STATE OF NEW JERSEY

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
BUREAU OF HOMEOWNER PROTECTION
NEW HOME WARRANTY PROGRAM
PO BOX 805
101 SOUTH BROAD STREET *(PHYSICAL ADDRESS)*
TRENTON NJ 08625-0805
PHONE: (609) 984-6635 or (609) 984-7563
FAX: (609) 292-2839
INTERNET ADDRESS: www.nj.gov/dca/codes

NEW HOME BUILDER REGISTRATION APPLICATION -RENEWAL

RENEWAL INSTRUCTIONS

Please read carefully before completing this application.
Application must be typed or completed in ink.

Note: The Bureau of Homeowner Protection requires a completed Request for Criminal History Record Information for a Noncriminal Justice Purpose form (SBI 212A) along with the completed Builder Registration Application. The request must be completed on the New Jersey State Police State Bureau of Investigation Section original form. **Photocopies are NOT acceptable**. A separate form must be completed for each officer, principal, partner, trustee, member, and/or director in the business entity, and also for those individuals who own ten percent or more interest in the business entity. Forms have been included with the application package. Please contact the Bureau of Homeowner Protection at (609) 984-6635 or (609)984-7563 if additional copies are needed.

Special note to Internet users: If you have downloaded this New Home Builder Registration Application from the Department's Internet site, it does not include the Request for Criminal History Record Information for a Noncriminal Justice Purpose form (SBI 212A). This form will be sent to you upon receipt of your application.

If you have any additional questions concerning this application package, you may contact the Bureau of Homeowner Protection at (609) 984-6635 or at (609) 984-7563.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. The date of filing will be the date the Bureau of Homeowner Protection Builder Registration Section receives a completed application. All questions and sections of the Builder Registration Application Form must be completed. If a question is inapplicable, so indicate. If there is insufficient room on the form for you to provide a complete answer to the question, staple additional sheets of paper to the form.

A nonrefundable registration fee of $200.00 must accompany this application. Make check or money order payable to "State of New Jersey New Home Warranty Fund". Maker of check must be the registering business or a principal named in the application.

Allow at least 20 working days for the processing of this application.

BEFORE COMPLETING THIS APPLICATION, PLEASE READ THE INSTRUCTIONS.

NEW HOME BUILDER REGISTRATION APPLICATION RENEWAL INSTRUCTIONS -continued.

Instructions Pertaining to Page 1 of Application

- **The name of the business transferring title is the entity that must register *and warrant the new home*.** This exact name will appear on your application for registration as a new home builder in the State of New Jersey. If you are the only owner of the business and are doing business under your own name, a sole proprietor, list your own name.

- Business Location Address: **Post Office Boxes are not acceptable.** This is the address from which you do business. This must be a street address.

- Mailing Address: This is the address at which you want to receive mail; it may be a Post Office Box.

- Agent: An **agent** for service of process is the **person** (a business name is not acceptable) in New Jersey authorized by your business to accept legal papers on behalf of your business. If you are a corporation, limited liability company or limited partnership you are required to have a registered agent for service of process. Your agent must have a New Jersey address, and the address you provide must be a *physical* address; **PO Boxes are not acceptable**.

- Warranty Security Option: You must indicate the Plan name with which you participate. If you are enrolled in a private warranty plan, please provide a current letter of acceptance from the private plan showing that this business entity is current and in good standing.

- EIN: An Employer Identification Number (EIN) also known as a Federal Identification Number, is a nine-digit number the IRS assigns to business entities. Employers, sole proprietors, corporations, nonprofit organizations, trusts and estates, government agencies, certain individuals and other business entities use EINs.

- **If there have been any changes in principals, members, directors or partners in the building entity, you must provide documentation listing the current officers.**

EACH INDIVIDUAL LISTED IN THIS APPLICATION MUST COMPLETE THE APPROPRIATE SCHEDULES. ADDITIONAL SHEETS (*EXCEPT FORM SBI 212A*) MAY BE PHOTOCOPIED IF NECESSARY.

STATE OF NEW JERSEY

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TRENTON NJ 08625-0805
INTERNET ADDRESS: www.nj.gov/dca/divisions/codes

Builder Registration	**Phone:**	**(609) 984-6635 or (609) 984-7563**
	Fax:	**(609) 292-2839**
Warranty Enrollments	**Phone:**	**(609) 633-3994 or (609) 984-7908**
	Fax:	**(609) 984-7954**

FOLLOWING IS A LIST OF APPROVED WARRANTY PLANS ACCEPTABLE IN THE STATE OF NEW JERSEY

STATE OF NEW JERSEY NEW HOME WARRANTY PROGRAM (NHWP)
Department of Community Affairs
Bureau of Homeowner Protection
P.O. Box 805
Trenton, New Jersey 08625-0805

Telephone: (609) 633-3994 or (609) 633-7908
Internet address: www.nj.gov/dca/divisions/codes

2-10 HOME BUYERS WARRANTY CORP. III (HBW)
10375 East Harvard Avenue
Suite 100
Denver, Colorado 80231

Telephone: (800) 488-8844
Internet address: www.2-10.com

AMERICAN eWARRANTY
6360 Flank Drive, Suite 700
Harrisburg, Pennsylvania 17112

Telephone: (717) 526-2090
Internet address: www.americanewarranty.com

PROFESSIONAL UNDERWRITERS INC. (PUC)
c/o Professional Warranty Service Corp.
PO Box 800
Annandale, Virginia 22003-0800

Telephone: (800) 850-2799
Internet address: www.pwsc.com

QUALITY BUILDERS WARRANTY CORP. (QBW)
325 North Second Street
Wormleysburg, Pennsylvania 17043

Telephone: (717) 737-2522 or (800) 334-9143
Internet address: www.qbwc.com

RESIDENTIAL WARRANTY COMPANY LLC (RWC)
5300 Derry Street
Harrisburg, Pennsylvania 17111-3598

Telephone: (800) 247-1812
Internet address: www.rwcwarranty.com

The State of New Jersey New Home Warranty Plan is open to all registered new home builders. Any builder not participating in an approved private warranty plan is automatically enrolled in the State Plan. Upon acceptance into an approved private plan, notification must be given in writing to the New Jersey Department of Community Affairs, Bureau of Homeowner Protection, PO Box 805, Trenton, New Jersey 08625-0805.

As set forth in N.J.A.C. 5:25-2.5(b) (4), a Certificate of Builder Registration may be suspended if material changes in the most recent builder registration or amendment thereto is not reported within 30 days of the change. In accordance with N.J.A.C. 5:25-2.6, any builder who fails to file an amended application shall be subject to an administrative penalty levied by the Bureau of Homeowner Protection and collected in accordance with the Penalty Enforcement Law.

Revised 6/13

STATE OF NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
PO Box 805
101 South Broad Street *(PHYSICAL ADDRESS)*
Trenton, New Jersey 08625-0805
Phone: (609) 984-6635 or (609) 984-7563
Fax: (609) 292-2839

STATE OF NEW JERSEY NEW HOME BUILDER REGISTRATION -RENEWAL APPLICATION

Information provided on this application is subject to public disclosure as required by the Open Public Records Act (OPRA).

NOTICE: Any changes, additions or deletions to the information in this application must be reported in writing to the New Home Warranty Program within 30 days. Failure to do so may result in the denial or suspension of the builder's registration. Failure to amend may result in a $2,000.00 administrative penalty as set forth in N.J.A.C. 5:25-2.6.

Please type or print clearly in ink. You must answer all questions on this application for registration. Please refer to the attached instruction sheet. Attach additional sheets of paper, if necessary, identifying the question(s) to which they provide a response.

NAME OF NEW HOME BUILDING BUSINESS

IF THIS BUILDING BUSINESS IS NO LONGER ENGAGED IN THE CONSTRUCTION OF NEW HOMES, CHECK BOX BELOW, SIGN AND RETURN FORM TO THIS OFFICE.
*****NOTE*** IF YOU HAVE PROVIDED WARRANTIES TO HOMES WHICH ARE IN THE FIRST TWO (2) YEARS OF COVERAGE, YOU MUST MAINTAIN A CURRENT REGISTRATION.** ☐

***If there have been any changes in principals, members, directors, partners or officers in this building entity, please include documentation listing the current officers.**

1. Applicant's Business Organization* *(Check One)*

☐ Corporation ☐ LLC ☐ Limited Partnership
☐ General Partnership ☐ Sole Proprietorship ☐ Trust
☐ Joint Venture ☐ Other, please specify

2. Business Location Address *(Physical Address)*

Street (PO Box NOT acceptable) _____

City _____ State _____ Zip Code _____

Telephone ( ) _____

Fax ( ) _____

e-Mail Address _____

3. Mailing Address *(The address where official notification is received)*

Street or PO Box _____

City _____ State _____ Zip Code _____

Telephone ( ) _____

Fax ( ) _____

4. AGENT (CORPORATION & LLC only)

*Must be a **PERSON** with a New Jersey address, **NOT a business entity**.*

Name _____

Street _____

City _____ State _____ Zip Code _____

Warranty Security Option *(Check One)*

☐ State Plan ☐ Private Plan*

***Provide a current letter of acceptance from the private plan showing that this business entity is current with a new expiration date.**

5. Employer Identification No. (EIN) _____

6. Are there any satisfied or unsatisfied judgments against this Building entity?

☐ Yes ☐ No

If yes, please include a copy of judgment and discharge papers.

7. Amount of Judgment: _____

8. Date of Judgment: _____

9. Is this business entity in bankruptcy, declared bankruptcy or made application for bankruptcy, business reorganization, financial reorganization or liquidation?

☐ Yes ☐ No

If yes, provide documentation.

Authorized Signature *(Must be Officer/Principal of Business Entity)*

X _____ Name (Print or Type) _____

Date _____ Title _____

STATE OF NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program

RENEWAL APPLICATION SCHEDULE A - BUILDER DESIGNEE

NAME OF BUSINESS _____

The builder designee must be the name of an INDIVIDUAL who is a primary partner, principal, officer, member or director designated as such in the builder's application for registration, and is the INDIVIDUAL responsible for participating in the claims process, if necessary. **(SOLE PROPRIETORS MUST ALSO COMPLETE THIS PAGE)**

SECTION 2A - BUILDER DESIGNEE *(print or type)*

Name _____ Title _____ Percentage of Ownership _____

Home Address _____ Business Telephone ( ) _____

City _____ State _____ Fax ( ) _____

Zip Code _____ E-Mail Address _____

SECTION 2B

If you are or have ever been a builder designee, officer, partner, member, director, or a holder of a minimum of 10% interest in any other NJ new home building business, list them below. ALL CURRENT AS WELL AS INACTIVE BUSINESSES MUST BE LISTED. *(Use a separate sheet of paper if necessary)*

From	To	Company Name	Registration No.	Position	Ownership	Percentage
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	

SECTION 2C

Has the individual executing this disclosure ever been personally subject to, or been an officer, director, partner, principal or a member in a company subject to a civil, criminal or administrative proceeding or adjudged liable in a civil or administrative 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 the construction of a new home;
v. Engaging in professional or occupational misconduct; and/or
vi. Engaging in theft, fraud or deceptive business practices?

☐ Yes ☐ No If "Yes", please provide the following:

Name of Entity/Person Against Whom Action was Taken	Date of Action	Name and Address of Government Entity that Took Action	Action Taken

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 applicant, or any of its partners, officers, directors, principals, members or persons with an ownership of 10 percent or more in the applicant engaged in an unlawful practice or practices related to any of the named situations i. through 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, certification or registration, consented to in an assurance of voluntary compliance or any similar order or legal agreement with any state or federal agency.

ATTACH ADDITIONAL SHEETS IF NECESSARY

STATE OF NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program

RENEWAL APPLICATION SCHEDULE A - BUILDER DESIGNEE -continued

NAME OF INDIVIDUAL _____ **NAME OF BUSINESS** _____

SECTION 2D

Does the INDIVIDUAL executing this disclosure have any unsatisfied judgments? ☐ Yes ☐ No

Name of Person Against Whom Judgment was Issued	Date of Action	Amount of Judgment

For each action listed in Section 2D (above), please provide a true copy of all final judgments, consent orders and agreements.

I certify that all information provided in connection with the 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 this registration, suspend or revoke a registration issued by the New Home Warranty Program.

SIGNATURE _____ **DATE** _____
(Must be signed by individual listed in section 2A)

Name *(Print or type)* _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

STATE OF NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program

RENEWAL APPLICATION SCHEDULE B - OFFICERS/PRINCIPALS

NAME OF BUSINESS _____

A SEPARATE SCHEDULE B (PAGES 4 & 5) MUST BE COMPLETED FOR EACH OFFICER, MEMBER, DIRECTOR, PARTNER AND PRINCIPAL IN THIS BUSINESS. Also complete a separate schedule B for all individuals who hold a minimum of 10% interest. ****NOTE**** EACH INDIVIDUAL NAMED IN THE CERTIFICATE OF INCORPORATION, PARTNERSHIP/ JOINT VENTURE AGREEMENT, TRUST OR LIMITED LIABILITY COMPANY MUST COMPLETE A SEPARATE SCHEDULE B (PAGES 4 & 5). (These pages may be photocopied if necessary.)

SECTION 3A -OFFICER/PRINCIPAL *(print or type)*

Name _____ Title _____ Percentage of Ownership _____

Home Address _____ Business Telephone ( ) _____

City _____ State _____ Fax ( ) _____

Zip Code _____ E-Mail Address _____

SECTION 3B

If you are or have ever been a builder designee, officer, partner, member, director or a holder of a minimum of 10% interest in any other new home building business, list them below. ALL CURRENT AS WELL AS INACTIVE BUSINESSES MUST BE LISTED. *(Use a separate sheet if necessary.)*

From	To	Company Name	Registration No.	Position	Ownership	Percentage
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	

SECTION 3C

Has the individual executing this disclosure ever been personally subject to, or been an officer, director, partner, principal or a member in a company subject to a civil, criminal or administrative proceeding or adjudged liable in a civil or administrative 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 the construction of a new home;
v. Engaging in professional or occupational misconduct; and/or
vi. Engaging in theft, fraud or deceptive business practices?

☐ Yes ☐ No If "Yes", please provide the following:

Name of Entity/Person Against Whom Action was Taken	Date of Action	Name and Address of Government Entity that Took Action	Action Taken

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 applicant, or any of its partners, officers, directors, principals, members or persons with an ownership of 10 percent or more in the applicant engaged in an unlawful practice or practices related to any of the named situation i through 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, certification or registration, consented to in an assurance of voluntary compliance or any similar order or legal agreement with any state or federal agency.

ATTACH ADDITIONAL SHEETS IF NECESSARY

STATE OF NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program

RENEWAL APPLICATION SCHEDULE B - OFFICERS/PRINCIPALS -continued

NAME OF INDIVIDUAL _____ **NAME OF BUSINESS** _____

SECTION 3D

Does the INDIVIDUAL executing this disclosure have any unsatisfied judgments? ☐Yes ☐ No

Name of Person Against Whom Judgment was Issued	Date of Action	Amount of Judgment

For each action listed in Section 3D (above), please provide a true copy of all final judgments, consent orderss and agreements.

I certify that all information provided in connection with the 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 this registration, suspend or revoke a registration issued by the New Home Warranty Program.

SIGNATURE _____ **DATE** _____
(Must be signed by individual listed in section 3A)

Name _____
(Print or type)

ATTACH ADDITIONAL SHEETS IF NECESSARY

Revised 12/07

STATE OF NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program

RENEWAL APPLICATION SCHEDULE C - OFFICERS/PRINCIPALS

NAME OF BUSINESS _____

SECTION 1 - OFFICERS/PRINCIPALS (*Sole Proprietorships must also complete this section*)

LIST BELOW THE NAMES, ADDRESSES AND POSITIONS OF EACH PRINCIPAL, OFFICER, PARTNER, DIRECTOR, MEMBER AND INDIVIDUAL IN THE BUSINESS. ALSO LIST THE NAMES AND ADDRESSES FOR ALL INDIVIDUALS WHO HOLD A MINIMUM OF 10% INTEREST IN THIS BUSINESS *(This page may be photocopied if additional copies are needed)*.

NOTE: IF SOCIAL SECURITY NUMBERS ARE PROVIDED THEY WILL REMAIN CONFIDENTIAL AND WILL NOT REMAIN IN FILES REVIEWED OR COPIED BY THE GENERAL PUBLIC.*

Name _____ Social Security No. _____
Home Street Address _____ City _____ State _____ Zip Code _____
Home Telephone No. ( ) _____ Date of Birth _____
Other names by which known or previously known _____
Signature _____ Date _____

Name _____ Social Security No. _____
Home Street Address _____ City _____ State _____ Zip Code _____
Home Telephone No. ( ) _____ Date of Birth _____
Other names by which known or previously known _____
Signature _____ Date _____

Name _____ Social Security No. _____
Home Street Address _____ City _____ State _____ Zip Code _____
Home Telephone No. ( ) _____ Date of Birth _____
Other names by which known or previously known _____
Signature _____ Date _____

Name _____ Social Security No. _____
Home Street Address _____ City _____ State _____ Zip Code _____
Home Telephone No. ( ) _____ Date of Birth _____
Other names by which known or previously known _____
Signature _____ Date _____

Name _____ Social Security No. _____
Home Street Address _____ City _____ State _____ Zip Code _____
Home Telephone No. ( ) _____ Date of Birth _____
Other names by which known or previously known _____
Signature _____ Date _____

* Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, N.J.S.A. 54:50-25 of the New Jersey Taxation Law, the Division of Codes and Standards is required to obtain your Social Security number. The Division is further obligated to provide your Social Security number to the Probation Division or other agency responsible for child support enforcement, and to the Director of Taxation. You are also being asked to consent and execute the attached Request for Criminal History Record Information for a Noncriminal Justice Purpose form (SBI 212A). Note to Internet users: Please contact the Bureau of Homeowner Protection at (609) 984-6635 or (609) 984-7563 for a copy of SBI 212A. The failure to complete this registration application in its entirety may result in denial, suspension, or revocation of your builders' registration.

ATTACH ADDITIONAL SHEETS IF NECESSARY