here

Name of Notary Public (please print)

Signature of Notary Public