



## State of New Jersey

Department of Labor and Workforce Development  
Division of Wage and Hour Compliance  
PO Box 389  
Trenton, New Jersey 08625-0389

Tel. (609) 292-9464

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### Instructions for Completing the Application for Apparel Industry Registration

The Apparel Registration Act (N.J.S.A. 34:6-144, et seq.) specifies that no manufacturer or contractor shall engage in the apparel industry in the State of New Jersey unless registered with the Department of Labor and Workforce Development. The certificate is issued to both the company and the company's responsible owners/officers.

All applications must be accompanied by a check or money order made payable to the *Commissioner of Labor and Workforce Development*. We do not accept cash. Mail the application and check to the Division of Wage and Hour Compliance at the mailing address listed above.

**Type of Application and Certificate Number:** Check appropriate box for new or renewal registration. If renewal, indicate current certificate number. The annual **registration period expires on January 14** of each year. The annual registration fee is \$300 but may be prorated if registration period is six (6) months or less. If applicable, please contact the Division for the prorated registration fees.

**Omnibus Registration:** This is optional. Divisions, subsidiary corporations, or related companies with the same corporate structure engaged in the apparel industry may, at the option of the manufacturer or contractor, be named and included under one omnibus registration.

**Questions 1 – 10:** Answer all questions. Failure to provide requested information will cause a delay in processing the application. If the requested information is not subsequently provided, the application may be denied.

1. **Business Name** - Type or print legibly the name of business. This is the business name that will appear on the certificate of registration.
2. **Legal / Corporate Name** – If different than item #1. If the business entity is a sole proprietorship or partnership, enter name of owner or partners.
3. **Street Address** – Enter the street address where employees will be working. The Certificate of Registration must be posted at the workplace.
4. **Mailing Address** - If different than item #3. This is the address to which notices and the Apparel Industry Certificate of Registration will be mailed.
5. **Telephone Number, Fax Number, and Email**
6. **FEIN** (Federal Employer Identification Number) – This is the business's **taxpayer identification number**. Any business that has employees and/or pays any kind of taxes must have a FEIN.

If business entity is a sole proprietorship with no employees and does not have an assigned FEIN from the IRS, enter the owner's SSN. Please indicate on application that you are providing a SSN.

- 7a. **Type of Business** – Check off the type of ownership. Enter the state of incorporation. Enter the date the business was started or incorporated. Enter the greatest number of workers in the past 12 months and during which month.
- 7b. **Manufacturer or Contractor** – Check the most applicable. Use the definition of "contractor" or "manufacturer" as defined on reverse to guide your response. Describe the nature of business.

8. **Workers' Compensation Coverage** – All businesses that operate in New Jersey must have workers' compensation insurance. The expiration date must be at least 30 calendar days from date of application. Sole proprietors, partnerships and LLCs with no workers' compensation coverage and no employees may complete the certified statement in item #8.
9. **Responsible Owners/Officers** – List each **individual** with a financial interest in the business – except that if the business is a publicly traded corporation – the corporation's officers.
10. **Subcontractors** – List the names and addresses of all manufacturers, contractors, subcontractors, and jobbers located in the United States with whom you currently contract work in the apparel and/or embroidery industries.

**Applicant Statement:** Review the Applicant Statement, sign and date the Statement, and print the name and title of the person signing the Statement.

**\*\*\* Please keep a copy of your application for your records. \*\*\***

Check your apparel registration status online at [nj.gov/labor](http://nj.gov/labor)  
(click on *Worker Protections*, then *Wage & Hour Compliance*, then *Registration & Permits*).

## NOTICE

### CHAPTER 210 – APPAREL INDUSTRY REGISTRATION

#### SUBCHAPTER 1. GENERAL PROVISION

##### **12:210-1.1 Purpose and Scope**

(a) The purpose of this subchapter is to establish a registration system which requires apparel industry manufacturers and contractors to register with the Department as a condition of doing business in the State.

(b) This subchapter is applicable to all apparel industry manufacturers and contractors who conduct business within the State of New Jersey.

##### **12:210-1.2 Definitions**

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

"Apparel industry" means the making, cutting, sewing, finishing, assembling, pressing or otherwise producing of apparel, designed or intended to be worn by any individual and sold or offered for sale for that purpose, but does not include cleaning, pressing or tailoring services performed upon apparel sold or offered for sale at retail.

"Commissioner" means the Commissioner of Labor and Workforce Development.

"Contractor" means any person who contracts to perform in this State the cutting, sewing, finishing, assembling, pressing or otherwise producing of any apparel, or a section of component of apparel, designed or intended to be worn by any individual and sold or offered for sale, except at retail, for that purpose. "Contractor" shall include, but not be limited to, a subcontractor, jobber or wholesaler, but shall not include a production employee employed for wages who does not employ others.

"Department" means the Department of Labor and Workforce Development.

"Manufacturer" means any person who contracts with a contractor to perform in this State the cutting, sewing, finishing, assembling, pressing or producing of any apparel, or a section or component of apparel, designed or intended to be worn by any individual and sold or offered for sale, except at retail, for that purpose, or who cuts, sews, finishes, assembles, presses or otherwise produces in this State any apparel, or a section or component of apparel, designed or intended to be worn by any individual and sold or offered for sale, except at retail, for that purpose. "Manufacturer" shall not include a production employee employed for wages who does not employ others.

STATE OF NEW JERSEY  
 Department of Labor and Workforce Development  
 Division of Wage and Hour Compliance  
 PO Box 389  
 Trenton, NJ 08625-0389

|                             |
|-----------------------------|
| <b>FOR OFFICE USE ONLY:</b> |
| Log # _____                 |
| Check # _____               |
| Check Amount \$ _____       |

**APPLICATION FOR APPAREL INDUSTRY CERTIFICATE OF REGISTRATION**

Chapter 458, P.L. 1987: The Apparel Registration Act specifies that no manufacturer or contractor shall engage in the apparel industry unless registered with the Department of Labor and Workforce Development.

Current Certificate No. \_\_\_\_\_

|   |   |
|---|---|
| <p><b>All applications must be accompanied by a check or money order made payable to the Commissioner of Labor and Workforce Development. We do not accept cash.</b></p> <p>Return completed application and fee to the address listed above.</p> <p>*** Annual registration expires on January 14 of each year. ***</p> <p style="text-align: center;">New Application - \$300<br/>Renewal - \$300</p> | <p>OMNIBUS REGISTRATION <i>(if applicable)*</i></p> <p>Co. Name _____</p> <p>Co. Address _____</p> <p><i>* Any division, subsidiary corporation, or related company with the same corporate structure engaged in the apparel industry may be named and included under one omnibus registration.</i></p> |
|---|---|

|   |
|---|
| 1. _____<br>Business Name   |
| 2. _____<br>Legal / Corporate Name <i>(If business entity is a sole proprietorship or partnership, enter name of owner or partners.)</i>  |
| 3. _____<br>Street Address <i>(where employees will be working)</i> City _____      State _____      ZIP Code _____      County _____   |
| 4. _____<br>Mailing Address <i>(Mailing address to which notices and the Apparel Industry Certificate of Registration will be mailed.)</i>  |
| 5. _____<br>Telephone No. _____      Fax No. _____      Email _____   |
| 6. FEIN (Federal Employer Identification Number): * _____<br><i>* Any business that has employees and/or pays any kind of taxes must have a FEIN. If you are a sole proprietorship with no employees and do not have an assigned FEIN from the IRS, you may provide your SSN; if so please indicate you are providing your SSN.</i> |

|  |
|--|
| 7a. Type of Business:      Individual /Sole Proprietor      Partnership      NJ Corporation      Out-of-State Corporation    |
| LLC (Limited Liability Company)      LLP (Limited Liability Partnership)      Other _____      State of Incorporation _____  |
| Date of Incorporation/Formation _____      Greatest no. of workers in the past 12 months was _____ during the month of _____ |

|  |
|--|
| 7b. Check most applicable:      Manufacturer <b><u>OR</u></b> Contractor |
| Garments      Components      Garments      Components                   |
| Nature of Business – Type of Garment or Components: _____                |

|  |
|--|
| 8. Workers' Compensation Carrier Name: * _____   |
| Policy No.: _____      Effective ____/____/____      To ____/____/____      Expiration date must be at least 30 calendar days from today.  |
| <i>* IF you are a sole proprietorship, partnership or limited liability company (LLC) with <u>NO workers' compensation coverage</u> and <u>NO employees</u> (excluding the principal owner, partners or members of the LLC), you <u>must</u> complete the below certified statement.</i> |
| I certify that I am a sole proprietor, partnership or LLC with no workers' compensation coverage and <u>I have no employees.</u>   |
| _____<br><i>Signature</i> _____      _____<br><i>Print Name and Title</i> _____ <i>Date</i>  |

**9. Responsible Owners/Officers:** Provide the following information for the owners, partners, managing members (for LCC companies only), or corporate officers of the business. *Attach additional sheets if necessary.*

**NOTE:** The names and the titles of the individual owners, partners, or responsible corporate officers will be listed on the certificate.

**a.** \_\_\_\_\_  
 First Name Last Name Title

\_\_\_\_\_  
 Social Security No. % of financial ownership in business (if zero, so state) Telephone No.

\_\_\_\_\_  
 Home Address City State ZIP Code

**b.** \_\_\_\_\_  
 First Name Last Name Title

\_\_\_\_\_  
 Social Security No. % of financial ownership in business (if zero, so state) Telephone No.

\_\_\_\_\_  
 Home Address City State ZIP Code

**c.** \_\_\_\_\_  
 First Name Last Name Title

\_\_\_\_\_  
 Social Security No. % of financial ownership in business (if zero, so state) Telephone No.

\_\_\_\_\_  
 Home Address City State ZIP Code

**10.** List the names and addresses of all manufacturers, contractors, subcontractors, and jobbers located in the United States with whom you currently contract work in the apparel and/or embroidery industries. *Attach additional sheets if necessary.*

**If NONE, please check this box: NONE**

**a.** \_\_\_\_\_  
 Name Telephone No.

\_\_\_\_\_  
 Street Address City State ZIP Code

**b.** \_\_\_\_\_  
 Name Telephone No.

\_\_\_\_\_  
 Street Address City State ZIP Code

**c.** \_\_\_\_\_  
 Name Telephone No.

\_\_\_\_\_  
 Street Address City State ZIP Code

**APPLICANT STATEMENT**

I understand that the apparel registration for which the employer is applying is issued to a manufacturer or contractor as defined in Chapter 458 of the New Jersey State Labor Law. I understand that Chapter 458 requires that the registrant makes the required records available to a representative of the Commissioner of Labor and Workforce Development at its' place of business upon request and that it must cooperate with any investigation to determine compliance with the provisions of the labor law. Giving false information on this application may violate the labor law and the penal law and may result in civil and criminal penalties.

In accordance with the New Jersey Child Support Improvement Act, N.J.S.A. 2A:17-56.44d, by signing this application I am hereby certifying that I do not have a child support obligation or I have such an obligation but the arrearage amount does not equal or exceed the amount of the child support payable for six months and any court-ordered health coverage has been provided for the past six months. Furthermore, I certify that I have not failed to respond to a subpoena relating to a paternity or child support proceeding or I am not the subject of a child support related warrant. I understand that making a false statement may subject my apparel industry registration certificate to immediate revocation or suspension.

An employer is subject to provision of Chapter 458, P.L. 1987 New Jersey Law, including those requiring payment of at least the applicable New Jersey State minimum wage; timely payment of wages without deductions except those authorized by law, such as social security or income tax; accurate payroll records showing the number of hours worked daily and weekly, the amount of gross wages, net wages and deductions; and wage statements with each payment of wages.

I certify that to the best of my knowledge the information given in response to each question is accurate, true, and complete.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name and Title*