

NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
APPLICATION FOR INITIAL/ADDITIONAL LOCATION PRIVATE CAREER SCHOOL APPROVAL

DATE: _____

I. SCHOOL DATA

Name of School: _____
Street Address: _____ County: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ FAX: _____
Email Address: _____ Federal Tax ID #: _____
Web Page Address: _____

II. OWNER DATA*

Name of Owner(s): _____
Home Address: _____ County: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Cell Phone: _____
Email Address: _____

** If there is more than one owner, please attach an additional sheet with information for each owner.*

III. CORPORATE DATA: Corporation LLC Partnership Sole Proprietorship

Name of Corporation: _____
Address of Corporation: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ FAX: _____
Email Address: _____ (Primary Contact)

IV. SCHOOL DIRECTOR/CO-DIRECTOR DATA:

Name of School Director: _____
Home Address: _____ County: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Cell Phone: _____
Email Address: _____
Name of Co-Director: _____
Co-Director's Telephone Number: _____
Co-Director's Email Address: _____