



STATE OF NEW JERSEY  
DEPARTMENT OF COMMUNITY AFFAIRS  
Division of Codes and Standards  
Bureau of Homeowner Protection  
New Home Warranty Program  
PO Box 805  
Trenton, New Jersey 08625-0805  
(609) 984-7534/984-7563



## NEW HOME BUILDER REGISTRATION APPLICATION - RENEWAL APPLICATION

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### Instructions

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

1. A **nonrefundable** registration fee of \$200 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.
2. Allow at least 20 working days for the processing of this application.

PAGE 1. NAME OF NEW HOME BUILDING BUSINESS - The name of the business which is transferring title is the entity which must register and warrant the new home.

LOCATION ADDRESS - must be a street address, post office box is not acceptable.

PAGE 4. Each individual completing a page 2 or 3 must be listed on page 4.

Voluntarily providing your social security number will enable the program to more efficiently conduct the necessary background checks before issuing a Certificate Of Registration. (NJSA 46:3B-5 and NJAC 5:3-1.2)



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**NEW HOME BUILDER REGISTRATION - RENEWAL APPLICATION**

IF THIS BUILDING BUSINESS IS NO LONGER ENGAGED IN THE CONSTRUCTION OF NEW HOMES, CHECK BOX AT RIGHT, 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.**

**NAME OF NEW HOME BUILDING BUSINESS**

\_\_\_\_\_

\_\_\_\_\_

**TYPE OF BUSINESS (check one)**

- Sole Proprietorship (1 person)       General Partnership\*
- Limited Partnership\*       Corporation\*
- LIMITED LIABILITY COMPANY \*

**AGENT** (individual, with New Jersey address)

**(FOR CORPORATION OR LIMITED LIABILITY CO.)**

Name \_\_\_\_\_

Street & No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone (    ) \_\_\_\_\_

**LOCATION ADDRESS** (where business records are maintained)

Street & No. \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone (    ) \_\_\_\_\_

Fax Number (    ) \_\_\_\_\_

**WARRANTY SECURITY OPTION (check one)**

- State Plan
- Private Plan (Complete Information Below)

**MAILING ADDRESS**

(this is the address where official notifications will be received)

Street & No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PRIVATE PLAN NAME** \_\_\_\_\_

**PRIVATE PLAN I.D. NO.** \_\_\_\_\_

Are there any unsatisfied judgements against this building entity?    Yes       No

If yes, do the judgements relate to the construction or sale of real estate?    Yes       No

Description of Judgement \_\_\_\_\_

Amount of Judgement \_\_\_\_\_      Date of Judgement \_\_\_\_\_

Is this business currently in bankruptcy or has application been made for bankruptcy protection?    Yes       No

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*(must be officer/principal of building business)*

**NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

*(PRINT OR TYPE)*

**STATE OF NEW JERSEY**  
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New Home Warranty Program  
**SCHEDULE A - Builder Designee**  
**RENEWAL APPLICATION**

**NAME OF BUSINESS**

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The builder designee must be the name of an INDIVIDUAL who is a primary partner, principal, officer 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 \_\_\_\_\_ Business Telephone (     ) \_\_\_\_\_  
Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECTION 2B**

If you are or have ever been a builder designee, officer, partner 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 #	Position	Ownership	Percent
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

**SECTION 2C**

Has the INDIVIDUAL making this disclosure ever been subject to any CRIMINAL, CIVIL OR ADMINISTRATIVE proceeding involving any finding of CONSUMER FRAUD in this State, the United States, or any other state or foreign country?

YES  NO

If yes, please complete the questions below.

**NATURE OF PROCEEDING** \_\_\_\_\_

**JURISDICTION** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SECTION 2D**

Does the individual making this disclosure have any unsatisfied judgements? Yes  No

If yes, do the judgements relate to the construction or sale of real estate? Yes  No

Description of Judgement \_\_\_\_\_

Amount of Judgement \_\_\_\_\_ Date of Judgement \_\_\_\_\_

I certify that the foregoing statements made by me are true. I am aware that if any statements are willfully false this registration may be revoked. Failure to disclose may also result in revocation of registration.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
*(must be signed by individual listed in section 2A)*

**NAME** \_\_\_\_\_  
*(Print or type)*

**STATE OF NEW JERSEY**  
**DEPARTMENT OF COMMUNITY AFFAIRS**  
 Division of Codes and Standards  
 Bureau of Homeowner Protection  
 New Home Warranty Program  
**SCHEDULE B - Officers/Principals**  
**RENEWAL APPLICATION**

**NAME OF BUSINESS    TYPE OF APPLICATION**

A SEPARATE SCHEDULE B (PAGE 3) MUST BE COMPLETED FOR EACH OFFICER, 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 OR LIMITED LIABILITY COMPANY MUST COMPLETE A SEPARATE PAGE 3.** (This page may be be photocopied if necessary.)

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

Name \_\_\_\_\_ Business Telephone (     ) \_\_\_\_\_  
 Title \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECTION 3B**

If you are or have ever been a builder designee, officer, partner 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.)*

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_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

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YES  NO

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**NATURE OF PROCEEDING** \_\_\_\_\_

**JURISDICTION** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SECTION 3D**

Does the individual making this disclosure have any unsatisfied judgements?    Yes     No

If yes, do the judgements relate to the construction or sale of real estate?    Yes     No

Description of Judgement \_\_\_\_\_

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**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*(must be signed by individual listed in section 3A)*

**NAME** \_\_\_\_\_

*(Print or type)*

**STATE OF NEW JERSEY**  
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**SCHEDULE B - Officers/Principals**  
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**SECTION 3A -OFFICER/PRINCIPAL** *(print or type)*

Name \_\_\_\_\_ Business Telephone (     ) \_\_\_\_\_  
 Title \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

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YES  NO

If yes, please complete the questions below.

**NATURE OF PROCEEDING** \_\_\_\_\_

**JURISDICTION** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SECTION 3D**

Does the individual making this disclosure have any unsatisfied judgements? Yes  No

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Description of Judgement \_\_\_\_\_

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**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*(must be signed by individual listed in section 3A)*

**NAME** \_\_\_\_\_

*(Print or type)*

**STATE OF NEW JERSEY**  
**DEPARTMENT OF COMMUNITY AFFAIRS**  
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New Home Warranty Program  
**SCHEDULE C - OFFICERS/PRINCIPALS**  
**RENEWAL APPLICATION**

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**NAME OF BUSINESS**

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**SECTION 1 - OFFICERS/PRINCIPALS** (SOLE PROPRIETORSHIPS MUST ALSO COMPLETE THIS PAGE)

LIST BELOW THE NAMES, ADDRESSES AND POSITIONS OF EACH OFFICER, PARTNER, AND INDIVIDUAL IN THE BUSINESS. ALSO LIST THE NAMES AND ADDRESSES FOR ALL INDIVIDUALS WHO HOLD A MINIMUM OF 10% INTEREST IN THIS BUSINESS. IF SOCIAL SECURITY NUMBERS ARE PROVIDED THEY WILL REMAIN CONFIDENTIAL AND WILL NOT REMAIN IN FILES REVIEWED OR COPIES BY THE GENERAL PUBLIC. (This page may be photocopied if necessary)

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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