



Date: \_\_\_\_\_

**Personal Information Supplement  
to Application(s) for Stevedore License For Term  
Expiring December 1, 2025**

**INSTRUCTIONS:**

- A. Each application for a stevedore license must be accompanied by one of these forms for: the person applying, if the applicant is a natural person; each partner, if the applicant is a partnership; each natural person who is a party to a joint venture, if the applicant is a joint venture; each officer, each director, each natural person holding five percent (5%) or more of the stock, if the applicant is a corporation; and each officer, each director and each natural person holding five percent (5%) or more of the stock of a corporate party to a joint venture, each member or manager of a limited liability company/corporation (LLC), if any other type of business, the chief operating officer or chief executive officer, irrespective of organizational title, and for all entities, individuals participating directly or indirectly in the control of the business entity.
- B. A response must be provided to each question on the application. If a particular question does not apply, the response must state "Not Applicable" or "NA".
- C. The applicant may expand the answers given or the information submitted by attaching additional pages, using 8 ½" x 11" paper. Identify the question number you are answering on each additional page.
- D. The Division will take all necessary measures to protect the confidentiality of any information disclosed herein.
- E. Definitions--The following definitions shall be applied to the questions contained herein:

**"Applicant"** shall mean, if a business entity is submitting an application for a license, the entity, and each principal thereof;

**"Beneficial Interest"** shall mean profit, benefit or advantage resulting from a business regardless of whether the person who enjoys such profit, benefit or advantage holds formal ownership or title in the business;

**“Principal”** shall mean;

OF A SOLE PROPRIETOR, the proprietor;

OF A PARTNERSHIP, all the partners;

OF A CORPORATION, every officer and director and every individual or entity holding five percent (5%) or more of the outstanding shares or other ownership interest of the corporation;

OF A LIMITED LIABILITY COMPANY/CORPATION (LLC), all the members and/or managers (if authority is delegated);

OF another type of business entity, the chief operating officer or chief executive officer, irrespective of organizational title, and all persons or entities having an ownership interest of five percent (5%) or more;

OF ANY BUSINESS ENTITIES, all other persons participating directly or indirectly in the control of the business entity;

**“Principal”** shall also include:

Of the applicant entity, a partners, member or manager (when authority is delegated), or stockholder holding five percent (5%) or more of the outstanding shares of a corporation that is itself a partnership, corporation, LLC or other entity. (1) An individual shall be considered to hold stock in a corporation where such stock is owned directly or indirectly by or for: (i) such individual; (ii) the spouse of such individual (other than a spouse who is legally separated from such individual pursuant to a judicial decree or an agreement cognizable under the laws of the state in which such individual is domiciled); (iii) the children, grandchildren and parents of such individual; (iv) a corporation in which any of such individual, the spouse, children, grandchildren and parents of such individual own five percent (5%) or more in value of the stock of such corporation; (2) A partnership shall be considered to hold stock in a corporation where such stock is owned, directly or indirectly, by or for a partner in such partnership; and (3) a corporation shall be considered to hold stock in a corporation that is an applicant as defined in this section where such corporation holds five percent (5%) or more in value of the stock of a third corporation that holds stock in the application entity.

a **“Principal”** shall also include, notwithstanding any provision of the above paragraph, in the case of an applicant who is a regional subsidiary of or otherwise owned, managed by or affiliated with a business that has national or international operations, any person not employed by the applicant who has direct management supervisory responsibility for the operations or performance of the applicant; and the chief executive officer, chief operating officer and chief financial officer or any person exercising comparable responsibilities and functions, of any regional subsidiary or similar entity of such business.

1. Name: \_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial

2. Have you ever been known by any other name other than your present name?

Yes  No

If YES, state names (nicknames, aliases, etc.) \_\_\_\_\_  
\_\_\_\_\_

3. State your relationship to the applicant(s): (Check as many as apply. If supplement is being submitted for more than one stevedore applicant, specify relationship to each applicant.)

An individual owner of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A member of partnership of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A party to a joint venture of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A member of the Board of Directors of applicant corporation(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A stockholder owning 5% or more of the stock of applicant corporation(s):  
\_\_\_\_\_ No. of Shares \_\_\_\_\_  
\_\_\_\_\_ No. of Shares \_\_\_\_\_  
\_\_\_\_\_ No. of Shares \_\_\_\_\_  
\_\_\_\_\_ No. of Shares \_\_\_\_\_

An officer of applicant corporation(s):

\_\_\_\_\_ Title(s) \_\_\_\_\_  
\_\_\_\_\_ Title(s) \_\_\_\_\_  
\_\_\_\_\_ Title(s) \_\_\_\_\_

A member or manager of LLC(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

4. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. Have you ever used, or been issued, a social security number other than the one listed above? Yes  No

If YES, list below the other social security number(s) used or issued, and provide details, including date(s) and reason(s) used or issued: \_\_\_\_\_  
\_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_  
Day Month Year

7. Place of Birth: \_\_\_\_\_  
City County State Country

If you were NOT born in the United States, give the following information:

(a) How old were you when you entered the United States? \_\_\_\_\_

(b) Port of Entry: \_\_\_\_\_

(c) Date of last entry: \_\_\_\_\_

(d) Under what name did you enter? \_\_\_\_\_

(e) Resident Alien Registration Number: \_\_\_\_\_

(f) Employment Authorization Number: \_\_\_\_\_

(g) VISA/Passport Number: \_\_\_\_\_

(h) Are you a naturalized citizen of the United States? Yes  No

If YES:

(1) Certificate Number: \_\_\_\_\_

(2) Date of Certificate: \_\_\_\_\_

(3) Name and Location of Naturalization Court: \_\_\_\_\_

(4) Name of Judge: \_\_\_\_\_

(5) City and State where Certificate was Issued: \_\_\_\_\_

(i) Have you ever been interviewed for deportation? Yes  No

If YES, where? \_\_\_\_\_

(j) Have you ever been subject to any immigration proceedings? Yes  No

If YES, list date, where/court, status or resolution (ex. Pending, dismissed, etc.)

\_\_\_\_\_ Date Where/Court Status or Resolution



**13. Telecommunications Information:**

Home telephone number: \_\_\_\_\_  
Personal cell phone number(s): \_\_\_\_\_  
Personal E-mail: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Business cell phone number(s): \_\_\_\_\_  
Business E-mail: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
Website: \_\_\_\_\_

14. Marital status? \_\_\_\_\_

15. List the name, age, and occupation of all the following family members: father, mother, sister(s), brother(s), spouse, ex-spouse(s), domestic partner, and children:

Name	Age	Occupation

16. Are you, or have you been in the past fifteen (15) years, a principal owner, partner, stockholder, member, manager, officer, or individual exercising managerial authority over any entity other than the submitting applicant? Yes  No   
If YES, state the name and address of the entity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Do you or your spouse, directly or indirectly, hold a five percent (5%) or more ownership interest in any corporation, partnership, sole proprietorship or other business entity other than the applicant? Yes  No   
If YES, state the name and address of the entity, the amount of the ownership interest, and the nature of the entity's business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Has any entity or individual listed in response to Question 17 ever applied for a registration or license from the Waterfront Commission or ever held any registration or license issued by the Waterfront Commission? Yes  No

If YES, please list the name of the applicant or registrant / licensee, dates of such application, the type of registration or license held and the current status of such license:

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19. Has any entity or individual listed in response to Question 17 ever applied for a registration or license from any government agency or ever held any registration or license issued by any government agency? Yes  No

If YES, please list the name of the applicant or registrant / licensee, dates of such application, the type of registration or license held and the current status of such license:

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20. Has any person made any loan to you relating to the applicant's business?

Yes  No

If answer is YES, give details:

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21. Have you ever been an officer or employee of any "carrier of freight by water" or "stevedore"? Yes  No

If YES, give details as to your position and dates of service and/or employment:

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22. Have you ever been an officer or representative of a labor organization?

Yes  No

If YES, give details.

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23. If answered YES to Question 22, have you, as such officer or representative, ever been offered, paid or given any valuable consideration by any employer, agent, employee or other person acting on behalf of any employer, other than salary or wages for labor performed? Yes  No

If YES, give details.

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24. Are you an elected or appointed public official or officer? Yes  No   
If YES, give full details.

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## EDUCATIONAL HISTORY

25. Did you earn a high school diploma or G.E.D? Yes  No

- (a) Name of High School/G.E.D. program: \_\_\_\_\_  
(b) Location of High School/G.E.D. program: \_\_\_\_\_  
(c) Year of Graduation/G.E.D. program: \_\_\_\_\_

26. Did you attend college? Yes  No

- (a) Name of College(s): \_\_\_\_\_  
(b) Location of College(s) (City, State): \_\_\_\_\_  
(c) Years Attended: \_\_\_\_\_  
(d) Graduation Date: \_\_\_\_\_  
(e) Subject of Study: \_\_\_\_\_  
(f) Degree Earned: \_\_\_\_\_

27. Did you attend graduate school? Yes  No

- (a) Name of University(s): \_\_\_\_\_  
(b) Location of University(s) (City, State): \_\_\_\_\_  
(c) Years Attended: \_\_\_\_\_  
(d) Graduation Date: \_\_\_\_\_  
(e) Subject of Study: \_\_\_\_\_  
(f) Degree Earned: \_\_\_\_\_

28. Have you had any vocational training or obtained any special licenses?

Yes  No

- (a) Name of Vocational/Technical School: \_\_\_\_\_  
(b) Location of School (City, State): \_\_\_\_\_  
(c) Area of training/specialization: \_\_\_\_\_  
(d) License(s) obtained: \_\_\_\_\_



**LICENSING HISTORY**

29. Have you ever been denied a license or permit of any kind by any regulatory or licensing agency? Yes  No

If YES, give dates and details:

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30. Have you ever had a license or permit of any kind by any regulatory or licensing agency cancelled, suspended, withdrawn or revoked? Yes  No

If YES, give dates and details:

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31. Do you have a license or permit to carry a firearm? Yes  No

If YES, provide the following:

Issuing Body	License/Permit Type	Basis for License/Permit	Date Issued	Date Expired

32. Have you ever had a license or permit to possess or carry a firearm revoked or suspended, or an application for a license or permit to possess or carry a firearm denied? Yes  No

If YES, please provide the following:

Date Action Taken	Issuing Body	Reason for Action Taken

**WATERFRONT COMMISSION REGISTRATION/LICENSING HISTORY**

33. Have you previously filed for registration as a longshoreman (including warehousemen, maintenance man or to perform any work incidental to the movement of waterborne freight), checker, or telecommunication system controller or for a license as a hiring agent, pier superintendent, or port watchman? Yes  No

If YES, give registration or license number \_\_\_\_\_

Detail as to dates applied for, sponsorship, and Commission action taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Has any such license or registration ever been denied, revoked, cancelled or suspended, or have you ever been reprimanded by the Waterfront Commission?

Yes  No

If YES, give details as to dates and Commission action taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. Have you or any partnership, corporation or other entity or organization with which you are or were affiliated ever previously filed for a license as a stevedore? Yes  No

If YES, explain and give the name of the stevedore, dates, and license number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Has any license as a stevedore in response to Question 46 ever been denied, revoked or suspended or have you or any partnership, corporation or organization with which you are or were affiliated ever been reprimanded or fined by the Waterfront Commission? Yes  No

If YES, give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. Do you presently hold a registration as a longshoreman, checker, telecommunication master controller, or license as a hiring agent, pier superintendent or security officer? Yes  No

(a) Longshoreman/Checker Number: \_\_\_\_\_

(b) Security Officer Number: \_\_\_\_\_

(c) Hiring Agent Number: \_\_\_\_\_

(d) Pier Superintendent Number: \_\_\_\_\_

(e) TSC Number: \_\_\_\_\_

38. Are you presently working on, or have you ever worked on, any pier or waterfront terminal in any capacity (including any waterfront warehouse, depot or container station)? Yes  No
- (a) Pier Number or Terminal: \_\_\_\_\_
- (b) Location: \_\_\_\_\_
- (c) Date last worked on that pier or waterfront terminal: \_\_\_\_\_
- (d) What is/was your job? \_\_\_\_\_
- (e) Approximately how many days during the last year did you work? \_\_\_\_\_
- (f) Name all the piers or waterfront terminals where you worked during the last ten (10) years:

Pier No. or Terminal	Dates from and to	Employer	Duties	Union Affiliation (if any)

### MILITARY SERVICE

39. Have you served in the Armed Forces of the United States? Yes  No
- (a) Branch of Service: \_\_\_\_\_
- (b) Dates of Service: \_\_\_\_\_
- (c) Serial Number: \_\_\_\_\_
- (d) Rank Achieved: \_\_\_\_\_
- (e) Type of Discharge: \_\_\_\_\_
- If discharge was other than honorable, give details: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
40. Were you ever found guilty, after trial or by settlement, in any disciplinary proceeding, including court martial? Yes  No
- If YES, provide details of charges and disposition, including dates: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
41. Have you ever been rejected for military service? Yes  No
- If YES, give details: \_\_\_\_\_
- \_\_\_\_\_

**EMPLOYMENT HISTORY**

42. Give a complete record of your occupation and employers during the past 20 years. (List in chronological order giving earliest employment first.)

(1) \_\_\_\_\_  
Employer Name                      Nature of Business                      Occupation

\_\_\_\_\_  
Employer Address (No., Street, City, State, Zip)

\_\_\_\_\_  
Dates From and To                      Reason for Leaving                      Salary

(2) \_\_\_\_\_  
Employer Name                      Nature of Business                      Occupation

\_\_\_\_\_  
Employer Address (No., Street, City, State, Zip)

\_\_\_\_\_  
Dates From and To                      Reason for Leaving                      Salary

(3) \_\_\_\_\_  
Employer Name                      Nature of Business                      Occupation

\_\_\_\_\_  
Employer Address (No., Street, City, State, Zip)

\_\_\_\_\_  
Dates From and To                      Reason for Leaving                      Salary

(4) \_\_\_\_\_  
Employer Name                      Nature of Business                      Occupation

\_\_\_\_\_  
Employer Address (No., Street, City, State, Zip)

\_\_\_\_\_  
Dates From and To                      Reason for Leaving                      Salary

(5) \_\_\_\_\_  
Employer Name                      Nature of Business                      Occupation

\_\_\_\_\_  
Employer Address (No., Street, City, State, Zip)

\_\_\_\_\_  
Dates From and To                      Reason for Leaving                      Salary

(6) \_\_\_\_\_  
Employer Name                      Nature of Business                      Occupation

\_\_\_\_\_  
Employer Address (No., Street, City, State, Zip)

\_\_\_\_\_  
Dates From and To                      Reason for Leaving                      Salary

43. Are you now, or have you been a member of a Labor Union? Yes  No

If YES, list your union affiliates, past or present:

Union	Dates Affiliated
Union	Dates Affiliated
Union	Dates Affiliated
Union	Dates Affiliated

44. State the names, branches, and locations of all banks and savings and loan associations where you maintain accounts, and specify type of such accounts (including foreign banks and similar financial institutions).

Name and Address of Bank or Savings and Loan Associate	Type of Account

## ARREST/CRIMINAL HISTORY

### INSTRUCTIONS: RECORD OF ALL ARRESTS

#### A. Definitions – for purposes of this section:

**“Arrest”** – includes ANY detaining, holding, handcuffing, fingerprinting or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any “offense.”

**“Charge”** – includes ANY indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”

**“Offense”** – includes ALL felonies, crimes, high misdemeanors, misdemeanors, disorderly person offenses, petty disorderly person offenses, violations, local ordinances, driving while intoxicated/impaired or under the influence motor vehicle offenses and violations of probation or any court order.

#### B. Answer “YES” and provide all information to the best of your ability, EVEN IF:

- 1) You did not commit the offense charged;
- 2) The charges were dismissed or subsequently downgraded to a lesser charge;
- 3) You completed a Pretrial Intervention (PTI), received an Adjournment in Contemplation of Dismissal (ACD), you completed pretrial intervention or received a conditional discharge pursuant to N.J.S.A. 2C:36A-1 or Section 27 of the New Jersey State Controlled Dangerous Substance Act, or other equivalent diversionary program;
- 4) You were not convicted;
- 5) You did not serve any time in prison or jail;
- 6) The charges or offenses happened a long time ago;
- 7) You were not handcuffed and/or fingerprinted.

Answer “NO” IF:

- 1) You have never been arrested or charged with any crime or offense or
- 2) Any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency.

45. Have you ever been arrested for, charged with, indicted for, or convicted of, the commission or the attempt or conspiracy to commit (whether in New York, New Jersey or any other state, Federal Court, Military Court or any foreign country):

- (a) Treason, murder or manslaughter? Yes  No
- (b) Any other felony or high misdemeanor? Yes  No
- (c) Illegally using, carrying or possessing a firearm or other dangerous weapon? Yes  No
- (d) Making or possessing burglar’s instruments? Yes  No
- (e) Buying, receiving or possessing stolen property? Yes  No
- (f) Unlawful entry of a building, trespass or burglary? Yes  No
- (g) Aiding an escape from prison? Yes  No
- (h) Unlawful possessing or distributing narcotic or hallucinogenic drugs? Yes  No
- (i) Any crime or offense? Yes  No
- (j) Any violation of the Waterfront Commission Act? Yes  No

46. List record of all arrests:

Date	Place	Charge(s)	Court	Final Disposition

47. Have you ever been on  Probation or  Parole?

Date From	Date To	Court of Conviction	Location

48. Have you ever been committed to prison, reformatory, penitentiary, or other institution? Yes  No

Date Committed	Charge(s)	Name of Institution	Date of Release

49. Have you ever been named, for any reason or referred to in any indictment or other accusatory instrument (including as an unindicted co-conspirator) or been named in, or the subject of, a search warrant or court ordered electronic surveillance?

Yes  No

If YES, give details, including date, court, docket number, disposition:

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50. Have you ever been subpoenaed, called as a witness, questioned or interviewed, or asked to provide testimony or documents before any federal, state, or local prosecutor, court, legislative, civil, regulatory or criminal investigative body (including the Waterfront Commission of New York Harbor) or grand jury?

Yes  No

If YES, provide:

Date	Body/Agency	Matter Involved	Role

51. Have you ever asserted the Fifth Amendment privilege against self-incrimination or refused to testify before any federal, state, or local prosecutor, court, legislative, civil, or criminal investigative body, or grand jury, or been cited for contempt of any court, legislative, civil or criminal investigative body, or grand jury? Yes  No

If YES, provide:

Date	Body/Agency	Matter Involved

52. Have you ever been granted immunity from prosecution for any conduct constituting a crime under state or federal law? Yes  No

If YES, provide:

Date	Body/Agency	Matter Involved

53. Have you been informed, or do you have any reason to believe, that you are under investigation by any federal, state, or local prosecutor, legislative, civil, or criminal investigative body, or grand jury? Yes  No

If YES, provide:

Body/Agency	Matter Involved	Date	Outcome or Status

54. Have you been informed, or do you have a reason to believe, that you currently are, or have previously been, the subject of an investigation, or of a complaint filed, which alleged child abuse or domestic violence? Yes  No

If YES, provide details, including dates and dispositions:

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55. Has a family court or any other lawful authority ever rendered a finding indicating that you have abused or neglected a child? Yes  No   
If YES, provide details, including dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

56. Do you now associate, or have you ever knowingly associated, with any person known or reputed to be a member or associate of an organized crime group, terrorist group or career offender cartel? Yes  No

If YES, provide details, including the identity of the person(s) and the nature and dates of your association(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

57. Do you NOW use, or in the past seven (7) years have you tried, experimented with, or used controlled substances, or narcotic or hallucinogenic drugs (This includes, but is NOT limited to PCP, opium, cocaine, heroin, methamphetamines, LSD, acid, ecstasy, uppers, downers, barbiturates, prescription drugs taken/obtained without a prescription, any other illegal substance)? Yes  No

If YES, please explain in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last date used or tried: \_\_\_\_\_

**CIVIL/ADMINISTRATIVE PROCEEDINGS**

58. Have you ever been a party to a proceeding before any Federal, state or local regulatory or licensing agency? Yes  No

If YES, state details, including parties, dates, nature of proceeding, disposition (if any), and agency, authority or commission involved:

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59. Have you ever been involved as a party to any civil litigation, administrative action, or administrative proceeding, including divorce proceedings? Yes  No

If YES, provide:

Title of Action	Date Commenced	Court or Agency	Subject Matter	Outcome or Status

60. Have any of the businesses you listed in Question 16 been involved as a party to any civil litigation, administrative action, or administrative proceeding, including divorce proceedings? Yes  No

If YES, state details.

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61. Have you been informed of an overpayment of, or requested or required to repay any federal, state, or local government-issued benefit or payment (e.g. Public Assistance, Food Stamps, Unemployment Insurance, Workers' Compensation, Medicaid, Social Security, public pension, public housing/Section 8 rent subsidy, etc.)? Yes  No  If YES, provide details, including dates and the reason(s) for the repayment/recoupment:

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62. Have you ever had an order of protection entered against you? Yes  No

If YES, provide details, including dates and court of issuance:

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63. Have you ever sought an order of protection against another party? Yes  No   
If YES, provide details, including dates and court of issuance:

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64. Are you now a party to any lawsuit pending in any federal, state, or local court not previously disclosed in this form? Yes  No

If YES, provide details: \_\_\_\_\_

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65. Have you ever failed to file any applicable federal, state or city or other jurisdiction tax returns? Yes  No

If YES, provide details: \_\_\_\_\_

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66. Are there any, or have there ever been, financial liens or judgments against you?

Yes  No

If YES, provide details: \_\_\_\_\_

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67. Have you ever been the subject of any investigation or the defendant or respondent in any proceeding by the United States or any state or local government body, or any authority, agency or commission of the foregoing, not previously disclosed on this form? Yes  No

If YES, state details, including parties, dates and nature of investigation or proceeding:

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### **OTHER INFORMATION**

68. Do you knowingly or willfully advocate the desirability of overthrowing or destroying the Government of the United States by force or violence, or are you a member of a group which advocates such desirability, knowing that the purposes of such group include such advocacy? Yes  No

If YES, explain: \_\_\_\_\_

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69. Did anyone, other than Waterfront Commission personnel, assist you in completing this application? Yes  No

If yes, who assisted you and why?

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# ACKNOWLEDGMENT

*I understand that providing any false answer or information, or intentionally failing to include required information herein, constitutes a crime and may also be the basis for a denial of this application.*

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# RELEASE AUTHORIZATION

To: All Police Departments, Probation Departments, Selective Service Boards, Employers, Financial Institutions, Educational Institutions, and other such institutions, and all Government Agencies - federal, state, and local, without exception, both foreign and domestic

I, \_\_\_\_\_, have authorized the New Jersey State Police to conduct a full  
Print Name  
investigation into my background and activities.

Therefore, you are hereby authorized by any employer or agent of the New Jersey State Police provided that he or she certifies to you that I have an application or prequalification request pending before the New Jersey State Police or that I am presently a licensee, registrant or other person required to be qualified under the provision of the Waterfront Commission Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

I, \_\_\_\_\_, on this day, \_\_\_\_\_, acknowledge that the  
Print Name Date  
above statements are true to the best of my knowledge. I am personally appearing before a Notary Public for The State of New Jersey, to affirm this statement.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date