Payment Directions for Child Care Centers who require a Dept. of Health Safe Building Interior Certification in order to renew their Department of Children and Families' License

Online payment alone is not sufficient for our review process to begin. The original, signed forms and any required attachments and/or documentation must be mailed to this office with the proof of online payment attached. Your submission will not be valid until the required forms and documentation have been received by this office. Please contact your NJ Department of Health inspector if you have any questions regarding what is required.

To begin go to this page and then follow the steps below: www.nj.gov/health/ceohs/environmental-occupational/child-care-edu/





Click this link

Environmental Health

lome Lead Asbestos

s Food and Drug Safety Environmental and Indoor Health

Public Health Sanitation and Safety Environmental Public Health Tracking

Home > Environmental and Indoor Health > Environmental and Occupational Health Assessment Program Application Payments

Environmental and Indoor Health

Indoor Environmental Health Assessment Overview

FAQs - Child Care Center/Educational Facility Indoor Health Assessment

Indoor Environmental Consultant License

Hazardous Waste Sites

Mold

Key Contacts

Environmental and Occupational Health Assessment Program Application Payments

Paying for a license, registration, certificate, permit or penalty via e-check or credit card:

Directions: Click on the type of certification you wish to pay for from the selections below. Once you have submitted payment, you must complete and submit the required form and (if applicable) supporting documentation before our review process can begin.

Trade or Individual Name: Enter the name of the lead certification applicant, training agency or child α center that the payment is for.

Pertinent Number: This is your license/permit number.

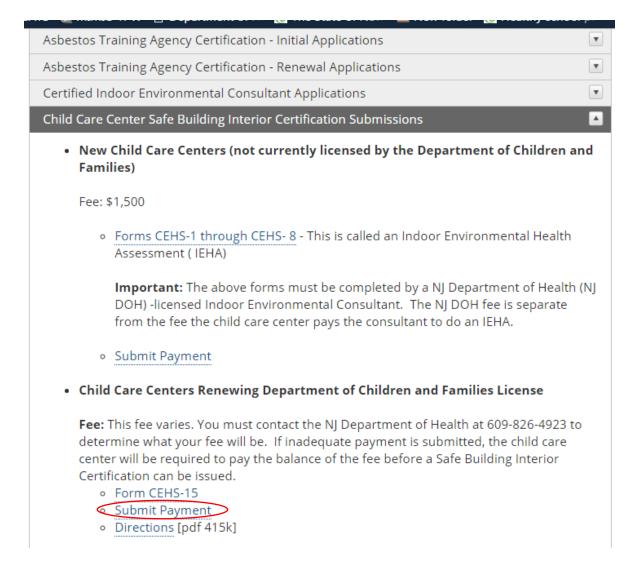
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When you are finished paying:

Print the payment confirmation page or the confirmation e-mail you received as proof of payment. Attach this printout to your application form. **No submission will be processed without proof of payment.**

Please note that the application fees listed below are non-refundable.





Click on Submit Payment

Step 4. Complete all fields indicated with an *.

Payer Application

Application Name: Indoor Enviro	onmental Health Assessment	(IEHA) in Child Care Centers - Renewal Submissions	
Individual Or Business Entity I	nformation		
*Trade or Individual Name(If app	olicable):		-Enter <u>name of day care center</u>
*Physical Address(Trade or Home):		Physical Address Line 2:	along with its <u>physical address</u> , <u>city</u> and <u>zip code</u> .
*City:	*State: NEW JERSEY ▼	∗Zip:	<u> </u>
*Phone Number:	Fax:	*Email Address:	Enter contact telephone
Responsible Party Information			-Enter contact telephonenumber and e-mail address.
		t First Manne	
*Last Name:		*First Name:	-Enter name of responsible
Application Type Information			party.
★ License/Permit/Certificate New Registration Renewal			-Select "License/ Permit/Certificate" then
Pertinent Number (may be required for some applications)			"Renewal"
Number: Expiration Date:(mm/dd/yyyy) Fee Amount: Add Row			-Enter your Dept. of Children and Families (DCF) <u>License No.</u> , its <u>expiration date</u> and the <u>fee</u> <u>amount</u> indicated by your NJ
Payment Information			Dept. of Health Inspector (DOH
* Select the type of service	© Electronic Check Payment	Credit Card Payment	
*Amount:			-Select type of payment then "Continue"
	CONTINU	E RESET	

After you select "Continue" you will be asked to provide the pertinent account information. Once you submit it, you will be e-mailed a payment confirmation. Please provide a copy of that confirmation to the DOH and keep a copy for your records.