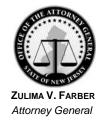


## New Jersey Office of the Attorney General

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



## KIMBERLY S. RICKETTS Director

Mailing Address:

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

#### LOCKSMITH

### **IMPORTANT**

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

|--|

### 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

Official Use Only
Resubmit
Board or Committee

# LOCKSMITH APPLICANT

# CERTIFICATION AND AUTHORIZATION FORM FOR A CRIMINAL HISTORY BACKGROUND CHECK

Di	rections: Answer all of	the questions on this f	form and sign it in	the presence of a notary	public.	
1	☐ Mr. ☐ Mrs.				(	,
1.	Name   Ms. —	Last	First	Middle	Maiden Name	)
2.	Address	Street or P.O. Box	City	State	ZID l	
3.	Date of birth/_			Female	ZIP code	
4.	Social Security number	er /	/			
5.	Affairs since Novemb If "No," you will recei Please send no payme	per 2003? ve a separate mailing to the now.	from the Board or (	☐ Yes	e New Jersey Division of Cons  No e criminal history background pr below:	
	Board or comn	nittee requiring the fingerprinting		Month	and year you were fingerprinted	
	certification by any of to be fingerprinted a s apply for licensure or	her <b>Board or Commi</b> econd time. However, certification. The fee f	ttee of the New Je , the Division mus or this background	rsey Division of Consumer perform a criminal his	background process for license timer Affairs, you will not be re- story background check each time Payment should be made in the four application packet.	quired ne you
6.	Have you ever been a violations need not be		ed of a crime or o	ffense? (Minor traffic o	offenses such as a parking or specific No	eeding
	Every such convictio	n on record must be o	disclosed. A true co	opy of every police repo	ort, judgment of conviction, sente	encing

**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.

with this form. Failure to follow these instructions may result in the denial of an initial application.

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

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.

## **A**FFIDAVIT

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

Signature of Notary Public

State of:		— )		
County of:		\int ss.		
I,	firm) that I am the app owledge and belief. I undenly certification or lic	licant and that all information and erstand that any omissions.	on provided in connection, inaccuracies or failure to	n with this o make full
I voluntarily consent to a thoroug the purpose of verifying my qualification all governmental agencies and instrum requested by the Board or Committee.	ns for certification or lic	ensure. I further authorize all	institutions, employers, ag	gencies and
Signature of applicant				
Sworn and subscribed to before me this				1
day of	_ ,			
Month	Year		Affix Seal Here	
Name of Notary Public (please print)	)			



## New Jersey Office of the Attorney General

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

ZULIMA V. FARBER Attorney General

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

KIMBERLY S. RICKETTS

Director

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

# 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 <u>check or money order</u> 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 <a href="https://www.experioronline.com">www.experioronline.com</a>. Once you are at the web site, click exams by state, then click Burglar/Fire Alarm/Locksmith License Exams.

Attach a clear, full-face passportstyle 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

1010	office Use Only
Approved	
Ву	
Date	
Rejected	
Ву	
Date	
Reason:	

## **Application for a Locksmith License through Examination**

Application date:			
11	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.

Pe	rsoi	nal I	nfor	mation		Date of l	oirth:	Month	Day	Year	
						Place of	birth:	Ci		State	
			□ M								
1.	Naı	me	<ul><li>□ M</li><li>□ M</li></ul>		First name	Middle initial	(_		Maiden na	ıme	)
2.	Ad	dress									
		Hor	ne:								
				Street or P.O. Box	City	State	ZIP code		County	r	
				Telephone numbe	r (include area code)			E-mail add	ress		
		Bus	iness:	Name of c			Talant	none number (i		4->	
				Name of C	ompany		Telepi	none number (1	iciude area	code)	
				Street	City	State	ZIP code		County	,	
		Mai	ling:								
			J	Street or P.O. Box	City	State	ZIP code		County	,	

3.	*Social Security Number:			
	You <u>must</u> disclose your Social Security number for the reasons certification, or license or certificate renewal.	stated below. Failure to do so may result i	n a denial of	licensure of
	*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child sup law and Section 1128 E(b)(2)A of the Social Security Act, the required to obtain your Social Security number. If you do not reason that you do not have one. The Committee is further ob Taxation, the Probation Division or other agency responsible for adverse actions.	Committee or licensing agency to which have a Social Security number, the Com- oligated to provide your Social Security n	this form is mittee must a umber to the	submitted is ascertain the Director of
	You are also being asked to consent, on a voluntary basis, to the below.	use of your Social Security number for the	additional re	easons stated
	You are notified that under the Federal Privacy Act (5 <u>U.S.C.</u> S this form is submitted is requesting the voluntary disclosure of your Social Security number, it may be used: to verify the identicand owing the Committee or any other state agency, and to aid officials and agencies of information obtained in investigations	your Social Security number. If you give you ty of an applicant, to aid in the collection of I in the disclosure to state or federal law en	our consent f financial obl nforcement a	for the use of ligations due and licensing
	I,Applicant's signature	,	o Not Consei	nt
	Applicant's signature			
	to the use of my Social Security number for any of the additiona and that if I do not consent, no adverse action or inference will		t my consent	is voluntary
4.	Citizenship / Immigration Status			
	Federal law limits the issuance or renewal of professional or occ To comply with this federal law, check the appropriate box below a U.S. citizen, attach a copy of your alien registration card ( Citizenship and Immigration Services (B.C.I.S.).	w which indicates your citizenship/immigra	tion status. I	f you are no
	☐ U.S. citizen			
	☐ Alien lawfully admitted for permanent reside	ence in U.S.		
	☐ Other immigration status			
	Questions about your immigration status and whether or not i B.C.I.S. at: 1-800-375-5283.	t is a qualifying status under federal law	should be din	rected to the
5.	Student Loan			
	Are you in default in regard to any student loan obligation(s)?		□ Yes	□ No
	If "Yes," you must obtain documentary evidence that you have your student loan, for the eventual payment of the loan. You wi required documents concerning the plan for payment of your st	ill not be able to obtain a license or certifica		
6.	Child Support			
	Please certify, under penalty of perjury, the following:			
	a. Do you currently have a child-support obligation?		☐ Yes	☐ No
	(1) If "Yes," are you in arrears in payment of said obligati	on?	☐ Yes	☐ No
	(2) If "Yes," does the arrearage match or exceed the total a	amount payable for the past six months?	□ Yes	□ No
	b. Have you failed to provide any court-ordered health insura	ince coverage during the past six months?	☐ Yes	□ No
	c. Have you failed to respond to a subpoena relating to either	a paternity or child-support proceeding?	☐ Yes	☐ No
	d. Are you the subject of a child-support-related arrest warrar	nt?	☐ Yes	☐ No
	In accordance with <u>N.J.S.A.</u> 2A:17-56.44d, an answer of "Ye licensure or certification. Furthermore, any false certification of immediate revocation or suspension of your licensure or certific	the above may subject you to a penalty, inc		
	Applicant's name (please print)	Applicant's signature	Date	

#### 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:

Applicant's signature

- 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.

tak	en in accordance with the directions of a needsed hearth care practitioner.						
a.	Do you have a medical condition which in any way impairs or limits your abil skill and safety?	lity to	pract Yes	-	our prof No	essior	with reasonable
b.	Are the limitations or impairments caused by your medical condition reduce treatment (with or without medications) or participate in a monitoring program		melio	rated	becaus	e you	receive ongoing
			Yes		No		Not applicable
c.	Are the limitations or impairments caused by your medical condition reduced or setting or manner in which you have chosen to practice?		liorate Yes		ause of No	the fie	ld of practice, th Not applicable
d.	Does your use of chemical substance(s) in any way impair or limit your ability and safety?	to pra	ctice y Yes	-		on wit	h reasonable skil Not applicable
e.	Have you ever been diagnosed as having or have you ever been treated for ped	ophil	ia, exh Yes		onism oi No	voye	urism?
f.	Are you currently engaged in the illegal use of controlled dangerous substance the last two years.")	s? (R □	ecall tl Yes		currently No	y" is d	efined as "within
	If you answered "Yes" to question f, are you currently participating in a sup- assistance program which monitors you in order to assure that you are not eng- substances?			illeg		_	
**	If you receive such ongoing treatment or participate in such a monitoring prograssessment of the nature, the severity and the duration of the risks associated determine whether an unrestricted license or certificate should be issued, whether are not eligible for licensure or certification.	ed wit	h an c	ngoi	ng med	ical c	ondition so as to

8.	the date and place of each convi (Minor traffic offenses such as I while impaired or intoxicated m	ction and the name under which parking or speeding violations r ust be disclosed.) e judgment of conviction and	minal offenses of which the applicant has he or she was convicted, if other than need not be listed; however, motor vehicles the release from parole or probation.	the name on the application. icle offenses such as driving  Yes No
9.	Do you currently hold, or have yotherstate, the District of Columb	<del>-</del>	occupational license or certificate of	any kind in New Jersey, any ☐ Yes ☐ No
	If "Yes," for each license or certi	ificate held, provide the date(s) h	neld and the number(s). If the license of	r certificate was issued under
	a different name, please provide	that name	First name	Middle initial
	Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
	Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
	Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
	Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
	Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
10.	Have you ever been disciplined state, the District of Columbia o	_	upational license or certificate of any k	ind in New Jersey, any other  Yes No
11.	Have you ever had a professiona any other state, the District of C	=	ficate of any type suspended, revoked of tion?	r surrendered in New Jersey,  \[ \subseteq \text{Yes}  \subseteq \text{No} \]
12.	•		nalties) ever been taken against your p ther state, the District of Columbia or in	•
				□ Yes □ No
13.	•	•	related to the practice of locksmithing to f Columbia or in any other jurisdiction	
14.			ssional or occupational license or ce f Columbia or in any other jurisdiction	
15.	Are there any criminal charges jurisdiction?	now pending against you in Ne	ew Jersey, any other state, the District	of Columbia or in any other  Yes No
16.		e practice of locksmithing or ot	efore any employer, association, societher professional or occupational pract	
	If the answer to any of the above leading to the action, and any su		n 16, is "Yes," provide a complete exploarate sheets of paper.	anation of the circumstances

#### **Education**

		Name of high	n school
Street address	City	State	ZIP code
What years did you attend high school?			
Did you graduate from high school? $\Box$ Yes	$\square$ No		
If "Yes," what was the date of your graduation?	Month Year		
If "No," did you study to receive a G.E.D. certificat	e?	□ No	
If "Yes," please provide the name and address of the	e educational institution	n that issued your G.l	E.D. certificate and t
date the certificate was issued.			
date the certificate was issued.  Name of educational institution			

#### **Experience**

1. Detailed Statement of Experience

An applicant qualifying to take the Locksmith Licensure Examination must provide proof of the following:

At least three years of hands-on practical experience in the provision of locksmithing services. (Three years of hands-on practical experience means a 36-month period, with a least 20 working days per month, during which the applicant has been engaged in the full-time practice of locksmithing services, equal to a minimum of 5,040 hours.) Please provide a detailed statement of experience below; or

Completion of a two-year apprenticeship program in the provision of locksmithing service approved by the Bureau of Apprenticeship and Training of the United States Department of Labor. Please provide proof of completion of an apprenticeship program below.

Dates Month/Year to	Give a detailed account of at least three years of hands-on practical experience in the provision of locksmithing services. Attach copies of W2 forms or notarized affidavits from all employers to verify your experience. (Use additional sheets of paper if necessary.)		
Month/Year	Employer's name and address	Duties	
From			
То			
From			
From			
То			
From			

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

## **A**FFIDAVIT

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

Signature of Notary Public

State of:	
County of:	} ss.
I,	rovisions of Title 45 of the General Statutes of New Jersey and the Committee, swear (or affirm) that I am the applicant and that all best of my knowledge and belief. I understand that any omissions
I further swear (or affirm) that I have read <u>N.J.S.A</u> . 45:5A-2 Fire Alarm, Burglar Alarm and Locksmith Advisory Committee, <u>N.</u> licensure or certification from the Committee, I bind myself to be go	J.A.C. 13:31A-3.1 et seq., and fully understand that in receiving
Furthermore, I voluntarily consent to a thorough investigation of my preserverifying my qualifications for licensure or certification. I further authorisand instrumentalities (local, state, federal or foreign) to release any integral of the control of the contr	ize all institutions, employers, agencies and all governmental agencies
Signature of applicant	
Sworn and subscribed to before me this	
day of,,	Affix Seal Here
Name of Notary Public (please print)	

## Fire Alarm, Burglar Alarm & Locksmith Advisory Committee 124 Halsey Street, 6<sup>th</sup> 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
	Traine of Holoroneo
Address	Company
Area Code & Telephone Number of Applicant	Area Code & Telephone Number of Reference
The applicant stated above has made application for & Locksmith Advisory Committee and has asked yo	
How long have you known the applicant? years The applicant has owned a locksmith business for or	_ years
The applicant has been employed in the locksmith bus	siness for years
This Affidavit must be executed before a Notary Pu	olic:
	r or affirm that all information I have provided herein with
I,swea	r or affirm that all information I have provided herein with
I,swea	r or affirm that all information I have provided herein with

**Affix Seal Here** 

Name of Notary Public

Signature of Notary Public