Steven Bellone
Suffolk County Executive

Frank Nardelli
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

P.O. Box 6100, Hauppauge, NY 11788-0099 (631) 853-4600 FAX (631) 853-4825

Dear Applicant:

Enclosed please find the application you requested.

Applicants for a Home Appliance Repair license must demonstrate at least five (5) years experience within the past ten (10) years in the trade for which a license is being sought before qualifying to take the license examination.

An applicant for a license to repair Home Electronics Equipment shall demonstrate at least two (2) years experience within the past five (5) years in the field of home electronics equipment repair in order to qualify to take the examination.

To qualify for the examination you must submit documentary proof of your experience. The documentation may be presented in any form you see fit, but should include financial proof, such as W-2 forms and/or tax statements, customer receipts, parts receipts and notarized affidavits from past and present employers.

All documents must be included with your application when it is submitted along with a two hundred ($200.00) dollar non-refundable application fee.

This Suffolk County License Application Check List is generic to the Electrical, Plumbing, Home Appliance Repair & (Electronics) Licenses

At the top of the attached application, check the appropriate category. Please include the following:

1. A passport-size photo. (Nothing else will be accepted!)
2. A copy of New York State Driver's License or NYSDMV non-driver photo I.D.
3. A detailed written description of your work experience, including the "hands on" tasks performed by you while working in the trade for which you wish to be licensed.
4. You must provide documented proof of seven (7) of the last ten (l0) years of employment in the field for which you are applying for a license. Licenses for "Home Appliance Repair", five (5) of the last ten (10) years of employment and for "Home Electronics only", two (2) years of the last five (5) years of employment in the electronics field are required. This can be verified by:
   - W2 Forms
   - Signed and dated copies of 1040 Federal income tax forms. (Only the first two pages are necessary)
   - Social Security records (**optional**).
   - IRS wage form IT-2 (**optional**).
   - Copies of diplomas and/or certificates of full time completed courses. (Partial credit for up to one year for completed courses)
5. Have completed the attached "Verification of Employment" form, signed and notarized by your present or former employer(s), attesting to your employment, or by a **licensed electrician or licensed plumber who has knowledge of your work experience as an electrician or plumber**.

If you indicate "I am unable to have this form completed by my present employer", you must **explain why**.

6. Complete the Affirmation form. You must designate "A" or "B", complete the form and sign it. This form does not have to be notarized.
7. All applicants for the Suffolk County Occupational Licenses must complete both sides of the "Background Information Form".
   Any "Yes" answer must be accompanied by a detailed explanation. Legal documented proof is required, IE: resolution, appropriate disposition and discharge of an obligation.
8. You are not required to have a bank account at the time of this application. However, after successful completion of the respective examination(s), and upon approval by the licensing board(s), Suffolk County requires you to have a bank account at the time you are issued a license.
9. All documentation submitted must be a copy. Submitted documents will not be returned, nor will a copy be made.

NOTICE!

Prior to review by the Licensing Board, any incomplete application will be returned to the applicant!

APPLICATION FOR LICENSE

Master Electric _____ **Master Plumbing** _____

Instructions:
1. To be completed by the individual applying.
2. Print in ink or type.· Fill in all spaces.
3. Complete reverse side of this form.
4. Separate applications are required for each category.

HOME APPLIANCE REPAIR
Area(s) of Certification:

☐ Refrigeration/AC/Humid & Dehumidifier
☐ Laundry Equipment & Dishwashers
☐ Stoves & Ovens

☐ Home Electronics Equipment
Minimum of 2 years trade experience within the last 5 years for Home Electronics category ***ONLY****.*

Remit application fee (non-refundable) by check payable to: Suffolk County Consumer Affairs

APPLICANT'S NAME	DATE OF THIS APPLICATION	
APPLICANT'S ADDRESS NO. & STREET, CITY, STATE, ZIP CODE	HOME TELEPHONE NO. CELL FAX	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	EMAIL ADDRESS
BUSINESS NAME	BUSINESS TELEPHONE NO. CELL FAX	
BUSINESS ADDRESS	N. Y.S. SALES TAX #	EMAIL ADDRESS

DO YOU PRESENTLY HOLD A LICENSE FOR YOUR OCCUPATION ELSEWHERE? ☐ YES ☐ NO	WHERE	FEDERAL TAX I.D. #
DATE OF ISSUANCE	CATEGORY	

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ YES ☐ NO

HAVE YOU EVER HAD AN OCCUPATIONAL LICENSE SUSPENDED OR REVOKED: ☐ YES ☐ NO

DETAILED STATEMENT OF EXPERIENCE

Give detailed and complete account of your experience in the occupation for which you are requesting examination. Employment information should be confirmed by employers affidavits. Use the reverse side of this form for a detailed account of your duties and experience. Additional affidavits may be attached, if required, and must be notarized

NAMES AND ADDRESSES OF PRESENT AND PAST EMPLOYERS	DATES		TOTAL TIME	
	From	To	Years	Month

NAMES AND ADDRESSES OF OCCUPATION RELATED SCHOOLS	DATES		TOTAL TIME	
	From	To	Years	Month

Facial Photo

Furnish a passport-size photograph taken within the last 30 days and secure in the space provided at left.

DATE OF PHOTO

AFFIRMATION (To be signed by the applicant)
I affirm under the penalty of perjury, that I prepared this application and that the statements contained herein are, to the best of my knowledge and belief, true and correct and that I have not knowingly and willfully made a false statement or given information which I know to be false in connection herewith.

Signed _____ Date _____

Furnish a detailed account of your duties and experience on reverse side. <u>You must complete this form.</u>

DESCRIBE YOUR EXPERIENCE

VERIFICATION OF EMPLOYMENT AND QUALIFICATIONS

Note:

This document shall be **completed by the signer who must be licensed** in the relevant field (Electrician, Plumber, or Home Appliance Repair.) **Do not omit any requested information.**

COUNTY OF SUFFOLK:)
STATE OF NEW YORK:)

I, _____ currently licensed as an

_____ and that I have employed _____

on a ( ) part-time ( ) full-time basis.

I have found him/her to be competent, and that I consider him/her a qualified _____

_____ and if he/she meets all requirements, to be

examined by Suffolk County for a _____ license.

……

……

My records show that the above applicant has been employed by me as follows:

EMPLOYEE'S NAME	EMPLOYED FROM-TO	TOTAL TIME YEARS-MONTH	ANNUAL GROSS SALARY

Employment verified by W2 Forms? YES ___ NO ___

The applicant, while under my employ has performed the following duties:

_____

_____

_____

Any Additional Remarks - Please use the back of this affidavit

Current Business Name: _____

Business Address: _____

License Number(s): _____

Place of Issuance: _____

Last Time Renewed: _____

I affirm, subject to the penalties of perjury that the information set forth above has been examined by me and to the best of my knowledge and belief is true and correct

Sworn to before me this

____ day of _____ ,

_____
NOTARY PUBLIC

Signature:

_____

STATE OF NEW YORK)
) ss: AFFIRMATION
COUNTY OF SUFFOLK)

(Name) _____

(Company Name) _____

1. **You must check either (A) or (B)**

☐ (A) I affirm that there have never been any judgments filed against the above named individual applicant or firm.

☐ (B) I affirm that all judgments against me have been discharged, are being appealed, or being paid according to agreed scheduled payments with creditors and that there are no unsatisfied or unnegotiated judgments against either the above named individual applicant or firm.

2. I certify that all contractors/sub-contractors will have in their possession a valid Suffolk County Occupational License as required by Suffolk County Code.

3. Briefly describe work to be performed:

_____

_____

_____

_____

_____
Individual's Name and Title

_____
Company Name

AFFIRMATION (To be completed by Applicant): I AFFIRM UNDER PENALTIES OF THE PENAL LAW, THAT I PREPARED THIS APPLICATION AND THAT THE STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY AND WILLFULLY MADE A FALSE STATEMENT OR GIVEN INFORMATION WHICH I KNOW TO BE FALSE IN CONNECTION HEREWITH.

COMPLIANCE AFFIRMATION: I understand the issuance of my license requires compliance with all laws applicable to my business. I understand that Title 8 USC 1324a makes the hiring of unauthorized aliens unlawful and imposes record keeping responsibilities if I am an employer. I am also obligated to pay taxes for employees I may have. I affirm I am now and have been in compliance with Title 8 USC 1324a and I have paid/will pay all required payroll tax payments for any employee including Social Security, Medicare and State and Federal unemployment taxes. I AFFIRM THAT THE STATEMENTS ON THIS LICENSE APPLICATION ARE TRUE AND ACCURATE.

Signed _____ Date _____

APPLICANT BACKGROUND INFORMATION

Your Name _____

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS AND SIGN THIS FORM. IF YOU ANSWER "**YES**" TO ANY OF THE QUESTIONS, PLEASE PROVIDE A DETAILED EXPLANATION ON A SEPARATE SHEET.

(1) Have you ever been convicted of a crime or offense of any kind (other than traffic or parking violations) or entered a plea of guilty or nolo contendere? Y____ or N____

(2) Are any criminal charges currently pending against you? Y____ or N____

(3) Are you now, or were you ever on parole or probation? If YES, you MUST provide a letter of good standing from your parole/probation officer. Y____ or N____

(4) Have you ever been the subject of any investigation by a federal, state or local agency (other than a routine background investigation for employment purposes)? Y____ or N____

(5) Have you ever been cited for contempt of any court or legislative, civil or criminal investigative body or grand jury? Y____ or N____

(6) Have you, or any business in which you are or were an owner, officer, director or partner, been the subject of any criminal or administrative investigation? Y____ or N____

(7) Are there any liens or judgments against you or any business in which you are or were an owner, officer, director or partner? Y____ or N____

(8) Were you, or any business in which you are or were an owner, officer, director or partner, ever involved in a bankruptcy proceeding? If yes, where and when _____ Y____ or N____

(9) Are there any tax liens currently assessed or pending against you or any business in which you are or were an owner, officer, director or partner, or any real property in which you have a beneficial or legal interest? Y____ or N ____

(10) How long have you resided at your current address? ____Yrs.___Mths.

(11) Have you resided outside the State of New York for more than 180 days in the last calendar year? Y____ or N____

If so, please indicate below your out of state residence address:

_____

(12) Have you been conducting business under the present business name, and if so, where? _____ Y____ or N____

(13) Do you own or have any interest in real property that has been cited for health, safety or environmental violations by federal, state or local authorities? Y____ or N____

(14) Are you in arrears on any child support and/or maintenance obligations? Y____ or N____

(15) Bank Accounts for this business:

Bank Name & Location: _____

Bank Account #: _____

Date Opened: _____

NOTE: A LICENSE WILL NOT BE ISSUED WITHOUT A VALID BANK ACCOUNT.

(16) Name of CPA, if any: _____

Name of corporate attorney, if any: _____

(17) Have you or any immediate family member ever been involved in a business which had a license issued by this Office? Yes ___ No ___ License # _____ Date Issued_____ Expiration Date _____

Was this license suspended or revoked? Yes___ No___ Date Suspended_____ Date Revoked_____

(18) Have you or any immediate family member ever been involved in a business which had a license issued by:

New York City? Yes___ No___ License #_____Date Issued_____ Expiration Date_____

Was this license suspended or revoked? Yes___ No___ Date Suspended_____ Date Revoked_____

Nassau County? Yes___ No___ License #_____Date Issued_____ Expiration Date_____

Was this license suspended or revoked? Yes___ No___ Date Suspended_____ Date Revoked_____

Any other local municipalities?

Yes___ No___ License # _____ Date Issued_____ Expiration Date_____

Was this license suspended or revoked? Yes___ No___ Date Suspended_____ Date Revoked_____

NOTE: ALL ANSWERS AND RESPONSES WILL BE CHECKED AND VERIFIED VIA COMPUTER SEARCH AND OTHER INVESTIGATIVE METHODS.

AFFIRMATION (to be completed by Applicant): I AFFIRM UNDER PENALTIES OF THE PENAL LAW, THAT I PREPARED THIS APPLICATION AND THAT THE STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY AND WILLFULLY MADE A FALSE STATEMENT OR GIVEN INFORMATION WHICH I KNOW TO BE FALSE IN CONNECTION HEREWITH.

Signed_____ Date_____