



New Jersey Department of Labor and Workforce Development
Center for Occupational Employment Information
Training Evaluation Unit
PO Box 057
Trenton, New Jersey 08625-0057

PRIVATE VOCATIONAL SCHOOL CHANGE IN OWNERSHIP APPLICATION

1. School Data

Name of School: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____ FAX: _____

New Federal I.D. Number: _____

Specify: Sole Proprietorship Partnership Corporation LLC

2. Owner Data (List additional new owners/partners with the above information on separate page*)

Name of New School Owner(s)*: _____

Home Street Address: _____

City, State, Zip: _____

Home Telephone No.: _____ FAX: _____

Email Address: _____

Have you ever been convicted of any violation of the law other than minor traffic violations?
If you answer yes, explain in detail as to the date, place, offense and final resolution. (Use
back of sheet if necessary.) Yes No

Comments: _____

Do you currently or have you ever owned a private career school entirely or in part in any
state? (If so, please specify below) Yes No

Comments: _____

3. Corporation/Partnership Data (If Applicable)

Name of Corporation: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____ FAX: _____

4. School Director Data (Multiple locations require this information for each Director. Use additional pages.)

Name of School Director: _____

Home Street Address: _____

City, State, Zip: _____

Home Telephone No.: _____

5. School Co-Director Data (Multiple locations require this information for each Director. Use additional pages.)

Name of School Director: _____

Home Street Address: _____

City, State, Zip: _____

Home Telephone No.: _____

6. Affidavit

This application must be executed before an individual authorized by law to administer oaths.

IN WITNESS WHEREOF, _____ has/have duly affixed his/her/
their signature on this _____ day of _____ 20 ____ in the County of _____
State of _____, being duly sworn on his/her/their oath that
he/she/they have given statements in this application, and that the statements given in this
application are true, to the best of his/her/their knowledge and belief. The applicant further
acknowledges that any false statements given will be cause for revocation of the State of
New Jersey, Departments of Labor and Workforce Development and Education approval to
operate a private career school in this State should such approval be granted.

Sworn and subscribed to before me

this ___ day of _____, 20 ___

) 
) _____
) (Owner/CEO Signature)

A NOTARY PUBLIC IN AND FOR THE STATE OF

) 
) _____
) (Additional Signature)

(State)

My Commission Expires _____

) 
) _____
) (Additional Signature)