

ATTENTION SPA & POOL CONTRACTORS



Suffolk County standards for maintenance, construction and installation of swimming pools and spas in effect July 17, 2014

Pool/Spa Maintenance Business

Those who engage in the service or maintenance of swimming pools and spas are required to register with the Department of Labor, Licensing & Consumer Affairs. Fee for the application or renewal of the certificate is \$100.00 and is valid for two years.

Applications and renewals must be accompanied by proof of Certification as a Maintenance Specialist or Service Technician obtained through the Association of Pool and Spa Professionals (APSP).

Construction, Installation & Service

Those who build, install and service swimming pools and spas are still required to maintain a Suffolk County Home Improvement License, demonstrate a minimum of 2 years of experience and provide either APSP's Certified Service Technician, Certified Service Professional or Certified Builder Professional Certificate, depending on work performed.

Certification

Classes for the various certifications range in length from 3 to 5 days and are offered by the local division of APSP, the Long Island Pool and Spa Association. Tests are given for each of the certifications. Each certification is valid for 3 years.

Cost of each course ranges in price from \$500-\$600 for Association members and \$500-\$800 for non-members, and the cost of association membership is either \$395 or \$585, depending on the size of the company.

To sign up for a class, or obtain additional information, business owners may contact **Karen Pinto**, Executive Director of the Long Island Pool & Spa Association at 631 - 244-8055 or karen@longislandchapter.org. The association's website may be found at www.longislandchapter.org.

Licensing Application information may be obtained by contacting **Joan Taylor** at **631-853-4599** at the Suffolk County Department of Labor, Licensing and Consumer Affairs.

KNOW THE LAW



SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

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

POOL MAINTENANCE REGISTRATION 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): _____

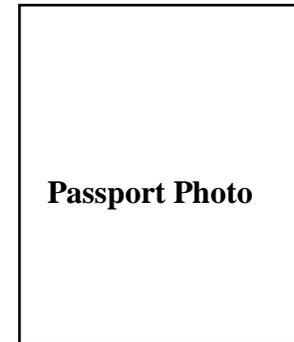
Business Street Address: _____

Town: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Cell: _____ Email: _____

REMIT REGISTRATION FEE OF \$100.00 (NON-REFUNDABLE) MADE PAYABLE TO: SUFFOLK COUNTY CONSUMER AFFAIRS. RENEWABLE BIENNIALY.



I have been certified by the Association of Pool and Spa and have attached a copy of Certificate # _____.

Penal Law § 175.35: Offering a false instrument for filing in the first degree: A person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information, and with intent to defraud the state or any political subdivision thereof, he offers or presents it to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become a part of the records of such public office or public servant. **Offering a false instrument for filing in the first degree is a class E felony.**

Signed: _____ Date _____



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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 _____

