**THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY**

**STOCKHOLDER DISCLOSURE CERTIFICATION**

**Name of Business:**

 I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

 **OR**

 I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

**Check the box that represents the type of business organization:**

Partnership Corporation Sole Proprietorship

Limited Partnership Limited Liability Corporation Limited Liability Partnership

Subchapter S Corporation

**Sign and notarize the form below, and, if necessary, complete the stockholder list below.**

Stockholders:

|  |  |
| --- | --- |
| Name:  | Name:  |
| Home Address:  | Home Address:  |
| Name:  | Name: |
| Home Address:  | Home Address:  |
| Name:  | Name:  |
| Home Address:  | Home Address:  |

|  |  |
| --- | --- |
| Subscribed and sworn before me this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 2 \_\_.(Notary Public)My Commission expires: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Affiant)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Print name & title of affiant)(Corporate Seal) |