



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

INSTRUCTIONS

Application for Public Works Contractor Registration (PWCR)

The Public Works Contractor Registration Act (N.J.S.A. 34:11-56.48, et seq.) requires all contractors, subcontractors, or lower tier subcontractors (*including subcontractors listed in bid proposals*) who bid on or engage in the performance of any work for which the payment of prevailing wage is required to register with the New Jersey Department of Labor and Workforce Development. The Public Works Contractor Registration (PWCR) certificate is issued to both the company (*the business name listed in question #1*) and the company's responsible owners/officers (*the individuals listed in question #9*).

File or Renew your PWCR application online or by mail:

- Online – Go to nj.gov/labor. Click on *Worker Protections* → *Wage & Hour Compliance* → *Registration & Permits* (or *Wage & Hour Online Services*)
- Mail – Include a check or money order made payable to the *Commissioner of Labor & Workforce Development*. Mail the application, check, and any other required documentation or forms to the Division of Wage & Hour Compliance (*mailing address is at the end of these instructions*).

Application Fee and Certificate No.: Check appropriate box for new or renewal registration. If renewal, indicate current certificate number.

- New Application or One-Year Renewal – Fee is \$300 and non-refundable.
- Two-Year Renewal – Fee is \$500 and non-refundable. *A two-year renewal is available only to contractors who have been continuously registered for the past two consecutive years and who have not violated the PWCR Act and/or the Prevailing Wage Act or these rules during the period of licensure preceding submission of the renewal application.*

Questions 1 – 19: 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 used to contract/subcontract public works projects. This is the business name that will appear on the certificate of registration.
If more than one business entity name is party to contracts, separate registrations are required.
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. **Business Address** – Enter the business's street address, city, state, ZIP code, and county. Do not use a PO Box.
4. **Mailing Address** - If different than item #3.
5. **Email** – This is the address to which the PWCR certificate will be emailed. Notices requesting information about the submitted PWCR application will also be emailed.

Phone No., Fax No. and Website – Enter the business's phone no., fax no. and website.

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 NJ Business/Corp. No. if known. Enter the total number of employees.
- 7b. **Registered Agent** - Out-of-state applicants must appoint a registered agent in New Jersey who will accept legal service in New Jersey.

Permit to Maintain Payroll Records Outside of New Jersey - If you are a **new out-of-state applicant** and plan to keep your payroll/business records outside of New Jersey, you must complete a Request for Permission to Maintain Payroll Records Outside of NJ (form MW-42).

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.

If the applicant business is owned by another business entity, you must still list the responsible individuals for the applicant business. If the individual owners, partners, managing members, members or corporate officers are not listed, the processing of your application will be delayed and considered incomplete.

Questions 10 – 15: Read each question carefully and give complete and accurate responses. Add additional sheets and documentation if necessary. Be sure to check Yes or No; do not use “N/A” or leave blank.



Failure to disclose associations with other firms or to disclose any prior history of alleged violations could lead to the denial, suspension, and/or revocation of your contractor registration.

Pursuant to N.J.A.C. 12:62-2.4(a), a contractor registration certificate may be denied, suspended, or revoked due to inaccurate information, misstatements, or omissions.



Question 10: Be sure to disclose any association with other firms. Use the definition of “interest” as defined below to guide your response.

Pursuant to N.J.A.C. 12:60-7.2, “interest” is defined as follows:

"Interest" means an interest in the entity bidding or performing work on the public works project, whether as an owner, partner, officer, manager, employee, agent, consultant or representative. The term also includes, but is not limited to, all instances where the debarred contractor or subcontractor receives payments, whether cash or any other form of compensation, from any entity bidding or performing work on the public works project, or enters into any contracts or agreements with the entity bidding or performing work on the public works project for services performed, or to be performed, for contracts that have been or will be assigned or sublet, or for vehicles, tools, equipment or supplies that have been or will be sold, rented or leased during the period from the initiation of the debarment proceedings until the end of the term of the debarment period. "Interest," however, does not include shares held in a publicly traded corporation if the shares were not received as compensation after the initiation of debarment from an entity bidding or performing work on a public works project.

Question 16: Type of Work to be Performed – Check off the NAICS code that your company intends to perform. Your selection(s) will not limit the firm’s eligibility to perform any particular type of work.

Questions 17 – 19: Participation in a Registered Apprenticeship Program

The following words and terms, when used in questions 17 – 19, shall have the following meanings:

“ERISA-covered apprenticeship training program trust fund” means an “employee welfare benefit plan,” as that term is defined within the Employee Retirement Income Security Act of 1974 (ERISA), that is subject to the requirements for such a plan under ERISA, and that is a fund established and maintained for the sole purpose of financing a registered apprenticeship program.

“Registered apprenticeship program” means an apprenticeship program which is registered with and approved by the United States Department of Labor (USDOL), which provides each trainee with combined classroom and on-the-job training in an occupation recognized as an apprenticeable occupation, and which meets the program standards of enrollment and graduation under 29 C.F.R. §29.6.

“Sponsor” means any person, association, committee, or organization operating an apprenticeship program and in whose name the program is (or is to be) registered or approved.

“Sponsorship” means the position of being a sponsor.

Question 17: Participation – Select the certification statement that describes your participation in a registered apprenticeship program. If you certify that you participate in a registered apprenticeship program, you must complete questions #18 and #19.

If you do **not** participate in a registered apprenticeship program, please explain why and skip questions #18 and #19.

You must make a selection. Do not use “N/A” or leave blank. Failure to make a selection will cause a delay in processing the application.

Five (5) Methods of Participation

Keep in mind that a contractor is considered to be participating in a registered apprenticeship program if the contractor meets one of the following five (5) methods:

- 1) **The contractor is signatory to a collective bargaining agreement** through which the contractor has access to a registered apprenticeship program that is sponsored by the labor union, or agrees to joint sponsorship with the labor union of a registered apprenticeship program; provided that the collective bargaining agreement also requires ongoing employer contributions into an ERISA-covered apprenticeship training program trust fund;

*Requires being a signatory with a Union(s) for the craft(s) employed, where regular payments are made to an ERISA trust. **Does not require the use of an apprentice.***

- 2) **The contractor is signatory to an agreement with a workforce intermediary**, such as an industry association, consortium of businesses, community-based organization, or educational institution, through which the contractor has access to a registered apprenticeship program sponsored by the workforce intermediary, or agrees to joint sponsorship with the workforce intermediary of a registered apprenticeship program; provided that the agreement between the contractor and the workforce intermediary also requires ongoing employer contributions into an ERISA-covered apprenticeship training program trust fund;

*Requires being a member of an Association that is the sponsor of an apprentice program(s). The Association must also have an ERISA trust set up where you (the contractor) contributes to the trust on a regular basis. **Does not require the use of an apprentice.***

Question 17: Five (5) Methods of Participation (continued)

3) The contractor is the sponsor of a registered apprenticeship program;

*Requires the contractor applying for a registration application to be the sponsor of an apprentice program, certified and approved by the US Department of Labor. Requires an active apprentice in the program (see 4 & 5 for exceptions). **Requires at least one apprentice registered with the US Department of Labor.***

4) The contractor currently employs at least one apprentice who is registered with the United States Department of Labor within a registered apprenticeship program; provided that as of the date of the contractor's submission to the Department of the Application for Public Works Contractor Registration, the apprentice has completed at least 1000 hours of on-the-job learning with the contractor; or

*Requires the contractor applying for a registration is the sponsor of a program certified and approved by the US Department of Labor and currently has an apprentice registered and enrolled in the approved (by the USDOL) program and has completed 1000 hours of on the job learning with the contractor. **Requires at least one apprentice registered with the US Department of Labor.***

5) During the one-year period immediately preceding submission to the Department of the Application for Public Works Contractor Registration, the contractor employed at least one apprentice who was registered with the United States Department of Labor within a registered apprenticeship program; provided that the apprentice had completed at least 1000 hours of on-the-job learning with the contractor.

Requires the contractor applying for a registration is the sponsor of a program certified and approved by the US Department of Labor and in the immediate preceding year employed as least one apprentice that was registered with the US Department of Labor, provided that employee completed at least 1000 hours of on the job learning with the contractor.

For all work classifications that each contractor employs on a prevailing wage project, you must meet one of the above methods to be in compliance and to become registered to bid on public work. There are no exemptions to this law.

Question 18: Crafts – List all prevailing wage crafts employed by the contractor directly upon any work for which the payment of prevailing wage is required. Below is a list of crafts. If your craft is not listed, add it.

NOTE: **Craft** means the work classification, taken from the NJDOL wage determination, that a company would list on certified payroll. If you are unsure of your company or individual employee work classification, please contact the Division at wage.hour@dol.nj.gov

- For each craft you list, select the appropriate certification statement (*whether you participate or do not participate in a registered apprenticeship program for that craft*).
- If you certify that you participate, select one of the five (5) methods by which you participate; you can only select one method. See instructions for #17 for a detailed explanation of each method. *You must make a selection. Failure to make a selection will cause a delay in processing the application*
- If you have more than three (3) crafts, please add additional sheet(s).

List of Crafts

Air Conditioning & Refrigeration – Service & Repair	Electrician – Utility Work	Paperhanger
Boilermaker	Elevator Constructor	Pipefitter
Boilermaker – Minor Repairs	Elevator Modernization & Service	Plasterer
Bricklayer, Stone Mason	Glazier	Plumber
Carpenter	Heat & Frost Insulator	Roofer
Carpenter – Resilient Flooring	Heat & Frost Insulator – Asbestos Worker	Sheet Metal Sign Installation
Cement Mason	Ironworker	Sheet Metal Worker
Diver	Laborer – Asbestos & Hazardous Waste Removal	Sprinkler Fitter
Dockbuilder	Laborer – Building	Tile Finisher
Drywall Finisher	Laborer – Heavy & General	Tile Setter
Electrician	Millwright	Truck Driver
Electrician – Teledata	Operating Engineer	Truck Driver – Material Delivery Driver
Electrician – Outside Commercial	Painter	Welder

Question 19: Documentation – If you indicate that you participate in a registered apprenticeship program for any craft, you must complete the certified statement regarding possession of documentation. Sign and date the Certification, and print the name and title of the person signing the Certification.

Applicant Statement: Review the Applicant Statement, sign and date the Statement, and print the name and title of the person (contractor or contractor’s representative) signing the Statement.

Registration Methods

- **Online:** File, Renew, or Check your registration status at nj.gov/labor
Click on *Worker Protections* → *Wage & Hour Compliance* → *Registration & Permits*
(or *Wage & Hour Online Services*)
- **Mail:** Send application & payment to:
NJ Dept. of Labor & Workforce Development
Division of Wage & Hour Compliance
PO Box 389
Trenton, NJ 08625-0389
- Courier or overnight mail:
NJ Dept. of Labor & Workforce Development
Division of Wage & Hour Compliance
1 John Fitch Plaza, 3rd Floor
Trenton, NJ 08611

Contact Us

Email: pwcr@dol.nj.gov
P: (609) 292-9464
F: (609) 633-8591

For questions about crafts in item #18, email wage.hour@dol.nj.gov

***** Please allow 30 calendar days for processing the PWCR certificate. *****

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

FOR OFFICE USE ONLY:

Log # _____

Check # _____

Check Amount \$ _____

**APPLICATION FOR PUBLIC WORKS
CONTRACTOR REGISTRATION (PWCR)**

**File or renew your PWCR application online or by mail.
If you file by mail, include a check or money order made payable to the
Commissioner of Labor & Workforce Development.**

- New Application - \$300 **Non-Refundable Fee** Two-Year Renewal - \$500 **Non-Refundable Fee** (only available to firms who meet eligibility requirements – see instructions)
 One-Year Renewal - \$300 **Non-Refundable Fee**

Current Certificate No. _____

1. Business Name _____ Provide the name of business used to contract/subcontract prevailing wage work.

2. Legal / Corporate Name _____ If business entity is a sole proprietorship or partnership, enter name of owner or partners.

3. Business Address _____ Do not use a PO Box. City _____ State _____ ZIP Code _____ County _____

4. Mailing Address _____

5. Phone No. _____ Fax No. _____ Email _____ PWCR certificate and notices will be emailed. Website _____

6. FEIN (Federal Employer Identification Number): * _____

* 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.

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 ____/____/____ NJ Business/Corp. No. _____ Total Employees _____

7b. **Out-of-State Applicants: You must appoint a Registered Agent in New Jersey who will accept legal service in New Jersey.**
New out-of-state applicants who plan to keep payroll/business records outside of NJ must complete a Request for Permission to Maintain Payroll Records Outside of NJ (form MW-42). To get this form, go to www.nj.gov/labor and click on *Wage & Hour* then *Registration & Permits*.

Name of Registered Agent in New Jersey _____

Street Address _____ City _____ State _____ ZIP Code _____

Phone No. _____ Fax No. _____ Email _____

8. Workers' Compensation Carrier Name: * _____ Expiration date must be at least
Policy No.: _____ Effective ____/____/____ To ____/____/____ 30 calendar days from today.

* IF you are a sole proprietorship, partnership or limited liability company (LLC) with **NO workers' compensation coverage** and **NO employees** (excluding the principal owner, partners or members of the LLC), you **must** complete the below certified statement.

I certify that I am a sole proprietor, partnership or LLC with no workers' compensation coverage and I have no employees.

Signature

Print Name and Title

Date

9. Responsible Owners/Officers: Provide the following information for each **individual** with a financial interest in the business – except that if the business is a publicly traded corporation – the corporation’s officers. *Attach additional sheets if necessary.*

NOTE: The names and 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)	Phone No.
Home Address (if different than item #3 business address)	City	State ZIP Code

b.

First Name	Last Name	Title
Social Security No.	% of financial ownership in business (if zero, so state)	Phone No.
Home Address (if different than item #3 business address)	City	State ZIP Code

c.

First Name	Last Name	Title
Social Security No.	% of financial ownership in business (if zero, so state)	Phone No.
Home Address (if different than item #3 business address)	City	State ZIP Code

10. At any time during the preceding five (5) years, have any of the individuals listed in item #9 ever held an **“interest”** (for definition of “interest,” see N.J.A.C. 12:60-7.2 in the instructions) in another firm which has applied for or obtained a “Public Works Contractor Registration Certificate” or has bid on or performed work on a project requiring the payment of prevailing wage, whether as an owner, partner, managing member (for LLC companies only), corporate officer, principal, manager, employee, agent, consultant, or representative? Yes No

If yes, list the name of the individual, position held, start and end dates, and name and address of company.

NOTE: Failure to disclose associations with other firms could cause the denial or loss of your PWCR certificate.

11. Has the business listed in item #1 ever been prohibited or debarred from performing work requiring the payment of prevailing wage (including voluntary prohibition) by the State of New Jersey, any other state, public entity (e.g. city, county, board of education, etc.), or the federal government? Yes No

If yes, provide start and end dates, reason for prohibition/debarment, and any other relevant details.

12. Have any of the individuals listed in item #9 ever been prohibited or debarred from performing work requiring the payment of prevailing wage (including voluntary prohibition) by the State of New Jersey, any other state, public entity (e.g. city, county, board of education, etc.), or the federal government? Yes No

If yes, list the name of the individual, start and end dates, reason for prohibition/debarment, and any other relevant details.

13. At any time during the preceding five (5) years, did the business listed in item #1 receive a notice of an alleged violation of any:

a. New Jersey State Labor Law? Yes No If yes, explain: _____

b. United States Federal Labor Law? Yes No If yes, explain: _____

c. Labor Laws of any other state or public entity? Yes No If yes, explain: _____

NOTE: Failure to disclose any prior history of alleged violations could cause the denial or loss of your PWCR certificate.

14. At any time during the preceding five (5) years, did any of the individuals listed in item #9 or any firm listed in item #10 receive a notice of an alleged violation of any:

a. New Jersey State Labor Law? Yes No If yes, explain: _____

b. United States Federal Labor Law? Yes No If yes, explain: _____

c. Labor Laws of any other state or public entity? Yes No If yes, explain: _____

NOTE: Failure to disclose any prior history of alleged violations could cause the denial or loss of your PWCR certificate.

15. Has the firm or any individual listed in item #9 ever been alleged to have committed any unlawful act in attempting to obtain or in the performance of a Public Contract? Yes No

If yes, name of public entity: _____ Year: _____

16. Type of Work to be Performed: Please place a check mark next to each North American Industry Classification System (NAICS) code that your company intends to perform.

Your selection(s) will not limit the firm's eligibility to perform any particular type of work.

<u>Code</u>	<u>Craft</u>	<u>Code</u>	<u>Craft</u>	<u>Code</u>	<u>Craft</u>
__ 238220	Air Balancing & Testing	__ 238290	Elevators	__ 237310	Paving
__ 562910	Asbestos Removal	__ 238910	Excavation	__ 237120	Pipeline Construction
__ 238910	Boring	__ 238990	Fencing	__ 238220	Plumbing
__ 238140	Brick and Block	__ 238330	Flooring/Tile	__ 238220	Refrigeration
__ 237990	Bulkheads & Docks	__ 236220	General Construction	__ 238160	Roofing
__ 238350	Carpentry (general)	__ 237310	Road and Heavy Highway	__ 237110	Sewer Piping & Storm Drains
__ 238330	Carpeting	__ 484110	Hauling	__ 238220	Sheet Metal (Mechanical)
__ 238390	Caulking & Water Proofing	__ 238220	HVAC	__ 238220	Sprinkler Systems
__ 238110	Concrete	__ 238130	Iron and Steel Fabrications	__ 517110	Telecommunications
__ 213112	Core Drilling	__ 238310	Insulation/Mechanical	__ 238210	Traffic Signals
__ 238910	Demolition	__ 561720	Janitorial Services	__ 562211	Waste Removal, Toxic/Hazardous
__ 561990	Diving	__ 541320	Landscape Construction	__ 238190	Welding
__ 237990	Dredging	__ 238220	Mechanical Construction	__ 213111	Well Drilling
__ 238210	Electrical	__ 238320	Painting	__ Other	Describe: _____

17. Select the certification statement that describes your participation in a registered apprenticeship program.

Review the instructions for the five (5) methods by which a contractor is considered to be participating in a registered apprenticeship program.

You must make a selection. Do not use "N/A" or leave blank. Failure to make a selection will cause a delay in processing the application.

I hereby certify that I participate in a registered apprenticeship program. *(Continue to #18 & #19.)*

I do not participate in any registered apprenticeship program and below is an explanation why. *(Skip #18 & #19.)*

Explanation: _____

18. List all the prevailing wage crafts employed by the contractor directly upon any work for which the payment of prevailing wage is required.

- *See the instructions for a list of crafts. If your craft is not listed, please add it.*
- *For each craft you list, select the appropriate certification statement (whether you participate or do not participate in a registered apprenticeship program for that craft).*
- *If you certify that you participate, select one of the five (5) methods by which you participate; you can only select one method. See the instructions for a more detailed explanation of each method. You must make a selection. Failure to make a selection will cause a delay in processing the application*
- *If you have more than three (3) crafts, please add additional sheet(s).*

NOTE: Craft means the work classification, taken from the NJDOL wage determination, that a company would list on certified payroll. If you are unsure of your company or individual employee work classification, please contact the Division at wage.hour@dol.nj.gov

1) **Craft Name** _____

I hereby certify that I participate in a registered apprenticeship program for the above craft.

Select only one method from below. See instructions for an explanation of the five (5) methods.

- The contractor is signatory to a collective bargaining agreement;
- The contractor is signatory to an agreement with a workforce intermediary;
- The contractor is the sponsor of a registered apprenticeship program;
- The contractor currently employs at least one apprentice who is registered with the United States Department of Labor within a registered apprenticeship program;
- During the one-year period immediately preceding submission to the Department of the Application for PWCR, the contractor employed at least one apprentice who was registered with the United States Department of Labor within a registered apprenticeship program.

I do not participate in a registered apprenticeship program for the above craft and the reason why.

Reason: _____

2) Craft Name _____

I hereby certify that I participate in a registered apprenticeship program for the above craft.

Select only one method from below. See instructions for an explanation of the five (5) methods.

- The contractor is signatory to a collective bargaining agreement;
- The contractor is signatory to an agreement with a workforce intermediary;
- The contractor is the sponsor of a registered apprenticeship program;
- The contractor currently employs at least one apprentice who is registered with the United States Department of Labor within a registered apprenticeship program;
- During the one-year period immediately preceding submission to the Department of the Application for PWCR, the contractor employed at least one apprentice who was registered with the United States Department of Labor within a registered apprenticeship program.

I do not participate in a registered apprenticeship program for the above craft and the reason why.

Reason: _____

3) Craft Name _____

I hereby certify that I participate in a registered apprenticeship program for the above craft.

Select only one method from below. See instructions for an explanation of the five (5) methods.

- The contractor is signatory to a collective bargaining agreement;
- The contractor is signatory to an agreement with a workforce intermediary;
- The contractor is the sponsor of a registered apprenticeship program;
- The contractor currently employs at least one apprentice who is registered with the United States Department of Labor within a registered apprenticeship program;
- During the one-year period immediately preceding submission to the Department of the Application for PWCR, the contractor employed at least one apprentice who was registered with the United States Department of Labor within a registered apprenticeship program.

I do not participate in a registered apprenticeship program for the above craft and the reason why.

Reason: _____

Add additional sheets if necessary.

19. Certification of Documentation regarding Participation in Registered Apprenticeship Programs

If you indicate that you participate in a registered apprenticeship program for any craft (#17 & #18), complete the below certification.

I hereby certify that I am in possession of documentation, which will be made available to the Department upon request, establishing that if directly employing craftworkers, I participate in a registered apprenticeship program for each craft that I employ.

Signature of Contractor or Contractor's Representative

Date

Print Name and Title

APPLICANT STATEMENT

I hereby certify, as a representative of the contractor named above and on behalf of the contractor named above, for whom this Application is submitted, that it is understood that any Public Works Contractor Registration and receipt of any public works funds and contracts are fully conditioned on the compliance of the contractor and all of its owners, officers, directors, shareholders, founders, managers, agents, servants, employees, representatives and/or independent contractors with all applicable state and federal laws, including all federal and state affirmative action requirements, all federal and state prevailing wage requirements, as well and any other labor laws, statutes, rules and/or regulations, including the New Jersey Wage Payment Law, N.J.S.A. 34:11-56 et seq., the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq., and all related laws, statutes, rules and regulations. It is further understood that the above contractor's Public Works Contractor Registration may be denied, suspended or revoked, and any subsequent public works funds and/or contracts will be received in violation of this certification and the law, and the contractor named above and its owners, officers, directors, shareholders, founders, managers, agents, servants, employees, representatives and/or independent contractors may also be subject to suspension pending debarment, debarment, repayment of funds to public agencies, payment of back wages to employees, and payment of other damages and/or civil penalties under the New Jersey Wage Payment Law, N.J.S.A. 34:11-56 et seq., and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq., as well as other related laws, statutes, rules and regulations, including the New Jersey False Claims Act, N.J.S.A. 2A:32C-1 et seq.

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 contractor registration certificate to immediate revocation or suspension.

I hereby certify that I have all valid and effective licenses, registrations or certificates required by State law, including registrations or certifications required to do business in New Jersey.

I hereby certify that I am in possession of documentation, which will be made available to the Department upon request, that I have all valid and effective licenses, registrations or certificates required by State law, including registrations or certifications required to do business in New Jersey.

Signature of Contractor or Contractor's Representative

Date

Print Name and Title

File, Renew, or Check your registration status online at nj.gov/labor

Click on *Worker Protections* → *Wage & Hour Compliance* → *Registration & Permits*

If you file by mail, send application & payment to:

NJ Dept. of Labor & Workforce Development
Division of Wage & Hour Compliance
PO Box 389
Trenton, NJ 08625-0389

Courier or overnight mail:

NJ Dept. of Labor & Workforce Development
Division of Wage & Hour Compliance
1 John Fitch Plaza, 3rd Floor
Trenton, NJ 08611

Email: pwcr@dol.nj.gov
P: (609) 292-9464
F: (609) 633-8591

Question about crafts in item #18? Email wage.hour@dol.nj.gov

***** Allow 30 calendar days for processing the PWCR certificate. *****

***** Keep a copy of your PWCR application for your records. *****

**IF YOU MAINTAIN YOUR
PAYROLL RECORDS OUTSIDE OF
NEW JERSEY, YOU MUST
COMPLETE THE FOLLOWING
APPLICATION.**

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

Application for Permit to Maintain Payroll Records Outside of New Jersey

1. Name and Address of Employer for which Permit is requested: <table border="1" style="width:100%; height: 30px; margin-top: 20px;"><tr><td style="width:20%;"></td><td style="width:20%;"></td><td style="width:20%; text-align:center">-</td><td style="width:20%;"></td><td style="width:20%;"></td><td style="width:20%;"></td><td style="width:20%;"></td><td style="width:20%;"></td><td style="width:20%;"></td><td style="width:20%;"></td></tr></table> <p style="text-align:center">Federal Employer Identification Number (FEIN)</p>			-								County
			-								
	Telephone #										
	Fax #										
	E-Mail Address										
Website Address											
2. Name and Address of Out-of-State Location where records will be maintained (if different from above):	County										
	Telephone #										
	Fax #										
	E-Mail Address										
	Website Address										
3. Establishments in New Jersey for which request is being made (leave blank if not applicable):											
<u>Name and Address</u>	<u>Phone #</u>	<u>Fax #</u>	<u>E-Mail Address</u>	<u>Website Address</u>							
1)											
2)											
3)											
4. Pay Period Ends (Day of Week)	5. Scheduled Payday (Day of Week)										
6. Method of Payment Check Cash	7. Describe form of record keeping (time cards, ADP payroll, etc.)										

I certify that all payroll records will be made available in the State of New Jersey upon request to authorized representatives of the Department of Labor and Workforce Development within 10 days of request. Furthermore, I certify that to the best of my knowledge and belief, all statements in this application are true and correct.

Signature of Authorized Representative

Print Name and Title

Date