



**NEW JERSEY DEPARTMENT LABOR AND WORKFORCE DEVELOPMENT
NEW JERSEY DEPARTMENT OF EDUCATION**

CHANGE IN SCHOOL OWNERSHIP CHECKLIST

Required Documents Pre Transfer of Ownership:

Within 60 days of transfer, the new school owner(s) must submit the following business and facility related documentation to the Department of Labor and Workforce Development.

Name of School:		Location:	
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Item	Included	DOL USE ONLY
1. Completed Change in Ownership Application;	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
2. Copy of current approval certificate;	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N Expiration:
3. Legal notification of transfer of ownership;	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
4. Certificate of change made with the New Jersey Department of Treasury, Division of Revenue, Business Support Bureau, for new owner(s);	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
5. Amended Business Registration Certificate made with the New Jersey Department of Treasury, Division of Revenue, Client Registration Bureau, for new owner(s);	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
6. Federal ID Number (FEIN) for school under new ownership;	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
7. Proof of Tuition Performance Bond under new ownership;	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N Expiration:
8. Proof of professional liability and workers' compensation insurance under new ownership;	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N Expiration:
9. Copy of lease agreement under new ownership.	<input type="checkbox"/>	Owned: <input type="checkbox"/> Y <input type="checkbox"/> N Expiration:

Send the required documents for **Pre Transfer of Ownership** to the Training Evaluation Unit via email at trainingevaluationunit@dol.nj.gov.

Once the above items are found to be in compliance with state regulations, a letter of approval will be issued by the New Jersey Department of Labor and Workforce Development that will allow the school to continue to operate under the new ownership.

Required Documents Post Transfer of Ownership

In accordance with N.J.A.C. 6A:19-7-7.1 et seq., the following documents must be submitted to the New Jersey of Education:

Item	Included	DOE USE ONLY
1. Copy of current approval certificate;	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N Expiration:
2. Résumé(s) for new owner(s) and/or director(s) or co-director(s);	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
3. Three (3) letters of reference for the new owner(s) and/or director(s) or co-director(s);	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
4. Staff Data Form (s) for new school director(s) or co-director(s), <i>if applicable</i> ;	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
5. Section K form listing all programs that will be offered under new ownership;	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N Approved:
6. Addendum to school catalog (notice of new owner/director, new programs, etc.).	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N

Send the **Post Transfer of Ownership** required documents to the Department of Education via email at privatecareerschools@doe.nj.gov.

Once the above documents are found to be in compliance with state regulations, the New Jersey Department of Education will forward an approved Section K for the programs under the new ownership.

PRIVATE CAREER SCHOOL CHANGE IN OWNERSHIP APPLICATION

Date of Application: _____

I. School Data

Name of School: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax: _____

Email Address: _____ New Federal ID #: _____

Specify: Sole Proprietorship Partnership Corporation LLC

II. OWNER DATA (List additional new owners/partners with the below information on separate page*)

Name of Previous Owner: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email Address: _____

Telephone Number: _____ Cell Phone: _____

Name of New Owner*: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email Address: _____

Telephone Number: _____ Cell Phone: _____

Have you ever been convicted of any violation of the law other than minor traffic violations? Y N

If yes, explain in detail as to the date, place, offense and final resolution. (Use back of sheet if necessary.)

Do you currently or have you ever owned a private career school entirely or in part in any state?

N Y (If yes, please specify below)

