## Certification and Registration for Individuals Contracting With State Agencies

(P.L. 2001, Ch. 134)

OFFICIAL	USE	ONLY:
DLN #:		

**Instructions:** P.L. 2001, Ch.134 requires all contractors and subcontractors with State Agencies to provide proof of registration with the Department of Treasury, Division of Revenue. You may use this form to comply with the law if you are an individual with <u>no</u> business tax or employer obligations with the State of New Jersey and are not yet registered. Fill out the registration section and certification below and send the completed form to:

NJ Division of Revenue Client Registration Bureau PO Box 252 Trenton, NJ 08646-0252

Please note that the registrant's name listed in Section A must be the same as shown in the Certification, Section B. Type, machine print or hand print all information, except your signature.

If you have or will have business tax or employer obligations, file form NJ-REG. Call (609) 292-1730 for more information.

SECTION A, REGIST	RATION DETAIL FOR STATE CONTRACTOR OR SUBCONTRACTOR
Social Security Number	
Registrant's Name	
*Physical Address	
Street, City, State, Zip	
<b>Do not</b> use P.O Box	
County	
Mailing Address	
Street, City, State, Zip	
Contact Information	
Telephone Number	
E-mail Address	
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SECTION B, CEI	RTIFICATION OF STATE CONTRACTOR OR SUBCONTRACTOR
	hereby certify that I am an individual having no business tax ith the State of New Jersey. Further, I certify that any income that I derive from State of New Jersey will be reported on my personal income tax return.
I understand that pursuant be subject to penalties.	to State law, if I knowingly report inaccurate of misleading information, I may
Signed:	Date:
Signa	ature