

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.

Suffolk County code requires that all applicants must demonstrate at least seven (7) years of experience within the past ten (10) years in the trade for which a license is being sought, before qualifying to take the license examination.

To qualify to take 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 (W-2 forms and/or tax statements) and notarized affidavits from present and past employers.

All documents must be included with your application when it is submitted along with a **\$200.00 non-refundable** application fee.

NOTE:

1. As a licensed HVAC Contractor, you have the right to Sub-Contract out the installation of the duct work. However, if you intend to install the duct work yourself, you must also carry a Home Improvement License.
2. The HVAC Plumbing license does not cover the installation or maintenance of gas equipment. If you intend to work on L.P. and / or Natural Gas equipment, you must also carry an L.P. and / or Natural Gas license.

**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 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.
3. You must provide documented proof of seven (7) of the last ten (10) 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 (2) 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)
4. 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**.

5. Complete the Affirmation form. You must designate “A” or “B”, complete the form and sign it. This form does not have to be notarized.
6. 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.
7. 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.
8. All documentation submitted must be a copy. Submitted documents will not be returned, nor will a copy be made.

NOTICE!

Incomplete applications will not be presented to the Board(s) for review!

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 _____ ,

Signature: _____

NOTARY PUBLIC

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

AFFIRMATION

(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 _____