

APPLICATION FOR CERTIFICATION
LANDSCAPE IRRIGATION CONTRACTOR
PURSUANT TO N.J.S.A. 45:5AA-1 et.seq.

CLOSING DATE: **MARCH 1** **SEPTEMBER 1**

NOTE: Application must be postmarked by the appropriate closing date. Failure to submit all the information requested is an automatic rejection of this application.

SECTION I:

Name _____ Date of Birth _____
First MI Last Must be 18; proof must be submitted

Mailing Address _____
No. & Street

_____ *City State County Zip Code*

Social Security No. _____ Home Phone No.(_____) _____ Work Phone No.(_____) _____

1. Have you had any prior violations of the Landscape Irrigation Contractors Certification Act N.J.S.A. 45:5AA-1 et. seq. or its implementing regulations N.J.A.C. 7:62? _____ Yes _____ No
a. If yes, please describe and submit any relevant documentation. _____

2. Have you ever had your Landscape Irrigation Contractor Certificate suspended or revoked? _____ Yes _____ No
a. If yes, please describe the circumstances and extent of the suspension or revocation. _____

b. Has the reason(s) for suspension or revocation been addressed to the Board's satisfaction? _____ Yes _____ No
Please explain: _____

3. Child Support:

To comply with the requirements of the "Child Support Program Improvement Act" N.J.S.A. 2A:17-56.7a et. seq. please certify under penalty of perjury to the following:

- a. Do you currently have a child support obligation? _____ Yes _____ No
 - 1. If "Yes," are you in arrears in payment of said obligation? _____ Yes _____ No
 - 2. If "Yes," does the arrearage match or exceed the total amount payable for the past six months? _____ Yes _____ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? _____ Yes _____ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child support proceeding? _____ Yes _____ No
- d. Are you the subject of a child support arrest warrant? _____ Yes _____ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions in 3(b) through (d) will result in denial of certification. Furthermore, any false certification of the above may subject you to a penalty, including, but no limited to, immediate revocation or suspension of certification

Applicant's Name(printed)

Applicant's Signature

Date

SECTION II: IRRIGATION EXPERIENCE

To become certified as a Landscape Irrigation Contractor, an applicant must have a minimum of three (3) years of experience acquired while employed under a certified contractor working with the construction, repair, maintenance, improvement, and alteration of a landscape irrigation system and/or educational experience regarding landscape irrigation systems, which the Board may allow to be submitted for actual landscape irrigation experience. Field experience must be acquired after January 1, 1997 and comply with the requirements of the "Landscape Irrigation Contractor Certification Act" N.J.S.A. 45:5AA-1 et. seq. and its implementing regulations N.J.A.C. 7:62. **New legislation taking effect approximately July 15, 2010 will change the experience requirements to: a minimum of three (3) years experience within the past fifteen (15) years in the field of landscape irrigation . Filed experience acquired after January 1, 1997 must comply with the requirements of P.L. 1991, c. 27 (C.45:5AA-1 et. seq. , cf: P.L. 1991, c.27, s. 4).** As an alternative to the certification of employment by a previous employer/registered certificate holder, you may submit copies of payroll records including W2's, paycheck stubs or 1099's.

FIELD EXPERIENCE

Employer _____
Name of Firm

Street Address

City _____ *State* _____ *Zip* _____

_____ From _____ To _____

Title _____ *(Dates of Employment)*

Business _____

Business Trade Name

Business Street Address

Mailing Address (if different from above)

City _____ *State* _____ *Zip* _____

Duties Include: _____

Signature of Employer: _____ Date: _____

Title: _____ Date: _____

I certify under penalty of law I have personal and direct knowledge of the irrigation experience documented and that this information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of a fine or imprisonment or both, for submitting false, inaccurate, or incomplete information.

Name of Registered Certificate Holder: _____

Landscape Irrigation Contractor Certification Number: _____ Expiration Date: _____

Signature of Registered Certificate Holder: _____ Date: _____

I certify under penalty of law I have personal and direct knowledge of the irrigation experience documented and that this information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of a fine or imprisonment or both, for submitting false, inaccurate, or incomplete information.

AFFIDAVIT

This Affidavit is to be executed by the applicant before a notary public.

State of: _____

County of: _____

I, _____, in making this application to the Landscape Irrigation Contract Examining Board (“Board”) for certification under the provisions of Title 45 of the General Statutes of New Jersey and the rules of the State Board, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies, or failure to make full disclosures may be deemed sufficient to deny certification or to withhold renewal of or suspend or revoke a certificate issued by the Board. I am aware that there are significant civil and criminal penalties including the possibility of a fine or imprisonment or both for submitting false, inaccurate, or incomplete information.

I further swear (or affirm) that I have read N.J.S.A. 45:5AA-1 et. seq. together with the rules and regulations of the Board at N.J.A.C. 7:62, and fully understand that in receiving certification from the Board I bind myself to be governed by it.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification. I further authorize all institutions, employers, agencies and all other governmental agencies and instrumentalists (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of Applicant



Sworn and subscribed to before me this _____
day of _____,
Month Year

Name of Notary Public (please print)

Signature of Notary Public

IMPORTANT: Read carefully before submitting your application.

- #Have you included a copy of government accepted forms of ID such as your birth certificate, passport or driver’s license?
- #Have you included proof of completion of educational experience (if applicable)?
- #Have you completed an Experience verification Form for each employer in order to verify three years of irrigation experience and included corresponding copies of W-2 statements for each work experience?
- #Have you submitted documentation concerning any violation of the N.J.S.A. 45-5AA-1 et. seq. and/or N.J.A.C. 7:62?
- #Have you read, signed and dated the affidavit enclosed?
- #Have you answered all questions? Check to make sure you have completed the application. Failure to submit any information is an automatic rejection of the application.
- #As provided by N.J.S.A. 45:5AA-1 et. seq., a nonrefundable application fee of \$45 is required. Make checks payable to “Treasurer, State of New Jersey”
- #Send your application and fee with the necessary supporting documentation to:

N.J. Department of Environmental Protection
Bureau of Licensing and Pesticides Operation
Mail Code: 401-04E, PO Box 420
Trenton, NJ 08625-0420
www.nj.gov/dep/exams