

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

**HOME REPAIR SALESPERSON APPLICATION INSTRUCTIONS**

**All applications submitted to this office must be complete and include **all fees, documents/ attachments**. A preliminary review for correct fees will occur upon submission. **No further review** will occur if the fees are incorrect. Any incomplete application will not be accepted for processing and will be returned in its entirety.**

A home repair salesperson application is filed in affiliation with a licensed home repair contractor.

1. Type or clearly print your full name.
2. Insert complete name and reference number of the employing home repair contractor company.
3. Insert complete address of the licensed location where you are employed.
4. Sign and date where indicated on the application.
5. Employing company must complete the Employer Certification portion of the application.  
Note: It is the employer's responsibility to internally review the salesperson application(s) for completeness prior to submission.
6. Application must be properly signed and dated by: (1) corporate president, if a corporation; (2) managing member, if a limited liability company; (3) member of the partnership, if a partnership; or (4) the sole proprietor, if a sole proprietorship.
7. A properly completed personal certification form must accompany this application. You must submit supporting documentation for any "yes" answered question.
8. Send a company check or money order made payable to: **Treasurer, State of New Jersey** in the appropriate amount listed below. Personal checks are not accepted.

<b><u>LICENSE TYPE</u></b>	<b><u>NON-REFUNDABLE FEE</u></b>
Home Repair Salesperson	\$60.00

Questions regarding an application may be directed to (609) 292-7272 – follow the prompts and select option #3, then select option #2, and then select option #1 to be connected to Banking Licensing.

Send by regular mail to:  
Licensing Services Bureau  
N.J. Dept. of Banking & Insurance  
PO Box 473  
Trenton, NJ 08625

or

for Overnight Mail Service send to:  
Licensing Services Bureau  
N.J. Dept. of Banking & Insurance  
20 W. State St. – 8<sup>th</sup> Floor  
Trenton, NJ 08608

**DEPARTMENT USE ONLY:**

Ref No.

Rel No.

C/R No.

Date Proc.

**STATE OF NEW JERSEY**  
**DEPARTMENT OF BANKING and INSURANCE**  
LICENSING SERVICES BUREAU  
PO Box 473  
Trenton, NJ 08625

**HOME REPAIR SALESPERSON APPLICATION**

**YOU MUST SUBMIT A COMPLETED PERSONAL CERTIFICATION AS PART OF THIS APPLICATION.**

Name: \_\_\_\_\_

Employing Company: \_\_\_\_\_ Reference No. \_\_\_\_\_

Address of location where you are employed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**EMPLOYER CERTIFICATION**

This is to certify that \_\_\_\_\_ is authorized to apply for a

(Name of Applicant)

Home Repair Salesperson license in my employ.

\_\_\_\_\_  
Print name of Home Repair Contractor

\_\_\_\_\_  
Signature of Corporate President, Partner or Sole Proprietor

\_\_\_\_\_  
Date

# 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