



SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

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

BOARD UP SALESPERSON IDENTIFICATION APPLICATION

YOUR APPLICATION WILL BE RETURNED UNLESS YOU PROVIDE:

1. A totally completed application. YOU MUST ATTACH A PASSPORT PHOTO. "Authorization from the person who holds the Board Up registration" must be completed and signed by that Board Up registrant.
2. Applicant Background (Pages 2/3) must be completed and signed. If you answer YES to any of the questions, you must provide a detailed explanation as well as any pertinent documentation.
3. A copy of your NYS driver's license or NYSDMV non-driver's identification.



The fee for an identification card is one hundred dollars (\$100.00) per annum

Applications may be submitted Mon-Fri, 9:00 am-4:00 pm. Licenses are issued by appointment.

Please Print – Answer all questions. Immediate notice should be given of any change of address.

Last Name	First Name	Initial	Business Name			
Address - Number and Street			Address - Number and Street			
City	State	Zip	City	State	Zip	
Telephone Number (including area code)		Date of Birth			Height	Weight
Home:	Business:	Month	Day	Year	Ft. In.	Lbs.
Cell:	Fax:					
Social Security Number			Email Address			

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.

1. Have you ever been licensed by this agency? No Yes License # _____
2. Have you ever been convicted of a violation of law, other than a traffic violation? No Yes If yes, explain:

Previous Employers (List last three, with most recent first)

Firm _____ Address _____ Dates _____ Phone _____

Firm _____ Address _____ Dates _____ Phone _____

Firm _____ Address _____ Dates _____ Phone _____

From the person who holds the Board Up Registration

I hereby authorize _____ to represent _____ as a salesperson.
Signature _____ Board Up Registration Number _____

DECLARATION (To be completed by applicant)

I declare under penalties of the Penal Law, that I prepared this Application and that the statements contained therein are, to the best of my knowledge and belief, true, correct and that I have not knowingly and willfully made a false statement or given information which I know to be false in connection therewith.

Signed _____ Date _____