



State of New Jersey

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
P.O. BOX 389
TRENTON, NJ 08625-0389

Instructions for completing the application for Public Works Contractor Registration

The Division of Wage & Hour Compliance finds the processing of many applications is delayed by inaccurate and incomplete information. Please help us to serve you better by reviewing the following instructions:

Check box if new or renewal registration. If renewal please indicate current certificate number.

- NEW OR ONE YEAR RENEWAL** fee is \$300 and is non-refundable.
- TWO YEAR RENEWAL** (A Two year renewal is available to employers who have been continuously registered for the past two consecutive years. The fee is \$500 and is non-refundable.)

1. Type or print legibly the exact name used to contract/subcontract public works projects. If more than one business entity name is party to contracts, separate registrations are required.

If the firm's mailing address is different from the street address, also enter the mailing address, (PO Box) on the "mailing address" line.

Complete, City, State, Zip code, etc. information where indicated.

2. Enter corporate name if different from name listed in #1.
3. Enter Previous name(s) used by company (if any).
4. Enter federal employer identification number. (If no FEIN NUMBER assigned, enter Social Security Number.)
5. Check type of business.
6. Enter the name, address, telephone information and fax number of the individual or firm **Within the State of New Jersey** where payroll/contract records will be maintained and made available upon request.
7. Enter Workers' Compensation carrier name, policy number and effective dates. Please note the Workers' Compensation Policy must include the N.J. Department of Labor and Workforce Development as a named certificate holder.
8. Enter the name, address, titles, and percentages of financial interest of all individuals who hold financial interest in the firm. If a publicly traded corporation wholly owns the firm, list the name, address, and title of the officers of the applicant corporation.

(continued on reverse side)

Working Together To Keep New Jersey Working
New Jersey Is An Equal Opportunity Employer

Special Instructions for numbers 9, 10 and 11: Please be careful to give complete and accurate responses. Pursuant to N.J.A.C. 12:62-2.4(a), which is reprinted below, a certificate of registration may be denied, suspended or revoked because of omissions or misstatements.

9. Check appropriate box. If “yes”, enter positions held, date, name, and address of the firm.
10. Check appropriate box. If “yes”, provide requested debarment/denial information.
11. List all citations of violations, including those eventually resolved and any still pending.

Please sign and date the application. Print your name and title on the line below.

If you are filing a NEW application and are a firm located outside of the State of New Jersey, you must complete the application for a permit to maintain payroll records on page 4.

If you have any questions, please call (609) 292-9464

Thank you for your consideration. Please take note of N.J.A.C. 12:62-2.4(a) reprinted below.

12:62-2.4 Denial, suspension or revocation of registration

- (a) As an alternative to or in addition to sanctions provided in N.J.A.C. 12:62-2.5, a certificate of registration may be denied, suspended or revoked if the registrant or applicant or an officer, partner, director, stockholder, or agent of the applicant or registrant has at any time:
1. Failed to comply with the registration requirement set forth in the Act;
 2. Bid for or performed work pursuant to a public works contract without having fully complied with the registration requirement set forth in the Act;
 3. Willfully made a misstatement of material fact in the application for registration or renewal;
 4. Failed to provide all information required by the Department pursuant to N.J.A.C. 12:62-2.1(c); or
 5. Contracted for use in the completion of a public work any subcontractor or independent contractor required to register under the Act who is not so registered.

8. List name and address of each person with a financial interest in the business and the percentage of interest, except that if the contractor is a corporation, only the names and addresses of the corporation's officers are to be provided. **(Add additional sheets if necessary)**

A. _____
Name Title Social Security No. % of financial interest

Street Address City State Zip Code

B. _____
Name Title Social Security No. % of financial interest

Street Address City State Zip Code

C. _____
Name Title Social Security No. % of financial interest

Street Address City State Zip Code

FAILURE TO ANSWER THE FOLLOWING QUESTIONS MAY RESULT IN A DELAY OR DENIAL OF YOUR REGISTRATION.

9. Have you, or any of the owners, partners or corporate officers (as listed in #8) ever held a financial interest in another firm?
 Yes No If yes, please state the position held, dates, name and address of firm.

10. Have you, or any of the owners, ever been disqualified or debarred from performing public work in New Jersey, any other state or by the federal government? Yes No If yes, please provide the date and reason for the debarment or denial.

11. Do you or the company have any pending, current or previous violations regardless of outcome (within the past 5 years) of any New Jersey, other state or federal government labor laws, including OSHA violations? Yes No If yes, please provide details:

APPLICANT STATEMENT

As the responsible applicant-contractor, I understand:

- the application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose, outside sources may be contacted and permission is hereby given for disclosure of any information, which may be needed to determine registration validity and/or eligibility.
- failure to provide full and timely disclosure of any of the required information or documentation may result in the denial of this application for registration.
- I am required to make records available to a representative of the Commissioner of Labor and Workforce Development at my place of business upon request and that I must cooperate with any investigation to determine compliance with various provisions of labor laws including those requiring payment of at least the applicable New Jersey state prevailing wage; timely payment of wages without deductions except those authorized by law, such as social security or income tax; accurate payroll records showing the number of employees, the number of hours worked daily and weekly, rate of pay, job classification, gross wages, net wages and deductions; and statement of deductions with each payment of wages.
- to the best of my knowledge there are no outstanding violations or debts owed to any state or federal agency.

I certify that the information contained in this application for registration is accurate, true, and complete to the best of my knowledge.

Signature

Date

Print Name and Title

Return to: New Jersey Department of
Labor and Workforce Development
Division of Wage and Hour Compliance
PO Box 389
Trenton, New Jersey 08625-0389

APPLICATION FOR PUBLIC WORKS CONTRACTOR REGISTRATION

Addendum to Application

In accordance with the New Jersey Child Support Improvement Act, all licensing authorities must include a statement as to the licensee's child support payment status on all new and renewed applications for a license.

Please read the following statement, print your name and title, sign and date *the* form, and include this form with your application and check or money order. If you do not complete and return this form, it will result in a delay or denial of your application.

Applicant Statement *(continued from page 2)*

Furthermore, as the responsible applicant-contractor, I understand:

- In accordance with N.J.S.A. 2A:17-56.44d, by signing this application I am hereby certifying that under penalty or perjury, I do not have a child support obligation, I have such an obligation but the arrearage amount does not equal or exceed the amount of the child support payable for six months and any court-ordered health coverage has been provided for the past six months, I have not failed to respond to a subpoena relating to a paternity or child-support proceeding or I am not the subject of a child support related warrant. A license shall not be granted to anyone who applies for a license if there is an arrearage equal to or exceeding the amount of child support payable for six months, the applicant has not provided court-ordered health care coverage during the past six months or the applicant has failed to respond to a subpoena relating to a paternity or child support proceeding or is the subject of a child support related warrant. Any applicant making a false statement may subject the applicant's certification found to be false, to disciplinary action including, but not limited to, immediate revocation or suspension of the license.

Signature

Date

Print Name and Title

Return to: New Jersey Department of
Labor and Workforce Development
Division of Wage and Hour Compliance
PO Box 389
Trenton, NJ 08625-0389

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WAGE & HOUR COMPLIANCE

Application for a permit to maintain payroll records outside of the State of New Jersey in accordance with Chapter 113, Laws of New Jersey, 1966

1. Name of Requesting Organization:		Print Name of Requesting Officer:																					
2. Name and Address of Employer for which Permit is requested: <u> </u> Federal Employer Identification Number (FEIN)	County																						
	Telephone #																						
	Fax #																						
	E-mail Address																						
	Website Address																						
3. Name and Address of Out-of-State Location where records will be maintained: <u> </u> Federal Employer Identification Number (FEIN)	County																						
	Telephone #																						
	Fax #																						
	E-mail address																						
	Website Address																						
4. Establishments in New Jersey for which request is being made:																							
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name and Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Phone #</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Fax #</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>E-mail Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Website Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="5" style="padding: 5px;">1.</td> </tr> <tr> <td colspan="5" style="padding: 5px;">2.</td> </tr> <tr> <td colspan="5" style="padding: 5px;">3.</td> </tr> </tbody> </table>				<u>Name and Address</u>	<u>Phone #</u>	<u>Fax #</u>	<u>E-mail Address</u>	<u>Website Address</u>	1.					2.					3.				
<u>Name and Address</u>	<u>Phone #</u>	<u>Fax #</u>	<u>E-mail Address</u>	<u>Website Address</u>																			
1.																							
2.																							
3.																							
(If additional space is necessary, please attach additional sheets.)																							
5. Pay Period Ends (Day of Week)		6. Scheduled Payday (Day of Week)																					
7. Method of Payment (Circle One) check cash		8. Describe form of record keeping (time cards, ADP payroll , etc.																					

I certify that, all payroll records will be made available in the State of New Jersey upon request by the Commissioner of Labor and Workforce Development or his/her designee within 10 days of request. Furthermore, I certify that, to the best of my knowledge and belief, that all statements in this application are true.

Signature and Title of Authorized Representative

Date