



SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

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

BACKFLOW TESTER APPLICATION INSTRUCTIONS

RULE AND REGULATION NO. 12-1

Local Law No. 37-2011 was enacted to ensure safe backflow testing in Suffolk County and further authorized and empowered the Commissioner of Consumer Affairs to establish all rules and regulations necessary to implement the law.

1. The applicant for a backflow prevention tester shall present documentary evidence of the successful completion of a course on backflow testing administered by the State of New York.
2. The applicant shall be a licensed Master Plumber, licensed by either, the Town of Babylon, the Town of Huntington, the Town of Islip or the County of Suffolk, New York. An applicant licensed by a town shall provide a current letter of good standing issued by the licensing town. A license issued by any other municipality is not acceptable (i.e., County of Nassau).
3. A licensed Master Plumber, who is licensed by a town within the County of Suffolk and not by Suffolk County, may not conduct backflow prevention testing outside of the town issuing the license unless the licensee holds a valid Master Plumber's license issued by Suffolk County.
4. The applicant may also be an Employee of a licensed Master Plumber, provided that both the Employee and the licensed Master Plumber have completed the required coursework on backflow testing administered by the State of New York.
5. **Proof of Employment** - Proof of employment of an employee shall consist of a sworn affidavit signed by the Master Plumber **AND** a copy the prior year's W-2 Income Tax Statement, **OR** a recent payroll stub (i.e., within thirty (30) days from the date of Application.
6. An employee may work for more than one employer, but shall obtain an Identification Card for each licensed Master Plumber for whom he/she is employed.
7. Employment need not be full time, but shall include part-time work.
8. A 1099 Income Tax Form will **NOT** be acceptable as proof of employment, since a licensed Master Plumber is prohibited from sub-contracting work to an unlicensed Master Plumber or to an individual who is not a licensed Master Plumber.
9. The Registration Identification Card issued by Consumer Affairs shall note that the Identification Card is "restricted" to a particular town: Babylon, Islip or Huntington, unless the licensed Master Plumber is licensed by Suffolk County.

The purpose of this law is to require that a certified backflow prevention tester conducts tests only while they are a licensed Master Plumber who has been certified as a backflow prevention tester or is employed by a licensed Master Plumber who has been certified as a backflow prevention tester.

Local Law No. 37-2011, Suffolk County New York:

A Local law to ensure safe backflow testing in Suffolk County.

THE LEGISLATURE FINDS AND DETERMINES THAT BACKFLOW PREVENTION DEVICES PREVENT CONTAMINATION FROM ENTERING POTABLE WATER DISTRIBUTION SYSTEMS AND THEREBY PROTECT THE PUBLIC WATER SUPPLY SYSTEM.

The Legislature finds that such devices must be tested annually to ensure that they are in proper working order.

“CERTIFIED BACK FLOW PREVENTION TESTER” shall mean any person who has completed coursework and holds a certificate in backflow testing from a program approved by the State of New York. The Suffolk County Legislature has determined that New York State Department of Health requires individuals to take a course on backflow testing before they may be certified to perform this work. **Backflow prevention testers should be licensed Master Plumbers or employed by licensed Master Plumbers that are also certified backflow prevention testers, who can address any problems which may arise during or after testing.**

REGISTRATION:

It shall be unlawful for any certified backflow prevention tester to test backflow prevention devices within the County of Suffolk without first obtaining an identification card from the Department, subject to and in accordance with this law. A certified backflow prevention tester shall obtain an identification card from the Suffolk County Labor, Licensing & Consumer Affairs, for each licensed Master Plumber for whom he is employed.

The fee for each identification card or renewal thereof shall be \$50.00 per annum for a two (2) year registration. The expiration date will coincide with the Master Plumber's license expiration date and will be pro-rated.

Any person seeking to register as a certified backflow prevention tester must provide documentation certifying that they are currently certified to test backflow prevention devices pursuant to State law.

No identification card shall be issued unless a valid license has been issued to the Master Plumber by whom such certified backflow tester is employed.

PENALTIES:

Violation of this or any portion of this law shall be punishable by civil penalty of \$250.00 for the first violation. Any subsequent violations shall be punishable by a civil penalty of \$500.00.

APPLICATION FOR BACKFLOW TESTER AS WELL AS THE AUTHORIZATION FROM THE MASTER PLUMBER IS TO BE COMPLETED IN FULL. ATTACH A COPY OF YOUR DRIVER'S LICENSE. IF APPLICANT ALREADY HOLDS A MASTER PLUMBER'S LICENSE WITH SUFFOLK COUNTY LABOR, LICENSING & CONSUMER AFFAIRS PLEASE ATTACH A COPY OF THE LICENSE. ALL APPLICATIONS MUST INCLUDE PROOF OF COMPLETION OF THE MANDATED COURSE.



Steven Bellone
Suffolk County Executive

Frank Nardelli
Commissioner

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BACKFLOW TESTER APPLICATION

Please Type or Print – Answer All Questions

Applicant’s Name: Last _____ First _____ M.I. _____

Date of Birth: ____/____/____ Social Security #: _____

Privacy Act Statement

Pursuant to the Federal Privacy Act of 1974, as amended, the disclosure of Social Security numbers for applicants is mandatory and is required by 42 USCS § 666(a)(13), New York State General Obligation Law § 3-503, and Suffolk County Law § 563.5 and/or SCC 239, and/or sec 275-3A, and/or SCC 313-18A, and/or SCC 361-3A and/or SCC 391, and/or SCC 460-5, and/or SCC 483. Such numbers disclosed on the application are requested for the administration of Title IV-D of the Social Security Act (Child Support Enforcement Act) and related provisions of State law. Such numbers will be used by the Department of Labor, Licensing, & Consumer Affairs to facilitate application processing and to maintain a uniform system of identifying applicants.

Home Street Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Fax: _____

Cell: _____ Email: _____

Business Name(s): _____

Business Street Address: _____

Town: _____ State: _____ Zip: _____

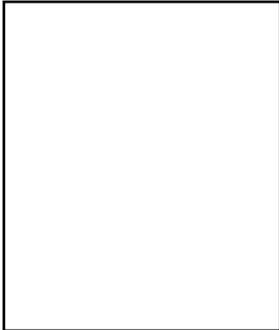
Business Phone: _____ Fax: _____

Cell: _____ Email: _____

Certification of Backflow Testers

The Legislature determines that the New York State Department of Health requires individuals to take a course on backflow testing before they may be certified to perform this work. **CERTIFIED BACKFLOW PREVENTION TESTER** shall mean any person who has completed coursework and holds a certificate in backflow testing from a program approved by the State of New York.

Proof of completion of an accredited program authorizing you to perform backflow testing must accompany this application.



Passport Photo

The fee for an identification card is Fifty Dollars (\$50.00) per annum.

I declare 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.

Applicant Signature : _____ **Date:** _____



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AFFIDAVIT

STATE OF NEW YORK) ss:
COUNTY OF SUFFOLK)

I, _____, after being duly sworn, states:

1. I am currently licensed as a Master Plumber by the Town of and/or the County of Suffolk, state of New York. My license number is _____.
2. I am also certified as a Backflow Prevention Tester by the County of Suffolk, having completed a course on backflow testing administered by the New York State Department of Health.
3. I hereby represent that _____, an applicant for a Backflow Prevention Tester identification card, is employed by _____, located at _____ (Firm Name) _____ New York;
4. _____ has been employed by the firm/company since _____.
5. I understand and acknowledge that an identification card shall only be issued if the applicant is employed by a licensed Master Plumber who has also been certified as a Backflow Prevention Tester and that the applicant has completed a course on backflow testing administered by the New York State Department of Health.
6. In the event that the applicant shall no longer be employed by me, it shall be my obligation to obtain the identification card issued to my employee and to surrender the identification card to the Suffolk County Department of Labor, Licensing & Consumer Affairs immediately and that my failure to obtain the identification card may subject me to a violation of the Suffolk County Code and a civil penalty of \$250 for the first violation.

Licensed Master Plumber

False statements made herein are punishable as a Class "A" misdemeanor pursuant to section 210.45 of the New York Penal Law.

Sworn to before me on the
_____ day of
_____ 20 ____

Notary Public



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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 _____