



SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

P.O BOX 6100, Hauppauge, NY 11788-0099

Consumer.affairs@suffolkcountyny.gov

LIQUID WASTE LICENSE INSTRUCTIONS

*Includes Commercial, Industrial, Residential, Septic Tank,
Sewer Drain Treatment, Bacteria Additives and Maintenance Field.*

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
ALL PAPERWORK MUST MATCH AND BE COMPLETELY FILLED OUT**

*******YOU MUST be a Member/Officer/Owner/Partner
of the business in order to apply, no exceptions.*******

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 "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 five (5) of the last ten (7) years of employment by a licensed employer in the field for which you are applying for a license.

This can be verified by:

- W2 Forms.
- Signed and dated copies of 1040 Federal income tax forms. (Only the 2 first page 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)

NOTE: DO NOT black out income wages, paperwork will not be accepted. Any information provided on the application **MUST match the provided income documentation. ***DO NOT** submit joint tax paperwork.**

5. Provide 5 years of trade invoices when selecting endorsements number 9 and 10.
6. Have the "Verification of Employment" form, signed and notarized by your most present or former employer(s), attesting to your employment. Verification of Employment is **MANDATORY**, no exceptions.
7. Complete the Affirmation form. You must select "A" **OR** "B", not both. Complete the form and sign it. This form does not have to be notarized.
8. All applicants for the Suffolk County Occupational Licenses **MUST** complete the entire application.
9. Any **"YES"** answer on the "Background Information Form" **MUST** be accompanied by a detailed explanation. Legal documented proof is required, IE: Resolution, appropriate disposition and discharge of an obligation.
10. All documentation submitted must be a copy. Submitted documents will not be returned, nor will a copy be made.
11. All required documentation must be submitted with application along with a **\$200.00 non-refundable** application fee.



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12. If you have a Business Name at the time of submission of your application you need to provide a DBA Certificate or Corporate Filing Receipt. If your company is an LLC or Corporation, you need to provide a list of members or corporate officers, respectively, with YOU AS A MEMBER OR OFFICER.
13. You are not required to have a Business 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 Business Bank Account at the time you are issued the license.
14. You are not required to have a Business Insurance and Bond 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 Business Insurance and Bond at the time you are issued the license.
15. Provide copies of any additional licenses you may have with other municipalities.

NOTICE!

**INCOMPLETE APPLICATIONS WILL NOT BE PRESENTED TO
THE BOARD(S) FOR REVIEW!**

This application is not a license. Completing this application does not mean you are licensed. You are not considered licensed with Suffolk County until all requirements are met and the process is complete and approved by this office.

**SPENDING A FEW EXTRA MINUTES NOW MAY
SAVE YOU WEEKS OR MONTHS LATER!**

Steven Bellone
Suffolk County Executive



Rosalie Drago
Commissioner

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LIQUID WASTE LICENSE APPLICATION
*Includes Commercial, Industrial, Residential, Septic Tank,
Sewer Drain Treatment, Bacteria Additives and Maintenance Field*

PLEASE PRINT CLEARLY – ANSWER ALL QUESTIONS IN PEN.

*** USE THE OFFICIAL NAME THAT IS ON YOUR DRIVER LICENSE ***

Applicant Name: LAST _____ FIRST _____ M.I. _____

Date of Birth: ____/____/____ Applicant 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 313-3A and/or SCC 391, and/or SCC 46-5, 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 #: _____ Cell Phone #: _____ Email: _____

Business Name: _____

If applicable, DBA: _____

Business Street Address: _____

Town: _____ State: _____ Zip: _____

Business Email: _____ Additional Email: _____

Business Phone #: _____

Type of Business

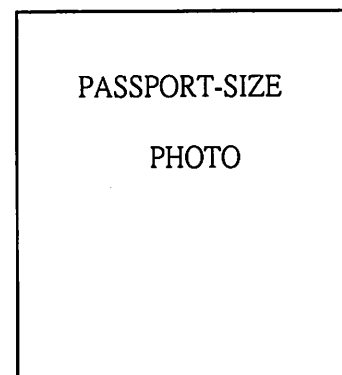
____ Corporation ____ Partnership ____ Sole Proprietorship ____ Other

1. Federal Tax ID # _____

2. Worker's Compensation # _____

3. NYS Sales Tax Registration # _____

Do you subcontract your work? ____ Yes ____ No. If yes, name & address of Subcontractors



4. Provide IA manufacturer information. (Business Name/Address/ Phone Number)

5. Each Business must be licensed. Each separate business requires a separate license.

THIS IS AN APPLICATION: NOT A LICENSE.

Steven Bellone
Suffolk County Executive



Rosalie Drago
Commissioner

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List all additional business names and addresses in which you are currently a principal officer: including location of all branches and separate offices. If "None", write none.

Business _____ Address _____ Principal type of work _____

List all present principal officers or partners in your business. If you are the only owner, list yourself for all four (4) positions (President, Vice President, Secretary and Treasurer). If you own a Limited Liability Corporation (LLC) all members must be listed.

Name _____ Address _____ Social Security # _____ Position in Firm _____

List all previous business or subsidiaries in which you were a principal officer, all other associated officers and present status of the business (i.e. defunct, bankrupt, sold, etc.) If "None", write none.

Business Name _____ Address _____ Associated Officers _____ Present Status _____

LIST ALL PAST AND PRESENT OCCUPATIONAL RELATED SCHOOLS.

School Name _____ Address _____ Dates Course began/end - Total Time & Total hours _____

LIST ALL PAST AND PRESENT EMPLOYERS.

Business Name _____ Address _____ Dates Employed - Total Time Employed _____

Are you presently or have you ever been licensed in Suffolk County or any other municipality?

____ Yes ____ No

If Yes, Where: _____ License # _____ Type of License _____

Expiration Date ____/____/____ If more than one, list _____

Are you part of a Union? ____ Yes ____ No

Remit application fee of \$200.00 (non-refundable) made payable to:
Suffolk County Consumer Affairs

Sec. 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. L. 1965, c. 1030

Signature: _____

Date: ____/____/____

VERIFICATION OF EMPLOYMENT AND QUALIFICATIONS

NOTE:

This document shall be completed by the signer who **MUST** be licensed in the relevant field (Electrician, Plumber, Liquid Waste, 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 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 TIME <u>MONTH/DAY/YEAR</u>	TOTAL TIME <u>YEARS-MONTHS</u>	ANNUAL GROSS SALARY

Employment verified by W-2 Forms? YES _____ NO _____

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

Licensee Information:

Current Business Name: _____

Business Address: _____

License Number(s): _____

Place of Issuance: _____

Last Time Renewed: _____

Any Additional Remarks - Please use back of this affidavit.

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

Steven Bellone
Suffolk County Executive



Rosalie Drago
Commissioner

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STATE OF NEW YORK)
COUNTY OF SUFFOLK)

AFFIRMATION

Applicant Name: _____

Business Name: _____

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.

OR

(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 names individual applicant of firm.

2. I certify that all non-employees used as sub-contractors will have in their possession a valid Suffolk County Liquid Waste license.
3. I certify that all plumbing and electrical work performed as part of any contract negotiated by me or my agents will be done by only the holders of a valid Suffolk County License, where applicable.
4. Briefly describe work to be performed:

Applicant Name and Title

Business 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.

Signature: _____

Date: ____/____/____



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APPLICANT BACKGROUND INFORMATION

Applicant 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.

* PREVIOUS ADDRESS: _____

11. Have you resided outside the State of New York for more than 180 days in the last calendar year? If so, please indicate below your out of state residence address: Y ____ or N ____

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Suffolk County Executive



Rosalie Drago
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12. Have you been conducting business under the present business name, and if so, what Town/City/
Village/ State? _____ 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. BUSINESS BANK ACCOUNT:

Bank Name & Location: _____

Bank Account #: _____

Date Opened: ____/____/____

NOTE: A LICENSE WILL NOT BE ISSUED WITHOUT A VALID BUSINESS 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 ____/____/____

19. Have you or any immediate family member ever been involved in a business which had a license issued by:
Nassau County? Yes ____ No ____ License # _____ Date Issued ____/____/____ Expiration Date ____/____/____
Was this license suspended or revoked? Yes ____ No ____ Date Suspended ____/____/____ Date Revoked ____/____/____

20. Have you or any immediate family member ever been involved in a business which had a license issued by:
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.

Signature: _____

Date: ____/____/____

Listed below are the (10) endorsements set forth under Suffolk County Law Chapter 563-79.C. Place a check mark next to each endorsement as it applies to your business; Also place a check mark next to the training you have completed for that endorsement. Make certain to enclose proof that you have complied with the training class requirements. (See attachment for class information)

Endorsements 1, 2, 3, 4, 5, 6 & 7 requires a dedicated vehicle displaying the LW license # and dedicated use on the truck. *See below. A copy of the truck's registration & a photo showing the plate number and truck's dedicated use must be submitted.

One (1) endorsement is included in your \$400.00 license fee.
Each additional endorsement carries an additional \$200.00 fee.

1. **Septic Tank Pumping, Cleaning & Maintenance:** Requires proof of ownership of a dedicated pump/vacuum truck for Sanitary and/or Organic Waste; 364 Waste Transporter Permit, AND
 LILWA Certification OR
 NAWT Vacuum Truck Technician Class.
2. **Grease Trap/ Grease Inceptor Cleaning & Maintenance:** Requires proof of ownership of a pump/ vacuum truck dedicated for pumping Trap Grease waste; AND
 LILWA Certification OR
 NAWT Vacuum Truck Technician Class.
3. **Yellow Grease/ Fryer Oil Collection:** Required proof of ownership of a pump/ vacuum truck dedicated for pumping Yellow Grease; AND
 LILWA Certification OR
 NAWT Vacuum Truck Technician Class.
4. **Temporary Restroom Facilities:** Requires proof of ownership of a dedicated pump/ vacuum truck of Sanitary and/or Organic Waste; AND
 LILWA Certification OR
 Portable Sanitation Association International (PSAI) Class Entitled Certification & Training for Portable Sanitation Professionals AND
 NAWT Vacuum Truck technician Class.
5. **Waste Line Cleaning & Inspection:** Requires proof of ownership of dedicated jetting or Waste Line Cleaning Equipment; AND
 LILWA Certification.
6. **Bulk Liquid Waste Transportation:** Requires proof of ownership of a dedicated pump/vacuum truck for Sanitary and/or Organic Waste; AND
 LILWA Certification OR
 NAWT Vacuum Truck Technician Class.
7. **Vactor (pump/vacuum) Services:** Requires proof of ownership of a dedicated pump/ vacuum truck of Sanitary and/or Organic Waste; AND
 LILWA Certification OR
 NAWT Vacuum Truck Technician Class OR
 Alternative/ Experimental OWTS Technology Training.

9. **Conventional Septic System Installation: Requires Current**

- LILWA Certification OR
- Suffolk County Department of Health Services with University of Rhode Island`s Wastewater Treatment Conventional System Installation Overview. (INST100) OR
- NAWT Onsite Installer Certificate of Completion Professional Training Class.

10. **Innovative & Alternative Treatment System Installer: Requires**

- Endorsement 9 Conventional Septic System Installation; AND
- Suffolk County Department of Health Services with University of Rhode Island`s Innovative and Alternative Onsite Wastewater Treatment Technology Class (OWT105)
- Must provide copy of receipt of each certification by manufacturers of all technologies to be serviced.

11. **Innovative & Alternative Treatment System Service Provider: Requires**

- Suffolk County Department of Health Services with University of Rhode Island`s Innovative and Alternative Onsite Wastewater Treatment Technology Class (OWT105)
- Must provide copy of receipt of each certification by manufacturers of all technologies to be serviced.

Endorsement Training Class Information

<u>Training Class Title</u>	<u>Class Description</u>	<u>For Class Information/ Schedule</u>
LILWA CERTIFICATION	The LILWA certification consists of training and examination. The training certificate is valid for 2-years and provides companies and their technicians with leading edge skills and training within strict industry standards for safety, professionalism and environmental issues as set forth by the Long Island Liquid Waste Association.	www.lilwa.org
OSHA10	OSHA 10-Hour Construction is a part of an online OSHA outreach program that results in a valid DOL/OSHA 10-Hour Card. This OSHA10 online training course teaches recognition, avoidance, abatement and prevention of safety and health hazards in workplaces.	www.osha.com
Onsite Wastewater Treatment System Inspector Training Class (INSP100)	Suffolk County Department of Health Services in cooperation with the University of Rhode Island.	www.reclaimourwater.info
Innovative and Alternative Onsite Wastewater Treatment Technology Class (OWT105)	Suffolk County Department of Health Services in cooperation with the University of Rhode Island.	www.reclaimourwater.info
Conventional System Installation Overview (INST100)	Suffolk County Department of Health Services in cooperation with the University of Rhode Island.	www.reclaimourwater.info
Vacuum Truck Technician Training	National Association of Wastewater Technicians (NAWT)	www.nawt.org
Operation and Maintenance Training Parts 1 and 2	National Association of Wastewater Technicians (NAWT)	www.nawt.org
Onsite Installer Certificate of Completion Professional Training	National Association of Wastewater Technicians (NAWT)	www.nawt.org
Certification and Training for Portable Sanitation Professionals	Portable Sanitation Association International (PSAI)	www.psal.org

www.lilwa.org Long Island Liquid Waste Association or call (631) 585-0448.

www.nawt.org National Association of Wastewater Technicians (NAWT)

www.psal.org Portable Sanitation Association International (PSAI)

www.suffolkcountyny.gov/departments/consumeraffairs for endorsement & training information.



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Complete this form if your business operates under any of the following designations
(supporting documentation not required)

To help us better connect you with business support (Employee recruiting, Grant opportunities, Special programs and Bids)

Please check all that apply.

- MBE (Minority Business Enterprise)
- WBE (Women Business Enterprise)
- VBE (Veteran Business Enterprise)
- LGBT (Lesbian Gay Bisexual Transgendered) Business Enterprise
- DBE (Disabled Business Enterprise)

Do you wish to receive information about work opportunities, grants and other business support?

- Yes
- No

Do you want assistance finding workers?

- Yes
- No

If you wish to receive information on any of the above business designations, need helping with hiring or would like information regarding work opportunities, grants and other business supports.

Please contact Diane LaChapelle, Director of Business Services at (631) 853-6763. Diane.LaChapelle@suffolkcountyny.gov