



## 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 register with the Department of Labor and Workforce Development. Please be advised that a Contractor Registration Certificate is issued to both the company (*the business name listed in question #1*) and its responsible representatives (*the individuals listed in question #9*).

Please read all questions carefully and provide complete and accurate responses. Incomplete applications will cause a delay in processing the contractor registration certificate. If it is later determined that your application contained inaccurate information, misstatements, or omissions, the contractor registration certificate could be denied, suspended, or revoked.

All applications must be accompanied by a check or money order made payable to the "Commissioner of Labor and Workforce Development." Send the application, check, and any other required documentation or forms to the address listed above. Please allow 30 calendar days for processing the contractor registration certificate.

New Out-of-State Applicants: If you are a new out-of-state applicant and plan to keep your payroll/business records outside of New Jersey, you must complete an "Application for Permit to Maintain Payroll Records Outside of New Jersey" (MW-42).

This application and other required forms are available at <http://www.nj.gov/labor/lsse/lspubcon.html> or by contacting the Contractor Registration Unit at **(609) 292-9464** or **Fax (609) 633-8591**.

#### Type of Application and Certificate Number:

Check appropriate box for new or renewal registration. If renewal, indicate current certificate number.

- New or One-Year Renewal – Fee is \$300 and is non-refundable.
- Two-Year Renewal – A two-year renewal is available only to employers who have been continuously registered for the past two consecutive years with no violations. The fee is \$500 and is non-refundable.

#### Questions 1 – 9:

1. Type or print legibly the legal name of business used to contract/subcontract public works projects. If more than one business entity name is party to contracts, separate registrations are required.
2. Enter corporate name if different than item #1.
3. Enter the firm's street address, city, state, zip code, and county.
4. Enter the firm's mailing address if different than item #3.
5. Enter telephone number, fax number, and email address.
6. Enter Federal Employer Identification Number (FEIN). If no FEIN assigned, enter Social Security Number of owner.

7. Check the type of business. If business is a corporation, enter the date of incorporation, the State of incorporation, and the New Jersey Business/Corp. Number.

Out-of-state corporation: If applicant is an out-of-state corporation, applicant must appoint a registered agent in New Jersey who will accept legal service in New Jersey. Provide the registered agent's name, street address, city, state, zip code, telephone number, fax number, and email address.

8. Enter Workers' Compensation carrier name, policy number, and effective dates.

**Note:** Sole proprietors and LLCs who do not have workers' compensation coverage must attach a notarized statement stating that the company is not incorporated and has no employees.

9. List **ALL** individuals who have an "interest" in the business listed in question #1 bidding or performing work on the public works project, whether as an owner, partner, managing member (*for LLC companies only*), corporate officer, principal, manager, employee, agent, consultant, or representative. Enter each person's first name, last name, title, social security number, % of financial ownership in business (*if zero, so state*), telephone number, street address, city, state, and zip code. *Add additional sheets if necessary.*

**Note:** The names and titles of the individuals listed in question #9 will appear on the certificate of registration.

**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.

**Questions 10 – 16:**

Read each question carefully and give complete and accurate responses. For questions 13 and 14, be sure to disclose any prior history of any alleged violation of any State or Federal Labor Laws. If the answer to a question is "Yes," provide the requested information. *Add additional sheets if necessary.*



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.



**Applicant Statement:**

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

**N.J.A.C. 12:62-2.4 Denial, suspension or revocation of registration**

(a) As an alternative to or in addition to sanctions provided in N.J.A.C. 12:62-2.5, a certificate of registration may be denied, suspended or revoked if the registrant or applicant or an officer, partner, director, stockholder, or agent of the applicant or registrant has at any time:

1. Failed to comply with the registration requirement set forth in the Act;
2. Bid for or performed work pursuant to a public works contract without having fully complied with the registration requirement set forth in the Act;
3. Willfully made a misstatement of or omitted revealing a material fact or facts in the application for registration or renewal;
4. Failed to provide all information requested by the Department pursuant to N.J.A.C. 12:62-2.1(c); or
5. Contracted for use in the completion of a public work any subcontractor or independent contractor required to register under the Act who is not so registered or has utilized a subcontractor who has subcontracted his or her work to any subcontractor or independent contractor who is not so registered; or
6. Failed to respond to a request to produce records, forms or documents or failed to cooperate or has interfered with a designee of the Commissioner in the course of a departmental investigation.

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 \$ \_\_\_\_\_

*This application and other required forms are available at <http://www.nj.gov/labor/lsse/lspubcon.html>.*

**All applications must be accompanied by a check or money order made payable to the  
Commissioner of Labor and Workforce Development.**

- New Application - \$300 Non-Refundable Fee  
 One-Year Renewal - \$300 Non-Refundable Fee  
 Two-Year Renewal (*see instructions*) - \$500 Non-Refundable Fee

Current Certificate No. \_\_\_\_\_

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

2. \_\_\_\_\_  
Corporate Name (if different than item #1)

3. \_\_\_\_\_  
Street Address City State Zip Code County

4. \_\_\_\_\_  
Mailing Address (if different than item #3)

5. \_\_\_\_\_  
Telephone No. Fax No. Email Address

6. \_\_\_\_\_ **OR** \_\_\_\_\_  
Federal Employer Identification Number (FEIN) If no FEIN assigned, enter Social Security No. of owner.

7. Type of Business:  
 Individual/Sole Proprietor  Partnership  NJ Corporation  Out-of-State Corporation \*  
 LLC (*Limited Liability Company*)  LLP (*Limited Liability Partnership*)  Other \_\_\_\_\_  
If a corporation, complete the following: Date of Incorporation \_\_\_\_\_ State of Incorporation \* \_\_\_\_\_  
NJ Business/Corp. No. \_\_\_\_\_

**\* If applicant is an out-of-state corporation, applicant must appoint a registered agent in New Jersey who will accept legal service in New Jersey:**

\_\_\_\_\_  
Name of Registered Agent in New Jersey

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Telephone No. Fax No. Email Address

8. Workers' Compensation Carrier Name: \* \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Effective Date: From \_\_\_\_\_ To \_\_\_\_\_

\* *If you are a sole proprietor with no workers' compensation coverage, attach a notarized statement stating that you have no employees.*

**ATTENTION OUT-OF-STATE APPLICANTS:** If you are a **new** out-of state applicant **and** plan to keep your payroll/business records outside of New Jersey, you must complete the "Application for Permit to Maintain Payroll Records Outside of New Jersey" (Form MW-42).

9. Provide the following information for **ALL** individuals who have an “interest” (*for definition of “interest,” see N.J.A.C. 12:60-7.2 in the instructions*) in the business listed in item #1 bidding or performing work on the public works project, whether as an owner, partner, managing member (*for LLC companies only*), corporate officer, principal, manager, employee, agent, consultant, or representative. *Add additional sheets if necessary.* **NOTE:** The names and the titles of the individuals listed here will appear on the certificate of registration.

**a.**

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

10. 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 company bidding or performing 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.

\_\_\_\_\_  
 \_\_\_\_\_

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.

\_\_\_\_\_  
 \_\_\_\_\_

**NOTE: Failure to disclose any prior history of violations could cause the loss of your contractor registration certificate.**

**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, provide date of notice, description of violation, and case number.

\_\_\_\_\_  
\_\_\_\_\_

**b.** United States Federal Labor Law including OSHA (*Occupational Safety and Health Act*), NLRB (*National Labor Relations Board*), or Affirmative Action laws?  Yes  No

If yes, provide date of notice, description of violation, and case number.

\_\_\_\_\_  
\_\_\_\_\_

**c.** Labor Laws of any other state or public entity (*e.g. city, county, board of education, etc.*)?  Yes  No

If yes, provide date of notice, description of violation, and case number.

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Failure to disclose any prior history of violations could cause the 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 receive a notice of an alleged violation of any:

**a.** New Jersey State Labor Law?  Yes  No

If yes, list the name of the individual, date of notice, description of violation, and case number.

\_\_\_\_\_  
\_\_\_\_\_

**b.** United States Federal Labor Law including OSHA (*Occupational Safety and Health Act*), NLRB (*National Labor Relations Board*), or Affirmative Action laws?  Yes  No

If yes, list the name of the individual, date of notice, description of violation, and case number.

\_\_\_\_\_  
\_\_\_\_\_

**c.** Labor Laws of any other state or public entity (*e.g. city, county, board of education, etc.*)?  Yes  No

If yes, list the name of the individual, date of notice, description of violation, and case number.

\_\_\_\_\_  
\_\_\_\_\_

**15.** Are there pending or concluded administrative, civil, or criminal allegations by any federal, state, or local government jurisdiction in which the firm or its responsible representatives are alleged to have committed an offense in obtaining or attempting to obtain a public contract or subcontract there under or in the performance of such contract or subcontract?  Yes  No

If yes, provide the name of the government agency making the allegation, date of notice, and description of alleged offense.

\_\_\_\_\_  
\_\_\_\_\_

16. Has the business listed in item #1 engaged in any public works projects in the past 12 months (24 months for applicants whose previous registration was for a two-year period)?  Yes  No

If yes, provide the following information for each public works contract and the corresponding subcontractor(s). Additional space is on page 5. Add additional sheets if necessary.

**PUBLIC WORKS PROJECT #1**

Project Name \_\_\_\_\_

Contract Amount \_\_\_\_\_

Project Location \_\_\_\_\_

Start Date \_\_\_\_\_

Public Entity/Owner \_\_\_\_\_

Completion Date \_\_\_\_\_

**SUBCONTRACTORS**

a. Subcontractor Name \_\_\_\_\_

LWD Certificate No. \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_

Telephone No. \_\_\_\_\_

b. Subcontractor Name \_\_\_\_\_

LWD Certificate No. \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_

Telephone No. \_\_\_\_\_

c. Subcontractor Name \_\_\_\_\_

LWD Certificate No. \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_

Telephone No. \_\_\_\_\_

d. Subcontractor Name \_\_\_\_\_

LWD Certificate No. \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_

Telephone No. \_\_\_\_\_

e. Subcontractor Name \_\_\_\_\_

LWD Certificate No. \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_

Telephone No. \_\_\_\_\_

(Continue to Page 5)

**16. (Public Works Project Statement – continued from Page 4)**

**PUBLIC WORKS PROJECT # 2**

Project Name \_\_\_\_\_

Contract Amount \_\_\_\_\_

Project Location \_\_\_\_\_

Start Date \_\_\_\_\_

Public Entity/Owner \_\_\_\_\_

Completion Date \_\_\_\_\_

**SUBCONTRACTORS**

**a.** \_\_\_\_\_  
Subcontractor Name

\_\_\_\_\_ LWD Certificate No.

\_\_\_\_\_ Address

\_\_\_\_\_ Type of Work Performed

\_\_\_\_\_ Telephone No.

**b.** \_\_\_\_\_  
Subcontractor Name

\_\_\_\_\_ LWD Certificate No.

\_\_\_\_\_ Address

\_\_\_\_\_ Type of Work Performed

\_\_\_\_\_ Telephone No.

**c.** \_\_\_\_\_  
Subcontractor Name

\_\_\_\_\_ LWD Certificate No.

\_\_\_\_\_ Address

\_\_\_\_\_ Type of Work Performed

\_\_\_\_\_ Telephone No.

**d.** \_\_\_\_\_  
Subcontractor Name

\_\_\_\_\_ LWD Certificate No.

\_\_\_\_\_ Address

\_\_\_\_\_ Type of Work Performed

\_\_\_\_\_ Telephone No.

**e.** \_\_\_\_\_  
Subcontractor Name

\_\_\_\_\_ LWD Certificate No.

\_\_\_\_\_ Address

\_\_\_\_\_ Type of Work Performed

\_\_\_\_\_ Telephone No.

**APPLICANT STATEMENT**

As the responsible applicant, I attest to the following:

- I have read and understood the questions contained in the attached application and its appendices.
- I understand that failure to provide full, accurate, and timely disclosure of any of the required information or documentation may result in the denial of this application for registration and/or revocation of any contractor registration certificate.
- I understand and agree that the Applicant has a continuing duty to promptly notify the New Jersey Department of Labor and Workforce Development, Division of Wage and Hour Compliance in writing of any change to the answers or information contained herein.
- I acknowledge that the New Jersey Department of Labor and Workforce Development, Division of Wage and Hour Compliance may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application.
- I agree and warrant that truthfully answering the questions on this application is an event entirely within my control.
- 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.

I certify that to the best of my knowledge the information given in response to each question and the appendices is accurate, true, and complete.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name and Title*

**RETURN TO:** NJ Department of Labor and Workforce Development  
Division of Wage and Hour Compliance  
PO Box 389  
Trenton, NJ 08625-0389



STATE OF NEW JERSEY  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF WAGE AND HOUR COMPLIANCE

Application for Permit to Maintain Payroll Records Outside of New Jersey

1. Name and Address of Employer for which Permit is requested:      <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </td> <td style="width: 10px; border: 1px solid black;"> </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 (Note: leave blank if not applicable):																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name and Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Phone #</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Fax #</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>E-mail Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Website Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="5" style="padding: 5px;">1)</td> </tr> <tr> <td colspan="5" style="padding: 5px;">2)</td> </tr> <tr> <td colspan="5" style="padding: 5px;">3)</td> </tr> </tbody> </table>		<u>Name and Address</u>	<u>Phone #</u>	<u>Fax #</u>	<u>E-mail Address</u>	<u>Website Address</u>	1)					2)					3)				
<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 (Circle One)  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Check</span> <span>Cash</span> </div>	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 and Title of Authorized Representative

\_\_\_\_\_  
Date