



*New Jersey Office of the Attorney General*  
Division of Consumer Affairs  
Office of Consumer Protection  
Regulated Business Section - Home Improvement Contractor Business Unit  
124 Halsey Street, 7th Floor, P.O. Box 46016, Newark, NJ 07101



## **Instructions for Registration as a Home Improvement Contractor Business**

Please type or print clearly, **in ink**, the answers to all of the questions. Your application will not be processed until the completed application, the required documents, and a check or money order for the non-refundable registration fee in the amount of \$110, have been received by the Division. **If a question does not apply to your business, write “N/A.”**

1. List the name of your business. This will be the name that appears on your registration.  
If you are doing business under your own name, list your full legal name. For example, “John Doe.” If you are doing business under a fictitious name, print your business name as it is listed on your Trade Name Certificate. For example, write “John Doe’s Painting & Carpentry.”
2. Provide a copy of your Alternate Name Form C-150G or Trade Name Certificate. If you do not use any other names, write “N/A.”
3. Provide proof that you have secured and maintain a policy of commercial general liability insurance, in a minimum amount of \$500,000 for each occurrence, and workers’ compensation insurance, unless exempted by law. Acceptable proof must include a policy number, the date of issuance, the effective date, the expiration date, and signature of an authorized representative. The insured name and address must match the information in the application. Refer to the enclosed Sample #10. If claiming an exemption to the workers’ compensation insurance requirement, you must provide documentation supporting that claim.
4. Provide proof that you have secured and maintain "additional security," which must be in the form: 1) a compliance bond issued by one or more sureties authorized to transact business in this State; 2) an irrevocable letter of credit issued by a bank; or 3) securities, moneys, or other security. If your additional security is in the form of a bank check, the check must be mailed with the application.
5. If you are a sole proprietor and answer “Yes” to question 7 (see page 2 of application), the business’ registration application will be denied until you submit a certification from the court or the Probation Division that the conditions that resulted in the denial have been satisfied.
6. FEIN - If you are not sure whether your business requires a Federal Employer Identification Number (FEIN), call 609-292-9292 or call 1-800-829-4933. If you do not have a FEIN, you may obtain one online at [www.irs.gov](http://www.irs.gov).
7. A principal officer of the business must certify that all information provided in connection with the application is true, and sign and date the application.

**Please allow time for your application to be processed, and for the business’ registration to be printed and mailed.**



# New Jersey Office of the Attorney General

Division of Consumer Affairs  
Office of Consumer Protection

Regulated Business Section - Home Improvement Contractor Business Unit  
124 Halsey Street, 7th Floor, P.O. Box 46016, Newark, NJ 07101



## Home Improvement Contractor Business Application for Initial Registration

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Instructions:** Please print clearly, **in ink** and answer all of the questions. Your application will not be processed until all of the questions have been answered and all of the required documents, and the registration fee, have been received by this Division. If a question does not apply to your business, write "N/A." **Refer to: Instructions for Registration as an HICB.**

### 1. Business Name

The name must match the name listed on the corporate documents and the insurance certificate.



2(a). **LIST ALL OTHER NAMES UNDER WHICH THE APPLICANT DOES BUSINESS .**  
2(b). **IF YOU DO NOT USE ANY OTHER NAME(S), WRITE "NONE." IF THE ANSWER TO THIS QUESTION IS LEFT BLANK, IT WILL AUTOMATICALLY DEFAULT TO "NONE."**

2(c). Indicate the type of business you own.

- Sole Proprietorship: Attach a copy of the business' Trade Name Certificate, if applicable. Refer to Sample #1.
- Partnership: Attach a copy of the business' documents.
- Corporation: Attach a copy of the business' Certificate of Incorporation. Refer to Samples #2 - 5.
- Limited Liability Co.: Attach a copy of the business' Certificate of Formation. Refer to Samples #2 and #5 - 7.
- Limited Liability Partnership: Attach a copy of the business' documents.

#### Additional Requirements

- Out-of-State Corporation: Attach a copy of the business' New Jersey Certificate of Authority (corporation), Certificate of Registration (LLC), or New Jersey Business Registration for Out-of-State Sole Proprietor. Refer to Samples #9 and #11 - 12.
- Alternate Name: Attach a copy of the business' Registration of Alternate Name Form C-150G. Refer to Sample #8.

Contact your local county clerk's office to obtain a Trade Name Certificate.

Contact the N.J. Department of the Treasury, Division of Revenue, at (609) 292-9292, if the business is a corporation.

Refer to the samples.

3. <b>Business Address</b> (Cannot be a P.O. box or private mailbox; it must be a physical street address.)		E-mail Address	
City	State	ZIP Code	
<b>Telephone No.</b> (include area code)		Fax No. (include area code)	
4. <b>Mailing Address</b> If the address is the same as in question #3, write "N/A."			
5. <b>Agent</b> – If the business is a corporation (L.L.C., L.L.P., etc.), you must provide the name and address of an agent in New Jersey who is authorized to accept documents on its behalf for the service of process.			
Agent's Name			
Street Address			
City	State: New Jersey	ZIP Code	
Telephone No. (include area code)		Fax No. (include area code)	

6(a). Does the business have a certificate commercial general liability insurance of at least \$500,000 for each occurrence? <b>You must attach your insurance certificate, or your application will not be processed.</b> Refer to the enclosed insurance Sample #10.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6(b). Does the business have a certificate of workers' compensation insurance, unless exempted by law? <b>You must attach your insurance certificate or documentation supporting your claim for an exemption, or your application will not be processed.</b> Refer to the enclosed insurance Sample #10.	<b>Yes</b>	<b>No</b>
6(c). Does the business maintain "additional security," pursuant to <u>N.J.S.A. 56:8-142</u> , which must be in the form of: 1) a compliance bond issued by one or more sureties authorized to transact business in this State; 2) an irrevocable letter of credit issued by a bank; or 3) securities, moneys, or other security? <b>You must attach proof of the additional security or provide a bank check, if applicable, or your application will not be processed.</b>	<b>Yes</b>	<b>No</b>

**Complete question 7 only if the business is run by a sole proprietor.**

7. Is the sole proprietor the subject of a child-support warrant or has the applicant failed to pay a court-ordered child-support obligation in an amount equal to or more than the amount of child support payable for six months, failed to pay any court-ordered health care coverage for the past six months or failed to respond to a subpoena relating to a paternity or child-support proceeding? If "Yes," see the instructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Provide the business' Federal Employer Identification Number **and** provide **your** Social Security number.

8(a). Federal Employer Identification Number (FEIN)    -    -

8(b). Social Security number    -   -

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Office of Consumer Protection is required to obtain your Social Security number. Pursuant to these authorities, the Office of Consumer Protection is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child-support enforcement, upon request.

9. List the full name, home and business street address and business telephone number of each owner, officer, director, principal and person with an ownership interest of 10 percent or more in the business and the percentage of ownership held. If the applicant is a partnership, each member of the partnership must be listed. (Use additional sheets of paper if necessary.)

Please print clearly.



You must indicate  
Percentage of Ownership  
\_\_\_\_\_ %

\_\_\_\_\_  
Name and title

\_\_\_\_\_  
Business street address City State ZIP code

\_\_\_\_\_  
Home street address City State ZIP code

\_\_\_\_\_  
Business telephone number (include area code)



You must indicate  
Percentage of Ownership  
\_\_\_\_\_ %

\_\_\_\_\_  
Name and title

\_\_\_\_\_  
Business street address City State ZIP code

\_\_\_\_\_  
Home street address City State ZIP code

\_\_\_\_\_  
Business telephone number (include area code)



You must indicate  
Percentage of Ownership  
\_\_\_\_\_ %

\_\_\_\_\_  
Name and title

\_\_\_\_\_  
Business street address City State ZIP code

\_\_\_\_\_  
Home street address City State ZIP code

\_\_\_\_\_  
Business telephone number (include area code)



10(a). Is any officer, director, principal or person with an ownership interest of 10 percent or more in the business the holder of any professional or occupational license, certificate or registration issued by any state or jurisdiction? If "Yes," provide the following information:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Holder's Name	Name(s) of the agency that issued the License, Certificate or Registration	Type of License, Certificate or Registration	License, Certificate or Registration Number	Date Issued

10(b). Has any action been taken against this license, certificate or registration? If "Yes," please provide any supporting documentation and the outcome of the action.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11. Have any of the business' officers, directors, principals or persons with an ownership interest of 10 percent or more in the business:

A. Violated or failed to comply with the provisions of any act, regulation or order administered or issued by the New Jersey Division of Consumer Affairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Entered into any consent order or assurance of voluntary compliance with the New Jersey Division of Consumer Affairs or any other state or federal agency? or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Been adjudged liable in an administrative or civil action in any state or federal agency involving any of the following situations:		
(i.) Obtaining a license, certificate or registration through fraud, deception or misrepresentation?		
(ii.) Engaging in the use or employment of dishonesty, fraud, deception, misrepresentation, false promise or false pretense?		
(iii.) Engaging in gross negligence, gross malpractice or gross incompetence?		
(iv.) Engaging in acts of negligence, malpractice or incompetence involving selling or making a home improvement?		
(v.) Engaging in professional or occupational misconduct? and/or		
(vi.) Engaging in theft, fraud or deceptive business practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11(a). If you answered "Yes" to any part of question number 11, please provide the following:

Name of applicant, partner(s), person(s) or business against whom action was taken.	Date of Action	Name and address of the government agency that took action against the individual (applicant, partner, etc.)	Type of Action Taken

**Important Instructions:**  
 For each occurrence listed above, please provide a true copy of all final orders and/or judgments, consents and agreements. For the purposes of this paragraph, a judgment of liability in an administrative or civil action shall include, but not be limited to, any finding or admission that the business, or any of its officers, directors, principals or persons with an ownership of 10 percent or more in the business engaged in an unlawful practice or practices related to any of the named situations C(i) through C(vi) above, regardless of whether that finding was made in the context of an injunction, a proceeding resulting in the denial, suspension or revocation of a license, certificate or registration, consented to in an assurance of voluntary compliance or any similar order or legal agreement with any state or federal agency.

# DISCLOSURE STATEMENT

(Check either the “Yes” or “No” box below.)

**Has the applicant or any of its officers, directors, principals or persons with an ownership of 10 percent or more in the applicant been convicted of a crime that has a direct and substantial relationship to making or selling home improvements, or is of a nature such that registration of the business would be inconsistent with the public's health, safety or welfare, or any crime in violation to selling or making home improvements or any crime in violation of any of the following provisions of the “New Jersey Code of Criminal Justice,” Title 2C of the New Jersey Statutes, or the equivalent under the laws of any other jurisdiction?**

1. Any crime of the first degree;
2. Any crime which is a second- or third-degree crime and is a violation of chapter 20 or 21 of Title 2C of the New Jersey Statutes; or
3. Any other crime which is a violation of N.J.S.A. 2C:5-1 (criminal attempt), 2C:5-2 (conspiracy), 2C:11-2 (criminal homicide), 2C:11-3 (murder), 2C:11-4 (manslaughter), 2C:12-1 (assault), 2C:12-3 (terroristic threats), 2C:13-1 (kidnapping), 2C:14-2 (sexual assault), 2C:15-1 (robbery), subsection a. or b. of 2C:17-1 (arson and related offenses), subsection a. or b. of 2C:17-2 (causing or risking widespread injury or damage), 2C:18-2 (burglary), 2C:20-4 (theft by deception), 2C:20-5 (theft by extortion), 2C:20-7 (receiving stolen property), 2C:20-9 (theft by failure to make required disposition of property received), 2C:21-2 (criminal simulation), 2C:21-2.1 (fraud relating to driver’s license or other document issued by government agency to verify identity or age; simulation), 2C:21-2.3 (fraud relating to motor vehicle insurance identification card; production or sale), 2C:21-3 (frauds relating to public records and recordable instruments), 2C:21-4 (falsifying or tampering with records), 2C:21-6 (frauds relating to credit cards), 2C:21-7 (deceptive business practices) 2C:21-12 (defrauding secured creditors), 2C:21-14 (receiving deposits in a failing financial institution), 2C:21-15 (misapplication of entrusted property and property of government or financial institution), 2C:21-19 (wrongful credit practices and related offenses), 2C:27-2 (bribery in official and political matters), 2C:27-3 (threats and other improper influence in official and political matters), 2C:27-5 (retaliation for past official action), 2C:27-9 (public servant transacting business with certain persons), 2C:27-10 (acceptance or receipt of unlawful benefit by public servant for official behavior), 2C:27-11 (offer of unlawful benefit to public servant for official behavior), 2C:27-12 (corruption of public resources), 2C:28-1 (perjury), 2C:28-2 (false swearing), 2C:28-3 (unsworn falsification to authorities), 2C:28-4 (false reports to law enforcement officials), 2C:28-5 (tampering with witnesses and informants; retaliation against them), 2C:28-6 (tampering with or fabricating physical evidence), 2C:28-7 (tampering with public records or information), 2C:28-8 (impersonating a public servant or law enforcement officer), 2C:30-2 (official misconduct), 2C:30-3 (speculating or wagering on official action or information), 2C:35-5 (manufacturing, distributing or dispensing a controlled dangerous substance), 2C:35-10 (possession, use or being under the influence or failure to make lawful disposition of a controlled dangerous substance), 2C:37-2 (promoting gambling), 2C:37-3 (possession of gambling records), 2C:37-4 (maintenance of gambling resort).

If “Yes,” please provide the following:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of person against whom action was taken	Date of Action	Nature of the Offense	Name and address of the government agency that took action	Action Taken	

**For each conviction, attach the following:**

1. Judgment of conviction.
2. Sentencing order.
3. Presentencing report.
4. Letter confirming probation and/or parole status.
5. Documents showing clear and convincing evidence of rehabilitation, including letters or references from members of your community who are not related to you by blood or marriage, and who can attest to your character.
6. Certificate of Rehabilitation pursuant to N.J.S.A. 2A:168A-7 to -16.

# CERTIFICATION

I, as a principal officer of the business, understand that this application for registration will be accepted and the registration issued only if the requirements of the Consumer Fraud Act ("Act"), N.J.S.A. 56:8-137 to N.J.S.A. 56:8-152, and the regulations promulgated under the Act have been met.

I certify that the business and each of its officers, directors, principals and persons with an ownership of 10 percent or more in the applicant are capable of discharging the functions of a registrant in a manner consistent with the public's health, safety and welfare.

I certify that all of the information provided in connection with this application is true to the best of my information, knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Division of Consumer Affairs ("the Division").

I agree to cooperate fully with any request by the Attorney General or the Division to provide any assistance or information and to produce any records requested by the Division, and to cooperate in any inquiry, investigation or hearing conducted by the Division.

You must complete all five lines below.

\_\_\_\_\_  
Business name (must match answer to Question 1 of application)

\_\_\_\_\_  
Your name (please print clearly)

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Your title

\_\_\_\_\_  
Date

**If your commercial general liability insurance policy or workers' compensation insurance policy insurance is canceled or not renewed at any time during the renewal cycle, you must file a copy of your new or replacement Certificate of Commercial General Liability Insurance or Certificate of Workers' Compensation Insurance with the Division no later than 10 days following the cancellation or nonrenewal of the former policy. If there is a change or amendment to the additional security required pursuant to N.J.S.A. 56:8-142(e) or any other information in your original or previous renewal application, you must amend your registration within 20 days of the change or addition. Failure to do so may result in action being taken against your registration.**

Please submit a nonrefundable check or money order in the amount of \$110 made payable to the N.J. Division of Consumer Affairs, along with the following documents, to the address below:

- (1) Completed Application (pages 1-4), Disclosure Statement (page 5), Certification (page 6).
- (2) The corporate document(s) or formation documents.
- (3) Proof of insurance policies and additional security required by question no. 6(a)-6(c).
- (4) If applicable, the documents required by question nos. 7, 10(b) and 11(a).

**State of New Jersey  
Division of Consumer Affairs  
Regulated Business Section - Home Improvement Contractor Business Unit  
124 Halsey Street, 7th Floor  
P.O. Box 46016  
Newark, NJ 07101**

If you need a duplicate or replacement registration, the fee is \$20 each. Make the check payable to the New Jersey Division of Consumer Affairs.

For information on documentation issued by the State of New Jersey call **609-292-9292** or visit **www.state.nj.us/njbgs** .  
 For information on a **Trade Name Certificate** issued in New Jersey contact your local county clerk's office.  
 For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

**N.J. TRADE NAME CERTIFICATE**

**Sample #1**

OCEAN COUNTY CLERK'S OFFICE  
**N.J. CERTIFICATE OF TRADE NAME**

Carl W. Block, County Clerk  
 Ocean County Commission  
 P.O. Box 1191, Toms River, N.J. 0874-2191  
 (732) 923-2016 1-800-712-0291  
 www.oceancountyclerk.com

**This is to certify that:**  
 The following statement is made by the undersigned pursuant to the provisions of N.J.R.S. 56:1-1 et seq. ("Business and Partnership Names").

- The name under which the business is now or is about to be conducted is [REDACTED]
- The nature of the business is [REDACTED]
- The address where the said business is now or is about to be conducted is [REDACTED]
- The full name and residence or post-office address of each person connected with the said business as a member of the firm, partner or owner conducting or about to conduct the said business is [REDACTED]

Business Telephone No. [REDACTED]

The person or persons or members of the firm or partnership conducting or transacting the said business, who are not resident in this State, do hereby constitute the Clerk of the County wherein nonresident person or persons, partner or partners upon whom all original process may be served (a) in an action or legal proceeding against said firm or partnership or (b) in an action against said person or persons for any debt, damage or liability contracted or incurred by them in or growing out of the conduct or transaction of said business. It is agreed that such original process which may be served upon the County Clerk shall be of the same force and validity as if served upon said nonresident person or persons, partners or members of the firm or partnership. The authority hereof shall as to such nonresidents, continue in force so long as they shall do, conduct or transact the said business in this State under such name.

Witnessed by: [Signature]

Dated: 8/12/09

State of New Jersey } ss:  
 County of [REDACTED]

who I am satisfied is/are the person(s) [REDACTED] who has/have personally appeared before me and, after being duly sworn, has/have certified that the statements contained therein are true.

Sworn to and Subscribed before me this [REDACTED]

**NOTICE**  
 The filing of this Trade Name Certificate does not preclude the use of this name by an incorporated entity.

Note: The appearance of these documents may vary depending on the state and county of origin.

**ANNUAL REPORT CERTIFICATE**

**Sample #2**

STATE OF NEW JERSEY  
 DEPARTMENT OF THE TREASURY  
 DIVISION OF REVENUE AND ENTERPRISE SERVICES  
 ANNUAL REPORT CERTIFICATE

[REDACTED]

The Division of Revenue and Enterprise Services hereby affirms that the following annual report for the year: [REDACTED] was submitted on [REDACTED] for the year: [REDACTED]

Registered Agent and Office  
 [REDACTED]

Main Business Address  
 [REDACTED]

Principal Business Address  
 [REDACTED]

Officers and Directors  
 [REDACTED]

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal, this 28th day of February, 2021

[Signature]  
 Elizabeth Maher Moio  
 State Treasurer

**CERTIFICATE OF INCORPORATION**

**Sample #3**

NEW JERSEY DEPARTMENT OF TREASURY  
 DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES  
**CERTIFICATE OF INC. (PROFIT)**

The above-named DOMESTIC PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 01/10/2007 and was assigned identification number [REDACTED]. Following are the articles that constitute its original certificate:

- Name: [REDACTED]
- The Registered Agent: [REDACTED]
- The Registered Office: [REDACTED]
- Business Purpose: [REDACTED]
- Stock: [REDACTED]
- First Board of Directors: [REDACTED]
- Incorporators: [REDACTED]

Continued on next page ...



**Sample #3**

NEW JERSEY DEPARTMENT OF TREASURY  
 DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES  
**CERTIFICATE OF INC. (PROFIT)**

[REDACTED]

8 The Main Business Address:  
 [REDACTED]

Signatures:  
 [REDACTED]

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 01/11/2007

[Signature]  
 Bradley Aheola  
 Treasurer of the State of New Jersey



For information on documentation issued by the State of New Jersey call **609-292-9292** or visit **www.state.nj.us/njbgs** .  
 For information on a **Trade Name Certificate** issued in New Jersey contact your local county clerk's office.  
 For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

**CERTIFICATE OF INCORPORATION**

**Sample #4**

NEW JERSEY DEPARTMENT OF TREASURY  
 DIVISION OF REVENUE  
**CERTIFICATE OF INC, (PROFIT)**

The above-named DOMESTIC PROFIT CORPORATION was duly filed in accordance with New Jersey state law on 03/03/2009 and was assigned identification number [redacted]. Following are the articles that constitute its original certificate.

- Name: [redacted]
- Registered Agent: [redacted]
- Registered Office: [redacted]
- Business Purpose: [redacted]
- Stock: [redacted]
- Effective Date of this Filing is: [redacted]
- Designation of Shares: [redacted]
- First Board of Directors: [redacted]
- Incorporators: [redacted]
- Main Business Address: [redacted]


Signatures: [redacted]


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**Sample #4**

NEW JERSEY DEPARTMENT OF TREASURY  
 DIVISION OF REVENUE  
**CERTIFICATE OF INC, (PROFIT)**

[redacted]

 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of March, 2009.

  
 R. David Roussau  
 State Treasurer

Certificate# [redacted]  
 Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandinCertISP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandinCertISP/Verify_Cert.jsp)

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**SHORT FORM STANDING**

**Sample #5**


STATE OF NEW JERSEY  
 DEPARTMENT OF TREASURY  
**SHORT FORM STANDING**


I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 2, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

[redacted]

 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of November, 2009.

  
 R. David Roussau  
 State Treasurer

Certificate Number: [redacted]  
 Verify this certificate online at  
[http://www1.state.nj.us/TYTR\\_StandinCertISP/Verify\\_Cert.jsp](http://www1.state.nj.us/TYTR_StandinCertISP/Verify_Cert.jsp)

**Note: Sole Proprietor and Partnership documents are issued by your local county clerk's office. Certificate of Formation and Certificate of Incorporation documents are issued by the State of New Jersey.**

For information on documentation issued by the State of New Jersey call **609-292-9292** or visit **www.state.nj.us/njbgs** .

For information on a **Trade Name Certificate** issued in New Jersey contact your local county clerk's office.

For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

### CERTIFICATE OF FORMATION

**Sample #6**

NEW JERSEY DEPARTMENT OF TREASURY  
DIVISION OF REVENUE  
**CERTIFICATE OF FORMATION**

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey state law on 11/12/2009 and was assigned identification number: [REDACTED] following are the articles that constitute its original certificate.

1. Name: [REDACTED]
2. Registered Agent: [REDACTED]
3. Registered Office: [REDACTED]
4. Business Purpose: [REDACTED]
5. Members/Managers: [REDACTED]
6. Main Business Address: [REDACTED]


Signatures: [REDACTED]

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**Sample #6**

NEW JERSEY DEPARTMENT OF TREASURY  
DIVISION OF REVENUE  
**CERTIFICATE OF FORMATION**

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of November, 2009



R. David Rousseau  
State Treasurer

Certification# [REDACTED]  
Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingsCertVVP/eid\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingsCertVVP/eid_Cert.jsp)

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### CERTIFICATE OF FORMATION

**Sample #7**

NEW JERSEY DEPARTMENT OF TREASURY  
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES  
**CERTIFICATE OF FORMATION**

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 12/11/2003 and was assigned identification number [REDACTED] Following are the articles that constitute its original certificate.

1. Name: [REDACTED]
2. The Registered Agent: [REDACTED]
3. The Registered Office: [REDACTED]
4. Business Purpose: [REDACTED]
5. Members/Managers: [REDACTED]
6. The Main Business Address: [REDACTED]


Continued on next page ...

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**Sample #7**

NEW JERSEY DEPARTMENT OF TREASURY  
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES  
**CERTIFICATE OF FORMATION**

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this [REDACTED]



John E. McCormac, CPA  
Treasurer of the State of New Jersey

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For information on documentation issued by the State of New Jersey call **609-292-9292** or visit **www.state.nj.us/njbs**.  
 For information on a **Trade Name Certificate** issued in New Jersey contact your local county clerk's office.  
 For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

**REGISTRATION OF ALTERNATE NAME**

**Sample #8**

STATE OF NEW JERSEY  
 DIVISION OF REVENUE

**REGISTRATION OF ALTERNATE NAME**

C-159C

Complete the following applicable information, and sign in the space provided. Please note that this information is confidential and should not be disclosed to the public. Refer to the instructions on page 26 for filing fees and fields that are required to be completed. Attachments if more space is required for any field.

Check Appropriate Statute:  
 Title 14A:2-2.1 (2) New Jersey Business Corporation Act  
 Title 42:28-4 Limited Liability Company  
 Title 15A:2-2.3 (b) New Jersey Nonprofit Corporation Act  
 Title 42:2A-4 Limited Partnership

Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business entity hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the following application:

- Name of Corporation/Business: \_\_\_\_\_
- NI 10 digit ID number: \_\_\_\_\_
- Set forth state of Original Incorporation/Formation: \_\_\_\_\_
- Date of Incorporation/Formation: \_\_\_\_\_
- Date of Authorization (Foreign): \_\_\_\_\_
- Alternate Name to be used: \_\_\_\_\_
- State the purpose or activity to be conducted using the Alternate Name: \_\_\_\_\_
- The Business intends to use the Alternate Name in this State: \_\_\_\_\_
- The Business has not previously used the Alternate Name in this State in violation of this Statute, or, if it has, the month and year in which it commenced such use: \_\_\_\_\_

Signature requirement:  
 For Corporations: Chairman of the Board, President, Vice-President  
 For Limited Partnerships: General Partner  
 For All Other Business Types: Authorized Representative

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.

**CERTIFICATE OF AUTHORITY**

**Sample #9**

NEW JERSEY DEPARTMENT OF TREASURY  
 DIVISION OF REVENUE

**CERTIFICATE OF AUTHORITY**

The above-named FOREIGN FOR-PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 09/10/2009 and was assigned identification number [redacted]. Following are the articles that constitute its original certificate.

- Name: [redacted]
- Registered Agent: [redacted]
- Registered Office: [redacted]
- Business Purpose: [redacted]
- Incorporated Under the Laws of: [redacted]
- Main Business Address: [redacted]

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of September, 2009.

R. David Rousseau  
 State Treasurer

Certificate Number: [redacted]  
 Verify this certificate online at: [http://www1.state.nj.us/TYR\\_Standards/CertSPHrty\\_CrtJr](http://www1.state.nj.us/TYR_Standards/CertSPHrty_CrtJr)

**CERTIFICATE OF COMMERCIAL GENERAL LIABILITY AND WORKERS' COMPENSATION INSURANCE**

**Sample #10**

ACORD  
**CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

INSURED: COMPANY NAME: \_\_\_\_\_ ADDRESS, CITY, STATE, ZIP CODE: \_\_\_\_\_

COVERAGES: CERTIFICATE NUMBER: \_\_\_\_\_ REVISION NUMBER: \_\_\_\_\_

TYPE	DESCRIPTION	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	COVERAGE	LIMITS
1	COMMERCIAL GENERAL LIABILITY				BODILY INJURY PROPERTY DAMAGE MEDICAL EXPENSES PERSONAL AND ADULTERY GENERAL AGGRIEVEMENT PRODUCTS, COMPLETED OPERATIONS	
2	UMBRELLA/EXCESS LIABILITY				BODILY INJURY (BY PERSON) BODILY INJURY (BY OBJECTS) PERSONAL AND ADULTERY PRODUCTS, COMPLETED OPERATIONS	
3	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				ACCIDENT BENEFIT SICKLEAVE BENEFIT DISABILITY BENEFIT DEATH BENEFIT MEDICAL BENEFIT REHABILITATION BENEFIT EMPLOYERS' LIABILITY	

CERTIFICATE HOLDER: \_\_\_\_\_ CANCELLATION: \_\_\_\_\_

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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**CERTIFICATE OF REGISTRATION**

**Sample #11**

NEW JERSEY DEPARTMENT OF TREASURY  
 DIVISION OF REVENUE AND ENTERPRISE SERVICES

**CERTIFICATE OF REGISTRATION**

The above-named FOREIGN LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 11/29/2021 and was assigned identification number [redacted]. Following are the articles that constitute its original certificate.

- Name: [redacted]
- Registered Agent: [redacted]
- Registered Office: [redacted]
- Business Purpose: [redacted]
- Incorporated Under the Laws of: [redacted]
- Effective Date of this filing is: [redacted]
- Main Business Address: [redacted]

Signatures: \_\_\_\_\_

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal 29th day of November, 2021.

Elisabeth Maher Munio  
 State Treasurer

Certificate Number: [redacted]  
 Verify this certificate online at: [http://www1.state.nj.us/TYR\\_Standards/CertSPHrty\\_CrtJr](http://www1.state.nj.us/TYR_Standards/CertSPHrty_CrtJr)

For information on documentation issued by the State of New Jersey call **609-292-9292** or visit [www.state.nj.us/njbs](http://www.state.nj.us/njbs) .

For information on a **Trade Name Certificate** issued in New Jersey contact your local county clerk's office.

For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

**BUSINESS REGISTRATION CERTIFICATE**

**Sample #12**

	<b>STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE</b>
Taxpayer Name:	████████████████████
Trade Name:	████████████████████
Address:	████████████████████ ████████████████████ ████████████████████
Certificate Number:	████████
Effective Date:	████████
Date of Issuance:	████████
For Office Use Only:	████████

SAMPLE FORMS