

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

INSTRUCTIONS FOR COMPLETING
PLUMBING, HEATING, AIR CONDITIONING, REFRIGERATION,
AND SHEET METAL LICENSE APPLICATION

1. Fill out application in its entirety
2. Enclose a check made payable to R. C. Commissioner of Finance in the amount of \$375.00 (Non-refundable application fee).
3. Enclose two (2) recent two-inch x two-inch (2" X 2") photo
4. Enclose copy of state driver's license or state photo I.D.
5. Submit copy of certified business certificate or NY State Filing Receipt
6. Work experience: Go to your Social Security office and ask for a **NON-CERTIFIED DETAILED ITEMIZED FICA EARNINGS** statement for the last ten years.

OR

Social Security record request form SSA-7050-F4, request **DETAILED EARNINGS INFORMATION**. Please allow 120 days for the SSA-7050-F4 request to be processed.

7. Submit graduation certificate from U.S. Department of Labor approved trade school, if you are claiming vocational training as part of your requisite trade experience
8. For Air Conditioning/Refrigeration license, submit a copy of your EPA Refrigerant Handling Universal Certificate
9. Include two signed reference letters on letterhead from past employers, engineers, or architects. No personal references will be considered.
10. New York State Law requires that you fill out a Child Support Certification. Form must be notarized and returned to us for approval by the Department of Social Services.
11. All applicants must take a written exam once application is approved. For those applying for the "Plumbing" classification there will be a practical exam in addition to the written exam.

ROCKLAND COUNTY
DEPT. OF WEIGHTS & MEASURES
OFFICE OF CONSUMER PROTECTION
LICENSING DIVISION

DO NOT WRITE IN THIS SPACE
LIC NO. _____
RECEIPT NO. _____
DATE _____
FEE PAID \$ _____
VEHICLE TOTAL _____
RECEIPT NO. _____
CSC RECEIVED _____

APPLICATION FOR LICENSE AS A MECHANICAL CONTRACTOR
ANSWERS TO ALL QUESTIONS MUST BE ACCURATE AND COMPLETE. NO BLANK SPACES.

CHECK BOX TO INDICATE TYPE OF OWNERSHIP

- Corporation/LLC/LTD/LP/LLP
 Co-partnership
 Individual Owner

Name of Business _____

Assumed Name/DBA _____

Business Address Street _____

Town or Village _____ State _____ Zip _____ Business Phone No.: (____) _____ - _____

Email address: _____ Business Fax No.: (____) _____ - _____

Name of Applicant (Last, First, Middle) _____

Home Address Street _____

Town or Village _____ State _____ Zip _____ Home Phone No.: (____) _____ - _____

Date of Birth (MMDDYYYY) _____ Sex: M F

EDUCATIONAL BACKGROUND (including trade school):

SCHOOL	DATES ATTENDED	GRADUATION DATE

INDICATE THE TYPE OF MECHANICAL LICENSE(S) YOU ARE APPLYING FOR:

- PLUMBING
 HEATING
 AIR CONDITIONING
 REFRIGERATION
 SHEET METAL

You may use this application to apply for one or any combination of the licenses required in the County of Rockland. However, if at a later date you wish to apply for additional license types, a separate application with fee will be required.

LIST ALL OTHER LICENSES CURRENTLY OR PREVIOUSLY HELD (Attach Additional Sheets If Necessary):

COMPANY NAME	LICENSE #	LICENSE TYPE	JURISDICTION	DATES

TRADE RELATED WORK EXPERIENCE (Attach Additional Sheets If Necessary):

1. <input type="checkbox"/> Apprentice	<input type="checkbox"/> Journeyman	<input type="checkbox"/> Owner
Company Name:	Supervisor:	
Address:		Phone:
Job Title:	Dates of Employment	Start Date: End Date:
2. <input type="checkbox"/> Apprentice	<input type="checkbox"/> Journeyman	<input type="checkbox"/> Owner
Company Name:	Supervisor:	
Address:		Phone:
Job Title:	Dates of Employment	Start Date: End Date:
3. <input type="checkbox"/> Apprentice	<input type="checkbox"/> Journeyman	<input type="checkbox"/> Owner
Company Name:	Supervisor:	
Address:		Phone:
Job Title:	Dates of Employment	Start Date: End Date:

EARNINGS HISTORY – MUST SHOW AT MINIMUM 7 OUT OF LAST 10 YEARS (From Certified Social Security Records):

YEAR	EARNINGS	YEAR	EARNINGS
20__	\$ _____	20__	\$ _____
20__	\$ _____	20__	\$ _____
20__	\$ _____	20__	\$ _____
20__	\$ _____	20__	\$ _____
20__	\$ _____	20__	\$ _____

CIVIL AND CRIMINAL BACKGROUND STATEMENT:

ARE THERE ANY UNSATISFIED JUDGEMENTS against the applicant?

No Yes - **If yes, please attach a List of All Judgements including the Date, Name of Judgement Debtor, Name of Judgement Creditor, and Disposition – Court and Date.**

ARE THERE ANY CRIMINAL CONVICTIONS within the last ten- (10) years except minor traffic violations against the applicant?

No Yes - **If yes, please attach a List of All Criminal Convictions, felony and/or misdemeanor including the Date, Name, Charge, and Disposition – Court and Date.**

I have received/downloaded a copy of Chapter 319 of the Laws of Rockland County. _____(initials) _____(date)

YOU ARE REQUIRED TO NOTIFY THIS OFFICE IMMEDIATELY OF ANY CHANGE(S) IN THE INFORMATION ON THIS APPLICATION.

NOTE: False statements made herein are punishable by a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

SIGNATURE OF APPLICANT DATE

SWORN BEFORE ME THIS DATE:

_____ Day of _____ 20____

COMM. OF DEEDS - NOTARY PUBLIC

County _____
No. _____

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Kimberly Von Ronn, Esq.
Director and Public Advocate

TO: Licensees & Applicants

RE: Child Support Certification

New York State law (General Obligation Law, Section 3-503) **REQUIRES** this office to gather information to allow the Department of Social Services to determine if applicants for a license issued by this office and those seeking to renew their license are in default of their obligation to pay child support.

Therefore, you must fill out the attached form completely and sign same before a notary. The information you supply will be checked by the Department of Social Services against a nationwide database to confirm that you are not in default on child support obligations.

PLEASE TAKE NOTICE that providing false information may result in criminal charges and, in addition, may result in the denial of your application or renewal of your license.

PLEASE TAKE FURTHER NOTICE that any persons who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits including, but not limited to, licenses issued pursuant to section 11-0713 of the environmental conservation law.

Thank you for your cooperation in this matter.

CHILD SUPPORT CERTIFICATION
Rockland County Office of Child Support Enforcement

To Be Filled Out By The Licensing Agency: Solid Waste Commission Department of Consumer Protection Department of Health
 Department of Public Safety County Clerk Other

LICENSE BEING APPLIED FOR

PRINT IN BLOCK LETTERS WITHOUT TOUCHING THE SIDES OF THE BOXES

M	E	C	H	A	N	I	C	A	L										
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THIS FORM MUST BE FULLY COMPLETED BY APPLICANT FOR APPLICATION TO BE VALID

Last Name	_____		
First Name	_____		
Social Security	____ - ____ - _____	Date of Birth	__ __ / __ __ / __ __
Home Address	_____		
City	_____	State	__ __ Zip _____

I, _____ being duly sworn make the following statement:

(Choose 1 or 2. and put an "X" in the box in front of whichever is appropriate)

- 1. I am not under a court or administrative order to pay child support, **OR**
- 2. I am under an obligation to pay child support. My child support account number is (if applicable) _____

(If you chose #2, put an "X" in front of the applicable statement

- A. I do not owe arrears equal to 4 months or more of child support payments.
- B. I have arrears equal to 4 months or more of child support payments, and one of the following statements applies to me (check the appropriate boxes):
 - I am making payments by income execution or by court agreed payment/re-payment plan or by a plan agreed to by the parties.
 - My child support obligation is the subject of a pending court proceeding.
 - I am currently in receipt of Public Assistance or Supplemental Security Income. My case number is _____
- C. I have arrears equal to 4 months or more of child support payments and none of the above statements in "B" apply to me.

I hereby authorize NYS Child Support, including Rockland County Child Support Enforcement Unit, to release any records pertaining to my child support case to the above-named Licensing Agency.

I hereby do solemnly swear that the information provided by me in this certificate is true and accurate to the best of my knowledge. I acknowledge that this statement is under oath.

Sworn before me this _____ day _____ x _____
of _____, _____ Signature

Notary Public State of New York Date

THE INTENTIONAL SUBMISSION OF FALSE WRITTEN STATEMENTS FOR THE PURPOSE OF FRUSTRATING OR DEFEATING PAYMENT OF SUPPORT IS PUNISHABLE PURSUANT TO SECTION 175.35 OF THE PENAL LAW. PERSONS WHO ARE FOUR MONTHS OR MORE IN ARREARS IN CHILD SUPPORT MAY BE SUBJECT TO SUSPENSION OF THEIR BUSINESS, PROFESSIONAL AND/OR DRIVERS LICENSE.

DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY

- Information verified, or status of case unknown to OCSE. Verifying Section & Supervisor: _____
- Information is at variance with OCSE records. Date: __ - __ - __