



JON S. CORZINE
Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Fire Alarm, Burglar Alarm and Locksmith Advisory Committee
124 Halsey Street, 6th Floor, Newark, NJ 07102



ZULIMA V. FARBER
Attorney General

LOCKSMITH

KIMBERLY S. RICKETTS
Director

IMPORTANT

Mailing Address:
P.O. Box 45042
Newark, NJ 07101
(973) 504-6245

To: Applicant

From: Fire Alarm, Burglar Alarm & Locksmith Advisory Committee

Re: Certification and Authorization Form

The Division of Consumer Affairs is required to conduct criminal history record background checks of all applicants for burglar alarm, fire alarm and locksmith licensure (N.J.S.A. 45:5A-26 and 35). In order for the Division to conduct a criminal history record background check, you must complete the enclosed Certification and Authorization Form and return it to:

Fire Alarm, Burglar Alarm and Locksmith Advisory Committee
PO Box 45042
Newark, New Jersey 07101

Upon receipt of a completed application form and the Certification and Authorization Form, the board will forward to you information you will need to schedule an appointment to have your fingerprints electronically recorded by Sagem Morpho, Inc. The recording of your fingerprints is necessary to conduct the criminal history record background check. Please note that you will be required to pay a \$78.00 fee to Sagem Morpho; **do not** send this fee when returning your form to the address above.

Enclosure



Official Use Only

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number

Official Use Only

Resubmit

Board or Committee

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Examiners of Electrical Contractors
Fire Alarm, Burglar Alarm and Locksmith
Advisory Committee
P.O. Box 45042
Newark, New Jersey 07101
(973) 504-6245

**LOCKSMITH
APPLICANT**

**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form and sign it in the presence of a notary public.

- Mr.
- Mrs.

1. Name Ms. _____ (_____)
Last First Middle Maiden Name

2. Address _____
Street or P.O. Box City State ZIP code

3. Date of birth ___/___/___ Sex: Male Female
Month Day Year

4. Social Security number _____ / _____ / _____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? Yes No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history background process. Please send no payment now.

If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting

Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs**, you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. The fee for this background check will be \$33.00. Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) Yes No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ }
County of: _____ } ss.

I, _____, in making this application to the Board or Committee for certification or licensure, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public





JON S. CORZINE
Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Fire Alarm, Burglar Alarm and Locksmith Advisory Committee
124 Halsey Street, 6th Floor, Newark, NJ 07102

<http://www.njconsumeraffairs.gov/nonmedical/firealarm.htm>



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APPLICATION FOR A LOCKSMITH LICENSE THROUGH EXAMINATION N.J.A.C. 13:31A-2.1

INSTRUCTIONS TO APPLICANTS

GENERAL INFORMATION

The application must be neatly printed or typewritten. All sections of the application must be fully completed before the application can be processed. If the application is not of sufficient size to furnish the required information, a supplemental sheet of the same size may be enclosed with the application (Please refer to the section for which you have used the supplemental sheet).

The non-refundable application fee is \$150.00 must be paid in the form of a check or money order payable to the STATE OF NEW JERSEY. The application fee is \$100.00 if you have also applied for a burglar alarm license or a fire alarm license.

A full-face photograph, two inches by two inches in size, must be signed and dated on the reverse side and attached to the application. Do not staple the photograph to the application.

Fully answer all questions with regard to the Criminal History and Child Support sections of the application. Your application may be delayed or denied should your responses require further review.

The Affidavit section of the application must be executed and signed in the presence of a notary public.

All applicants seeking licensure to engage in the locksmith business shall:

1. Be at least 18 years of age;
2. Be of good moral character pursuant to N.J.S.A. 45:5A-27;
3. Not have been convicted of a crime of the first, second or third degree within 10 years prior to the filing of the application for licensure;
4. Hold a high school diploma or equivalency certificate;
5. Have successfully completed the locksmithing examination set forth in N.J.A.C. 13:31A-2.3; and

(continued next page)

6. Have immediately preceding the submission of the application:

At least three years of practical hands-on experience in the provision of locksmithing services.

For purposes of this section, three years means a 36-month period, with at least 20 working days per month, during which the applicant has been engaged in the full-time provision of locksmithing services as defined in N.J.A.C. 13:31A-1.2, equal to a minimum of 5,040 hours; **or**

Completed a two-year apprenticeship program in the provision of locksmithing services approved by the Bureau of Apprenticeship and Training of the United States Department of Labor.

7. An applicant who is an employee of a locksmith business must submit **one (1) form for each employer who can certify the applicant's practical experience. An applicant who is an owner of a locksmith business must submit **two (2)** forms from other business owners engaged in the locksmith industry who can certify the applicant's practical experience. You may make copies of the form as needed.**

Your application will be reviewed by the Advisory Committee once you have satisfied these preliminary requirements.

CRIMINAL HISTORY REVIEW

If your application is preliminarily approved you will undergo a Criminal History Background Check.

All applicants for a license issued by the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee are required to submit to a Criminal History Background Check. Please fully complete the enclosed Certification and Authorization form and return the form with the license application. The form must be fully completed, executed and signed in the presence of a Notary Public and returned to the Advisory Committee office with your application for a license. The Committee will then provide you with instructions on how to obtain fingerprints. Once your fingerprints are submitted to the Criminal History Review Unit, a full review will be performed and a determination will be made as to your eligibility to be licensed.

LOCKSMITH LICENSING EXAMINATION

A qualified applicant who has satisfactorily completed the criminal history review will be approved to take the locksmith licensing examination. The applicant will receive an approval letter from the Advisory Committee and a Candidate Information Bulletin which includes a registration form and instructions about the examination. An applicant must successfully pass all sections of the examination as a prerequisite to receiving a locksmith license.

Information regarding the locksmith licensing examination, including the content outline and subject references, may be found at www.experioronline.com. Once you are at the web site, click exams by state, then click Burglar/Fire Alarm/Locksmith License Exams.

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photograph is required with each application.

Do not use staples to attach the photograph.



State of New Jersey
 DEPARTMENT OF LAW AND PUBLIC SAFETY
 DIVISION OF CONSUMER AFFAIRS
 FIRE ALARM, BURGLAR ALARM AND
 LOCKSMITH ADVISORY COMMITTEE
 124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45042
 NEWARK, NEW JERSEY 07101
 (973) 504-6245

For Office Use Only

Approved
 By _____
 Date _____

Rejected
 By _____
 Date _____

Reason: _____

Application for a Locksmith License through Examination

Application date: _____
 Month Day Year

A nonrefundable application filing fee of \$150 in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Committee maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

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

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
 Month Day Year

Place of birth: _____
 City State

1. Name Mr. _____ (_____)
 Mrs. _____
 Ms. _____
Last name First name Middle initial Maiden name

2. Address

Home: _____
Street or P.O. Box City State ZIP code County

_____ Telephone number (include area code) _____ E-mail address

Business: _____
Name of company Telephone number (include area code)

_____ Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

“Ability to practice as a locksmith” is to be construed to include all of the following:

- a. The cognitive capacity to exercise the reasonable judgments of a locksmith and to learn and keep abreast of professional developments; and
- b. The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- c. The physical capability to perform the duties of a locksmith, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? Yes No
- b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? Yes No Not applicable
- c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? Yes No Not applicable
- d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? Yes No Not applicable
- e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? Yes No
- f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") Yes No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? Yes No

** If you receive such ongoing treatment or participate in such a monitoring program, the Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

2. List the approved apprenticeship program(s) which you have successfully completed. Attach a copy of the Certificate of Completion of Apprenticeship Training.

Name and location of the program(s)	Telephone number (include area code)	Years
		From _____ To _____
		From _____ To _____
		From _____ To _____
		From _____ To _____

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ }
County of: _____ } ss.

I, _____, in making this application to the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Committee.

I further swear (or affirm) that I have read N.J.S.A. 45:5A-23 et seq., together with the Rules and Regulations of the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee, N.J.A.C. 13:31A-3.1 et seq., and fully understand that in receiving licensure or certification from the Committee, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Committee.

Signature of applicant

Sworn and subscribed to before me this _____
day of _____, _____
Month Year



Name of Notary Public (please print)

Signature of Notary Public

Fire Alarm, Burglar Alarm & Locksmith Advisory Committee
124 Halsey Street, 6th Floor
P.O. Box 45042
Newark, NJ, 07101

**LOCKSMITH LICENSE
CERTIFICATION OF PRACTICAL EXPERIENCE**

A separate form must be completed for each reference you are submitting with your application for a license

(Please Print or Type)

Name of Applicant

Name of Reference

Address

Company

Area Code & Telephone Number of Applicant

Area Code & Telephone Number of Reference

The applicant stated above has made application for a license issued by the Fire Alarm, Burglar Alarm & Locksmith Advisory Committee and has asked you to certify his/her practical experience.

How long have you known the applicant? ____ years

The applicant **has owned** a locksmith business for ____ years

or

The applicant **has been employed** in the locksmith business for ____ years

This Affidavit must be executed before a Notary Public:

I, _____ swear or affirm that all information I have provided herein with regard to the applicant is true to the best of my knowledge and belief.

Signature of Reference

Sworn or Affirmed and subscribed to before me on _____
Date

Name of Notary Public

Affix Seal Here

Signature of Notary Public