CONSUMER PROTECTION / WEIGHTS & MEASURES

50 Sanatorium Road, Building A, 8th Floor Pomona, New York 10970 Phone: (845) 364-3901 Fax: (845) 364-3902 Email: CPLCAL@co.rockland.ny.us

Kimberly Von Ronn, Esq. *Director and Public Advocate*

APPLICATION FOR SHELVING A LICENSE

FILL OUT the following in its entirety:
License Type:
☐ Electrical (\$100) ☐ Home Improvement (\$60) ☐ Plumbing/Heating/Cooling/Sheet Metal/Refrigeration (\$60)
License no.:
Name:
Home street address:
City:State:Zip:
Home phone no:Cell phone no:
Email address:
Is this your current mailing address: Yes ☐ No ☐
If No, please list:
Compliance With Child Support Obligations (NYS Gen. Oblig. L. Sec. 3-503) – You Must Check One of the Following: A) I certify that
 Submit the following: Completed Application Fee: see above and make payable to "RC Comm of Finance" Late Fee (if applicable) I hereby make application in accordance with the above provisions and request that my license be shelved. I am
aware that I cannot work in Rockland County with a shelved license.

Date

Signature