

Department of Community Affairs Division of Codes and Standards Licensing & Education Unit P. O. Box 802 Trenton, NJ 08625-0816

| Form TL-4 | |
|-------------|-----------------|
| For (| Office Use ONLY |
| Date Rec'd: | |
| Check #: | |
| Amount | : |
| I OG # | |

License Application

| NAME: | | | ATE OF BIRTH | : |
|---|---------------------------|-------------------------------------|--|------------------------------|
| Last | First | MI | | Month/Day/Year |
| Social Security Number: | | | **** | |
| Home Address | Street | | | |
| | County | State | Zip Code | |
| TELEPHONE | • | E-MAIL | • | |
| Business Address | | | | |
| TELEPHONE | | FAX | | |
| | LICENSE | (S) APPLIED F | OR | |
| BUILDING ELECTRICAL INSPECTOR HHS [] HHS [] ICS [] RCS [] | INSPECTOR HHS [] ICS [] | INSPECTOR I HHS [] H ICS [] | <u>NSPECTOR</u> <u>INS</u> IHS [] <u>1&2</u> | CHANICAL PECTOR FAMILY |
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Submit this page completed on both sides, accompanied by all attached completed (as applicable) forms, and a check or money order made payable to the Treasurer, State Of New Jersey. Please refer to the most current issue of the *Licensing Information Booklet* for the correct non-refundable fee.

| _ | - | | eal: |
|----------------------|-------------------|-----------------------|--|
| DA | TE_ | | |
| Not | ary | 's S | Signature |
| DA | TE | | Signature of Applicant |
| If y | ou | WC | ould prefer to keep your personal information confidential please check this box [|
| Ple for as | ase this | e n s ir | note your personal information may be distributed, unless you object, to entities' that have a valid need information, such as Local Municipalities and 3rd party Inspection firms that are in need of inspectors, other official entities that have a valid need to know this information, including Educational Facilities in approved instructors. |
| SE DE AU AU | CUI PAI THO | RIT RT OR OR | SUANT TO THE PRIVACY ACT OF 1974 (P.L. 93-579), I REALIZE THAT DISCLOSURE OF MY SOCIAL BY NUMBER IS VOLUNTARY. I ALSO REALIZE MY SOCIAL SECURITY NUMBER WILL BE USED BY THE NUMBER OF COMMUNITY AFFAIRS FOR THE PURPOSE OF FACILITATING THE SECURITY CHECK SIZED BY N.J.A.C. 5:23-5.5 & 5.25. ANY INFORMATION RELEASED AS A RESULT OF THIS SIZED IN THE FURNISHING OF MY SOCIAL SECURITY NUMBER, SHALL BE USED ONLY SEXPRESS PURPOSE OF PROCESSING THE ABOVE INDICATED APPLICATION.**** |
| invo any | esti cri | gat mii | est of my knowledge the information contained in this application is complete and accurate. I am aware that if an tion discloses willful misrepresentations, my application will be rejected. I also hereby authorize the release of nal history record information to the NJ Department of Community Affairs, Division of Codes and Standards, Unit for the sole purpose of determining my eligibility for licensure. |
| | [|] | YES. If yes, please describe circumstances on a separate attached page. |
| | [|] | NO. |
| 3. | | | you ever been discharged, or forced to resign, for misconduct or unsatisfactory service from any position, or you had any license, other than a driver's license, revoked or suspended? |
| | [|] | YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation. |
| | [|] | NO. |
| 2. | be | en | you, within the past 10 years, been convicted or fined or imprisoned, or placed on probation, or has any case filed, or have you been ordered to deposit collateral for an alleged violation of any law or police regulation or ance, other than for traffic violations? |
| | [|] | YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation. |
| | [|] | NO. |
| 1. | | de | you ever been convicted of a crime of the third degree or above under the laws of the State of New Jersey, or r the laws of another state or of the United States, which if committed in this State would be such an offense or e? |

ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION. FALSIFICATION OR MISSTATEMENT OF ANY MATERIAL FACT WILL BE CAUSE FOR REJECTION. FAILURE OF THE APPLICANT TO FURNISH ALL INFORMATION AND RECORDS REQUESTED MAY RESULT IN REJECTION OF THE APPLICATION.