



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
State Board of Examiners of Heating, Ventilating,  
Air Conditioning and Refrigeration (HVACR) Contractors  
124 Halsey Street, 6th Floor, P.O. Box 47031  
Newark, New Jersey 07101  
(973) 504-6420

**Registration of Bona Fide Representative**

Select category:  Initial submission  Change to business

License number: \_\_\_\_\_

**Licensed Master HVACR Contractor**

Name: \_\_\_\_\_  
Last name First name Middle name

Address of record: \_\_\_\_\_  
(Available to the public) Street address City State ZIP code

Home Address: \_\_\_\_\_  
Street address City State ZIP code

Home telephone number: \_\_\_\_\_ Cellular number: \_\_\_\_\_  
(include area code) (include area code)

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street address City State ZIP code

**HVACR Business**

Business Name: \_\_\_\_\_

New Jersey Business Address: \_\_\_\_\_  
Street address City State ZIP code

If you do not have a New Jersey address, please identify the New Jersey agent for service of process pursuant to N.J.A.C. 13:32A-5.3(a)6.

Business telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
(include area code) (include area code)

**In order to register as a bona fide representative, you must be a licensed Master HVACR Contractor who (Select category):**

- In the case of a sole proprietorship, is the owner of the business;
- In the case of a partnership, is a partner in the business;
- In the case of a limited liability company, is a manager; or
- In the case of a corporation, is an executive officer.

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**Name the Officers(s) of Record for Corporation (if applicable):**

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_____	_____
_____	_____
_____	_____

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**N.J.A.C. 13:32A-5.2 (a)2 Bona Fide Representative; Reporting Responsibilities requires proof that the HVACR business has consented that the bona fide representative will act as the agent for service of process within this State.**

Signature of licensee \_\_\_\_\_

**N.J.A.C. 13:32A-5.2 (a)3 Bona Fide Representative; Reporting Responsibilities requires proof of the acceptance of liability by the HVACR business for any monetary penalty, monies to be paid for restoration to consumers of fees paid for services or for delays suffered by consumers and costs assessed against the bona fide representative, while acting within the scope of his or her employment on behalf of the HVACR business.**

Signature of licensee \_\_\_\_\_

# AFFIDAVIT

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

State of: \_\_\_\_\_

County of : \_\_\_\_\_

} ss.

I, \_\_\_\_\_,  
(Licensed Master HVACR Contractor)

in submitting this registration to the State Board of Examiners of Heating, Ventilating, Air Conditioning and Refrigeration (HVACR) Contractors under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Examiners of Heating, Ventilating, Air Conditioning and Refrigeration (HVACR) Contractors, do swear or affirm that I am the licensee, and that all of the information provided in connection with this registration 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 registration.

I further swear or affirm that I have read N.J.S.A. 45:16A-1 et seq. together with the Rules and Regulations of the State Board of Examiners of Heating, Ventilating, Air Conditioning and Refrigeration (HVACR) Contractors, N.J.A.C. 13:32A, and fully understand that in registering as a bona fide representative, I bind myself to be governed by them.

I further authorize all institutions, employers, agencies and all governmental agencies, including federal, state or local government, to release any information as requested by the Board. I may be required at any time to provide tax documentation upon Board request.

\_\_\_\_\_  
Signature of licensee

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_ 20 \_\_\_\_\_  
month year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public