



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 for Completing the Application for Public Works Contractor Registration

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 public work to register with the Department of Labor and Workforce Development. The Contractor Registration Certificate is issued to both the company (*the business name listed in question #1*) and its responsible representatives (*the individuals listed in question #9*).

All applications must be accompanied by a check or money order made payable to the *Commissioner of Labor and Workforce Development*. Mail the application, check, and any other required documentation or forms to the Division of Wage and Hour Compliance (mailing address is on the back of this form).

Please allow 30 calendar days for processing the contractor registration certificate.

Type of Application and Certificate Number:

Check appropriate box for new or renewal registration. If renewal, indicate current certificate number.

- New or One-Year Renewal – Fee is \$300 and non-refundable.
- Two-Year Renewal – A two-year renewal is available only to employers who have been continuously registered for the past two consecutive years with no violations. Fee is \$500 and non-refundable.

Questions 1 – 9:

1. Type or print legibly the legal name of business used to contract/subcontract public works projects. If more than one business entity name is party to contracts, separate registrations are required.
2. Enter corporate name if different than item #1.
3. Enter the firm's street address, city, state, ZIP code, and county.
4. Enter the firm's mailing address if different than item #3.
5. Enter telephone number, fax number, and e-mail.
6. Enter Federal Employer Identification Number (FEIN). If no FEIN assigned, enter Social Security Number of owner.
7. Check the type of business. If business is a corporation, enter the date of incorporation, the State of incorporation, and the New Jersey Business/Corp. Number. Enter the number of employees (at time of application).

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 New Jersey (form MW-42). To get this form, go to www.nj.gov/labor and click on *Wage & Hour* then *Registration & Permits*, or call (609) 292-9464.

Out-of-state applicants must appoint a registered agent in New Jersey who will accept legal service in New Jersey. Provide the registered agent's name, street address, city, state, ZIP code, telephone number, fax number, and e-mail.

8. Enter Workers' Compensation carrier name, policy number, and effective dates (month, date and year).

Note: Sole proprietors and LLCs who do not have workers' compensation coverage must attach a notarized statement stating that the company is not incorporated and has no employees.

9. List **ALL** individuals who have an "interest" in the business listed in question #1 bidding or performing work on the public works project, whether as an owner, partner, managing member (*for LLC companies only*), corporate officer, principal, manager, employee, agent, consultant, or representative.

Enter each person's first name, last name, title, social security number, % of financial ownership in business (*if zero, so state*), telephone number, home address, city, state, and ZIP code. *Add additional sheets if necessary.*

If you are an individual/sole proprietor, provide your personal information.

Note: The names and titles of the individuals listed in question #9 will appear on the certificate of registration.

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.

Questions 10 – 16:

Read each question carefully and give complete and accurate responses. Be sure to check Yes or No; do not use "N/A" or leave blank.

For question #10, be sure to disclose your association with other firms. For questions #13 and #14, be sure to disclose any prior history of any alleged violations of any State or Federal Labor Laws.

Failure to disclose associations with other firms or to disclose any prior history of alleged violations could lead to the denial or loss of your contractor registration!

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



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.



Return application & payment to:

NJ Dept. of Labor & Workforce Development
Division of Wage & Hour Compliance
PO Box 389
Trenton, NJ 08625-0389
Tel. (609) 292-9464
Fax (609) 633-8591

UPS & FedEx overnight mail:

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

Please allow 30 calendar days for processing the contractor registration certificate.

Check your registration status and effective and expiration dates online at www.nj.gov/labor
(click on Wage & Hour then Registration & Permits).

**APPLICATION FOR PUBLIC WORKS
CONTRACTOR REGISTRATION**

FOR OFFICE USE ONLY:

Log # _____

Check # _____

Check Amount \$ _____

Check your contractor registration status online at www.nj.gov/labor (click on Wage Hour then Registration & Permits).

**All applications must be accompanied by a check or money order made payable to the
Commissioner of Labor and Workforce Development.**

- New Application - \$300 **Non-Refundable Fee** Two-Year Renewal (*only available to firms who have been continuously*
 One-Year Renewal - \$300 **Non-Refundable Fee** *registered for the past two consecutive years*) - \$500 **Non-Refundable Fee**

Current Certificate No. _____

1. _____
Business Name (*Provide the legal name of business used to contract/subcontract public works projects.*)

2. _____
Corporate Name (*if different than item #1*)

3. _____
Street Address City State ZIP Code County

4. _____
Mailing Address (*if different than item #3*)

5. _____
Telephone No. Fax No. e-mail

6. _____ **OR** _____
Federal Employer Identification Number (FEIN) If no FEIN assigned, enter Social Security No. of owner.

7. Type of Business:
 Individual/Sole Proprietor Partnership NJ Corporation Out-of-State Corporation *
 LLC (*Limited Liability Company*) LLP (*Limited Liability Partnership*) Other _____
If a corporation, complete the following: Date of Incorporation _____ State of Incorporation * _____
NJ Business/Corp. No. _____ No. of Employees (*at time of application*) _____

* **New out-of state applicants** who plan to keep payroll/business records outside of New Jersey must complete a Request for Permission to Maintain Payroll Records Outside of New Jersey (form MW-42). To get this form, go to www.nj.gov/labor and click on *Wage & Hour* then *Registration & Permits*.

Out-of-state applicants must appoint a registered agent in New Jersey who will accept legal service in New Jersey:

Name of Registered Agent in New Jersey

Street Address City State ZIP Code

Telephone No. Fax No. e-mail

8. Workers' Compensation Carrier Name: * _____

Policy Number: _____ Effective Date: From ____/____/____ To ____/____/____

* *If you are a sole proprietor with no workers' compensation coverage, attach a notarized statement stating that you have no employees.*

9. Provide the following information for **ALL** individuals who have an **“interest”** (for definition of “interest,” see N.J.A.C. 12:60-7.2 in the instructions) in the business listed in item #1 bidding or performing work on the public works project, whether as an owner, partner, managing member (for LLC companies only), corporate officer, principal, manager, employee, agent, consultant, or representative. Add additional sheets if necessary. **NOTE:** The names and the titles of the individuals listed here will appear on the certificate of registration.

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. 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 public works project, 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 contractor registration certificate.

11. Has the business listed in item #1 ever been prohibited or debarred from performing public work (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 public work (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

b. United States Federal Labor Law? Yes No

c. Labor Laws of any other state or public entity? Yes No

NOTE: Failure to disclose any prior history of alleged violations could cause the denial or loss of your contractor registration 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

b. United States Federal Labor Law? Yes No

c. Labor Laws of any other state or public entity? Yes No

NOTE: Failure to disclose any prior history of alleged violations could cause the denial or loss of your contractor registration 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. 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: _____

APPLICANT STATEMENT

As the responsible applicant, I attest to the following:

- I have read and understood the questions contained in the attached application and its appendices.
- I understand that failure to provide full, accurate, and timely disclosure of any of the required information or documentation may result in the denial of this application for registration and/or revocation of any contractor registration certificate.
- I understand and agree that the Applicant has a continuing duty to promptly notify the New Jersey Department of Labor and Workforce Development, Division of Wage and Hour Compliance in writing of any change to the answers or information contained herein.
- I acknowledge that the New Jersey Department of Labor and Workforce Development, Division of Wage and Hour Compliance may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application.
- I agree and warrant that truthfully answering the questions on this application is an event entirely within my control.
- 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 certify that to the best of my knowledge the information given in response to each question and the appendices is accurate, true, and complete.

Signature

Date

Print Name and Title

Return to:

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

Tel. (609) 292-9464

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