

LANDSCAPE IRRIGATION CONTRACTOR BUSINESS PERMIT
N.J.A.C. 7:62

INITIAL
 MODIFICATION
 RENEWAL

Business Permit No. _____

Business Entity Name			
Trade Name (if different)			
Address		County/Municipality	
City	State	Zip Code	Phone Number
Federal Tax Id No.	State Tax Id No.	Company email address	
Form of business (indicate one): C Corporation ___ S Corporation ___ Partnership ___ LLC ___ Sole Proprietorship ___ Other _____			
Liability Insurance Insurer: Policy #: Expiration date: PROOF MUST BE INCLUDED		Worker's Compensation Insurer: Policy #: Expiration date: PROOF MUST BE INCLUDED	
Designated Certificate Holder Name			
Address			
City	State	Zip Code	Certificate No.
I certify under penalty of law that I am the designated certified landscape irrigation contractor for the above named applicant and have full responsibility for inspection and supervision of all landscape irrigation work to be performed by the above named applicant. Signature _____ Date _____			
Permit Applicant: "I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are, or may be, significant civil and criminal penalties, including fines and/or imprisonment, for my knowingly submitting false, inaccurate or incomplete information or statements." If, at any time, the Board finds that an applicant obtained a landscape irrigation contractor certificate or a business permit under false pretenses, such findings shall be cause for revocation.			
Applicant's Signature _____ Applicant's Name (please print) _____ Title _____ Date _____			

INSTRUCTIONS:

There is no fee required

Please answer all questions or mark NA, if it does not apply to you.

Any changes, additions or deletions to the information you provided must be resubmitted on a new form
Business Permit No. will be assigned to you.

Select one – Initial – Initial business permit application

Modification – When changes are necessary to an existing business permit (must include business permit number)

Renewal – When business permit is to be renewed (must include business permit number)

Entity Name - The business name listed in tax filing and insurance coverage applying for this business permit.

Trade Name – If the business uses a different name for landscape irrigation contracting, list it here.

Designated Certificate Holder – The certified landscape irrigation contractor who will be responsible for the irrigation work done by the entity. Note: A certified landscape irrigation contractor may be the designated certificate holder for only one entity.

Certificate No – the number shown next to the word “license” on the DEP card issued by the Board.

Permit Applicant – The person who is an authorized representative of the business entity. This may or may not be the same person as the designated certificate holder.

Form of business – The type of _____ organization of the business entity as registered with the State of NJ.

Liability Insurance – A copy of a certificate of insurance must be attached to the form

Worker’s Compensation Insurance - A copy of a certificate of insurance, if required by law, must be attached to the form

REMINDERS

1. Have you legibly completed the application in its entirety? Please legibly type or print information
2. Have you included a copy of both liability and worker’s compensation insurance?
3. Has the designated certified landscape irrigation contractor read and signed the appropriate statement?
4. Has an authorized representative of the entity above read and signed the Permit Applicant statement?
5. Completed applications are to be mailed to Landscape Irrigation Contractors Examining Board, c/o Department of Environmental Protection, Licensing and Pesticide Operations, PO Box 420, Mail Code 401-04E, Trenton, NJ 08625-0420
6. THERE IS NO FEE REQUIRED