



New Jersey Office of the Attorney General

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
www.njconsumeraffairs.gov/fbl



Application for a Locksmith License through Examination (N.J.A.C. 13:31A-2.1)

(Includes Qualifications for a License for Applicants Licensed in Other States)

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 nonrefundable application fee is \$150.00 and must be paid in the form of a check or money order made payable to the State of New Jersey. The application fee is \$100.00 if you have 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 burglar alarm or fire alarm 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
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; and

In the three years immediately preceding the submission of the application, have successfully completed two hours of training in the Barrier Free Subcode, N.J.A.C. 5:23-7, two hours of training in the New Jersey Uniform Construction Code, N.J.A.C. 5:23, exclusive of the Barrier Free Subcode, two hours of training in the Americans with Disabilities Act Code, 36 C.F.R. 1191, and two hours of training in industrial safety.

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

All applicants for a license issued by the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee are required to submit to a Criminal History Record Background Check. Enclosed with the licensing application is a Certification and Authorization form and instructions for completing the criminal history review. 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 Advisory Committee will then provide you with instructions on how to obtain fingerprints. Once your fingerprints have been submitted to the Criminal History Review Unit, a full review will be performed and a determination will be made regarding your eligibility to be licensed. An application for licensure will not be processed until the results of the Criminal History Record Background Check have been reviewed by the Committee.

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 content outlines and subject references, may be found at www.prometric.com. Once you are at the Web site, click "Exams by State," and then click "Burglar/Fire Alarm/Locksmith License Exams."

Qualifications for Licensure for Applicants Licensed in Other States

Any person with a valid registration, certification or license to engage in the burglar alarm or fire alarm business or the provision of locksmithing services issued by another state or possession of the United States or the District of Columbia may, upon the submission of a Committee-provided application and the payment of the fee set forth in N.J.A.C. 13:31A-1.4, be issued a license to engage in the burglar alarm or fire alarm business or the provision of locksmithing services in the State, whichever is applicable, provided that:

1. The applicant submits verification from all states in which he or she holds a registration, certification or license to engage in the burglar alarm or fire alarm business or in the provision of locksmithing services, whichever is applicable, establishing that such registrations, certifications or licenses are in good standing;
2. The applicant successfully completes, in the three years immediately preceding the date of application, two (2) hours of training in the Barrier Free Subcode, N.J.A.C. 5:23-7, two (2) hours of training in the New Jersey Uniform Construction Code, N.J.A.C. 5:23, exclusive of the Barrier Free Subcode, two (2) hours of training in the Americans with Disabilities Act Code, 36 C.F.R. 1191, and two (2) hours of training in industrial safety (Information on this training may be obtained by visiting the Advisory Committee's Web site; click "Licensee Information," and then click "Continuing Education for Renewal of Licenses." A list of training sponsors is located on the page. The category code for this training is "L/C.");
3. The applicant submits his or her fingerprints for the purpose of permitting a Criminal History Record Background Check; and
4. The applicant successfully completes the locksmith examination, as set forth in N.J.A.C. 13:31A-2.3.

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.



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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 Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include 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 address City State ZIP code County

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

7. Have you ever been convicted of a criminal offense? List all criminal offenses of which the applicant has been convicted, including the date and place of each conviction and the name under which he or she was convicted, if other than the name on the application. (Minor traffic offenses such as parking or speeding violations need not be listed; however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) Yes No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

8. Do you currently hold, or have you ever held, a professional or occupational license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last 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
_____	_____	_____		_____

9. Have you ever been disciplined or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
10. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
11. Have you ever been cited for disciplinary reasons or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
12. Have you ever been named as a defendant in any litigation related to the practice of locksmithing or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
13. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
14. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
15. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of locksmithing or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 9 through 15, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

1. What is the name and address of the high school you attended? _____
Name of high school

Street address City State ZIP code

2. What years did you attend high school? _____

3. Did you graduate from high school? Yes No

If "Yes," what was the date of your graduation? _____
Month Year

If "No," did you study to receive a G.E.D. certificate? Yes No

If "Yes," please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.

Name of educational institution: _____

Street address City State ZIP code

Date certificate was issued: _____

Qualifications

Detailed Statement of Experience

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

1. Having completed 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
2. Having completed 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; and

Having successfully completed, **during the three years immediately preceding the submission of the application**, two hours of training in the Barrier Free Subcode, N.J.A.C. 5:23-7, two hours of training in the New Jersey Uniform Construction Code, N.J.A.C. 5:23, exclusive of the Barrier Free Subcode, two hours of training in the Americans with Disabilities Act Code, 35 C.F.R. 1191 and two hours of training in industrial safety. (Include your certificates of completion with the application.)

Title of training	Name of provider	Number of hours	Date completed

Dates Month/Year to Month/Year	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.)	
	Employer's name and address	Duties
From _____ To _____		
From _____ To _____		

3. List the approved apprenticeship program which you have successfully completed. Attach a copy of the Certificate of Completion of Apprenticeship Training.

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

Qualifications for licensure for applicants licensed in other states

Any person with a valid registration, certification or license to engage in the provision of locksmithing services issued by another state or possession of the United State or the District of Columbia may, upon the submission of a Committee-provided application and the payment of the fee set forth in N.J.A.C. 13:31A-1.4, be issued a license to engage in the provision of locksmithing services in the State provided that:

1. The applicant submits verification from all states in which he or she holds a registration, certification or license to engage in the provision of locksmithing services establishing that such registrations, certifications or licenses are in good standing; and
2. The applicant successfully completes, within three years immediately preceding the date of application, two hours of training in the Barrier Free Subcode, N.J.A.C. 5:23-7, two hours of training in the New Jersey Uniform Construction Code, N.J.A.C. 5:23, exclusive of the Barrier Free Subcode, two hours of training in the Americans with Disabilities Act Code, 36 C.F.R. 1191, and two hours of training in industrial safety.

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





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(973) 504-6245



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 clearly.

Applicant

Name _____

Street address City State ZIP code

Telephone number (include area code) _____

Reference

Name _____

Company name _____

Street address City State ZIP code

Telephone number (include area code) _____

The applicant noted 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.

1. How long have you known the applicant? _____ years
2. 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 of the information I have provided herein with regard to the applicant is true to the best of my knowledge and belief.

Signature of reference

Sworn and subscribed to before me this _____

day of _____ / _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



Affix seal here



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. 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



PAULA T. DOW
Attorney General

SHARON M. JOYCE
Acting Director

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

Locksmith - Important 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
P.O. Box 45042
Newark, New Jersey 07101

Upon receipt of a completed application form and the Certification and Authorization Form, the Committee 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 \$70.25 fee to Sagem Morpho; ***do not*** send this fee when returning your form to the address above.

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 (a background check conducted for the Department of Education, another state agency or another state does not apply) 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 \$25.30. 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.

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

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

Directions: Answer all of the questions on this form.

1. Name Mr. Mrs. 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 record background check process. No payment is necessary as of 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** (a background check conducted for the Department of Education, another state agency or another state does not apply) 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 service is \$25.30.** 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.

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the 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.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date