



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 the company's responsible owners/officers (*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*. We do not accept cash. 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*).

Type of Application and Certificate Number:

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 employers who have been continuously registered for the past two consecutive years.*

Questions 1 – 15: 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. **Street 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. This is the address to which notices and the public works contractor registration certificate will be mailed.
5. **Telephone Number, Fax Number, Email, 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). To get this form, go to www.nj.gov/labor and click on *Wage & Hour* then *Registration & Permits*, or call (609) 292-9464.

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 or loss 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: NAICS Code – This is optional.

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

Return application & payment to:

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

UPS & FedEx overnight mail:

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

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

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

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

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

STATE OF NEW JERSEY
Department of Labor and Workforce Development
Division of Wage and Hour Compliance

**APPLICATION FOR PUBLIC WORKS
CONTRACTOR REGISTRATION**

FOR OFFICE USE ONLY:

Log # _____

Check # _____

Check Amount \$ _____

**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.**

New Application - \$300 **Non-Refundable Fee**
One-Year Renewal - \$300 **Non-Refundable Fee**

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

Current Certificate No. _____

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

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

3. Street Address _____ (Do not use a PO Box) City _____ State _____ ZIP Code _____ County _____

4. Mailing Address _____
(Mailing address to which notices and the Public Works Contractor Registration certificate will be mailed.)

5. Telephone No. _____ Fax No. _____ Email _____ 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 _____

Telephone No. _____ Fax No. _____ Email _____

8. Workers' Compensation Carrier Name: * _____
Policy No.: _____ Effective ____/____/____ To ____/____/____ Expiration date must be at least 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 <i>(if zero, so state)</i>	Telephone No.
Home Address	City	State ZIP Code

b.

First Name	Last Name	Title
Social Security No.	% of financial ownership in business <i>(if zero, so state)</i>	Telephone No.
Home Address	City	State ZIP Code

c.

First Name	Last Name	Title
Social Security No.	% of financial ownership in business <i>(if zero, so state)</i>	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 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 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 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 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

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.

Signature of Contractor Representative

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
 Fax (609) 633-8591
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***** Please allow 30 calendar days for processing the contractor registration certificate. *****

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

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

**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: 20px; margin: 10px 0;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%; text-align: center;">—</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table> Federal Employer Identification Number (FEIN)			—								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 <p style="text-align: center;">Check Cash</p>	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