

**NJ DEPARTMENT OF BANKING and INSURANCE  
LICENSING SERVICES BUREAU  
P.O. BOX 473  
TRENTON, NJ 08625**

**LICENSEE CHANGE OF OFFICER/DIRECTOR/OWNER/  
SHAREHOLDER INSTRUCTIONS**

A change of ownership filing is required for any sale or transfer of 10% or more ownership in a licensee's business.

- A. Type or print all answers in **BLOCK CAPITALS**. Do not leave any questions unanswered. If a question is not applicable to you, or if the answer is "none", please type or print N/A or NONE.
- B. Insert on line #1 the complete name of the corporation/limited liability company exactly as it appears on your incorporation papers, your limited liability company certificate of formation, or your Certificate of Authority to do Business in New Jersey (foreign corporations or limited liability companies) filed with the NJ Division of Revenue. Note that this form is not to be used for the sale of a sole proprietorship or interest in a partnership. Those transactions require a filing of a new business entity application.
- C. Add the proposed date for the change in the space provided.
- D. Application must be properly signed and dated by company president or managing member in the space provided.
- E. All persons listed in 4b, 5b, and 6b, Post Change, must complete a Personal Certification.



**State of New Jersey**  
 DEPARTMENT OF BANKING AND INSURANCE  
 LICENSING SERVICES BUREAU - BANKING  
 PO Box 473  
 TRENTON, NJ 08625-0473  
 TEL (609) 292-7272

**NOTIFICATION OF LICENSEE CHANGE OF  
 OWNERSHIP/OFFICER/MEMBER/DIRECTOR/STOCKHOLDER**

***TYPE OR PRINT CLEARLY***

1. Name of Licensee: \_\_\_\_\_

Reference Number: \_\_\_\_\_ - \_\_\_\_\_

D/B/A or Trade Name (if applicable): \_\_\_\_\_

2. Business Address: \_\_\_\_\_  
 \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

3. Federal Tax Identification Number: \_\_\_\_\_

4. Officer/Member Information: (Add additional sheets if necessary)

PRIOR TO CHANGE		POST CHANGE	
NAME	TITLE	NAME	TITLE

5. Director Information (if applicable): (Add additional sheets if necessary)

<b>PRIOR TO CHANGE</b>		<b>POST CHANGE</b>	
<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>

6. Stockholder/Owner/Member Information: (Add Additional Sheets if Necessary)

<b>PRIOR TO CHANGE</b>		<b>POST CHANGE</b>	
<b>NAME</b>	<b>Ownership Percent</b>	<b>NAME</b>	<b>Ownership Percent</b>

Proposed Date of Change: \_\_\_\_\_

**CERTIFICATION**

I, the licensee, 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 document is made for the purpose of notifying the Department of a change in officer, director, member, ownership, and/or shareholder.

Signed, sealed and delivered  
in the presence

\_\_\_\_\_  
(Name of Corporate President/Member)

**(Corporate Seal)**  
(if applicable)

\_\_\_\_\_  
(Signature of Corporate President/Member)

Attest: \_\_\_\_\_  
(Corporate Secretary or Witness)

Subscribed and sworn to before me at

\_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_

(Official Title)

# PERSONAL CERTIFICATION

(This blank form may be reproduced)

Individual completing form check below:

Officer/Partner/Member/Owner \_\_\_\_\_  
Director \_\_\_\_\_  
Stockholder \_\_\_\_\_  
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 over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, in what country do you hold citizenship? \_\_\_\_\_.
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](http://www.dobi.nj.gov) found on [www.dobi.nj.gov](http://www.dobi.nj.gov).**
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 \_\_\_\_\_.
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 “No” response to either question contained in Question 7, refer to the website for an [explanation of supporting documentation requirements](#).

For “Yes” responses to Questions 8 thru 15, 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