

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 A UTILIZATION LICENSE APPLICATION FOR PLUMBING,
HEATING, AIR CONDITIONING, REFRIGERATION AND SHEET METAL**

1. Fill out two applications in their entirety, one for the licensed contractor and one for the unlicensed contractor
2. Enclose a check made payable to R. C. Commissioner of Finance in the amount of \$2000.00 plus the license fee (Non-refundable application fee).
3. Enclose two (2) recent two-inch x two-inch (2" X 2") photos
4. Enclose copy of state driver's license or state photo I.D.
5. Copy of NY State Filing Receipt/Assumed Name Filing Receipt(if needed) or certified copy of Rockland County Business Certificate for both entities
6. Corporate resolution indicating licensed contractor's official position with utilizing company
7. For Air Conditioning/Refrigeration license, submit a copy of EPA Refrigerant Handling Cert
8. Include two signed reference letters on letterhead from past employers, engineers or architects for the unlicensed contractor. No personal references will be considered.
9. New York State Law requires that you each fill out a Child Support Certification. Form must be notarized and returned to us for approval by the Department of Social Services
10. Liability certificates from each entity listing "Rockland County Board of PHC Examiners" as additional insured
11. Workers Comp Certificates for each entity
12. Disability Certificate for each entity
13. Vehicle Registrations and fee for decals. One decal comes with the license, each additional is \$10

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.

How many vehicles/trailers are in use in your business? _____

Submit copy(s) of DMV registrations for each vehicle and decal fee if necessary (1 free decal - \$10 fee for each additional decal)

USE ADDITIONAL SHEETS IF NECESSARY

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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 _____ M M D D Y Y
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: ____ - ____ - ____