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**SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS**

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

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**Electrical, Plumbing, Home Appliance Repair & (Electronics)  
Suffolk County License Application**

To qualify for a license examination, Suffolk County code requires that all applicants demonstrate experience in the field for which a license is sought.

Experience Requirements:

Master Electric/Master Plumbing / Seven (7) of the last ten (10) years of employment in the field

Home Appliance Repair / Five (5) of the last ten (10) years of employment in the field

Home Electronics Equipment / Two (2) years of the last five (5) years of employment in the field

You must also submit documentary proof of your experience. The documentation may be presented in any form you see fit, but should include financial proof, such as:

- W2 Forms
- Signed and dated copies of 1040 Federal income tax forms  
(Only the first two 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)
- Notarized affidavits from past and present employers

All documents must be included with your application when it is submitted along with a two hundred (\$200.00) dollar non-refundable application fee.



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**Electrical, Plumbing, Home Appliance Repair & (Electronics)  
Suffolk County License Application**

Check the appropriate category at the top of the attached application. Please 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 the "hands on" tasks performed by you while working in the trade for which you wish to be licensed.
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, nor will a copy be made.

**NOTICE!**

**Prior to review by the Licensing Board, any incomplete application will be returned to the applicant!**

# APPLICATION FOR LICENSE

Master Electric

Master Plumber

Electrical Inspector

HOME APPLIANCE REPAIR

Area(s) of Certification:

Instructions:

- To be completed by the individual applying.
- Print in ink or type. Fill in all spaces.
- Complete reverse side of this form.
- Separate applications are required for each category.

- Refrigeration/AC/Humid & Dehumidifier
- Laundry Equipment & Dishwashers
- Stoves & Ovens
- Domestic Disposal

- Home Electronics Equipment  
Minimum of 2 years trade experience within the last 5 years for Home Electronics category **ONLY**.

Remit application fee (non-refundable) by check payable to: Suffolk County Consumer Affairs

APPLICANT NAME		DATE OF THIS APPLICATION	
APPLICANT ADDRESS NO. & STREET, CITY, STATE, ZIP CODE		HOME TELEPHONE NO.	
		CELL	FAX
DATE OF BIRTH	SOCIAL SECURITY NUMBER	EMAIL ADDRESS	
<p><i>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, &amp; Consumer Affairs to facilitate application processing and to maintain a uniform system of identifying applicants.</i></p>			
BUSINESS NAME		BUSINESS TELEPHONE NO.	
		CELL	FAX
BUSINESS ADDRESS		N. Y.S. SALES TAX #	EMAIL ADDRESS
DO YOU PRESENTLY HOLD A LICENSE FOR YOUR OCCUPATION ELSEWHERE?	WHERE	FEDERAL TAX I.D. #	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE OF ISSUANCE	CATEGORY		
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD AN OCCUPATIONAL LICENSE SUSPENDED OR REVOKED: <input type="checkbox"/> YES <input type="checkbox"/> NO			

### DETAILED STATEMENT OF EXPERIENCE

Give detailed and complete account of your experience in the occupation for which you are requesting examination. Employment information should be confirmed by employers affidavits. Use the reverse side of this form for a detailed account of your duties and experience. Additional affidavits may be attached, if required, and must be notarized

NAMES AND ADDRESSES OF PRESENT AND PAST EMPLOYERS	DATES		TOTAL TIME	
	From	To	Years	Month
NAMES AND ADDRESSES OF OCCUPATION RELATED SCHOOLS	DATES		TOTAL TIME	
	From	To	Years	Month

<p><b>Facial Photo</b></p>	<p>Furnish a passport-size photograph taken within the last 30 days and secure in the space provided at left.</p>	<p style="text-align: center;"><b>AFFIRMATION (To be signed by the applicant)</b></p> <p>I affirm under the penalty of perjury, 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.</p> <p>Signed _____ Date _____</p>
	<p>DATE OF PHOTO</p>	<p style="text-align: center;"><b>FOR EMPLOYEE IDENTIFICATION CARD FROM APPLIANCE REPAIR LICENSE HOLDER</b></p> <p>I hereby authorize _____ to hold an Appliance Repair Employee Identification Card for _____</p> <p style="text-align: right;">_____ Signature</p> <p style="text-align: right;">_____ Appliance Repair License Number</p>

**Furnish a detailed account of your duties and experience on reverse side. You must complete this form.**



**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:

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(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 \_\_\_\_\_



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Complete this form if your business operates under any of the following designations. To solely assist you as a business owner and license holder, you may receive Information regarding grants, training programs and jobseekers interested in working for your company. Do not provide any supporting documentation.

Please check all that apply.

**1. MBE (Minority Business Enterprise)**

- Registered MBE with New York State
- Registered with New York City
- Registered with Suffolk County
- An MBE but not formerly registered with any agency

**2. WBE (Women Business Enterprise)**

- Registered WBE with New York State
- Registered with New York City
- Registered with Suffolk County
- A WBE but not formerly registered with any agency

**3. VBE (Veteran Business Enterprise)**

- Registered VBE with New York State
- Registered with New York City
- Registered with Suffolk County
- A VBE but not formerly registered with any agency

**4. NVBDC (National Veteran Business Development Council)**

**5. OVBD (Office of Veterans Business Development)**

**6. NGLCC (National Gay & Lesbian Chamber of Commerce)**

**7. LGBTQ Business Enterprise**

- Registered LGBTQ with New York State
- Registered with New York City
- Registered with Suffolk County
- A LGBTQ but not formerly registered with any agency

**8. DBE (Disabled Business Enterprise)**

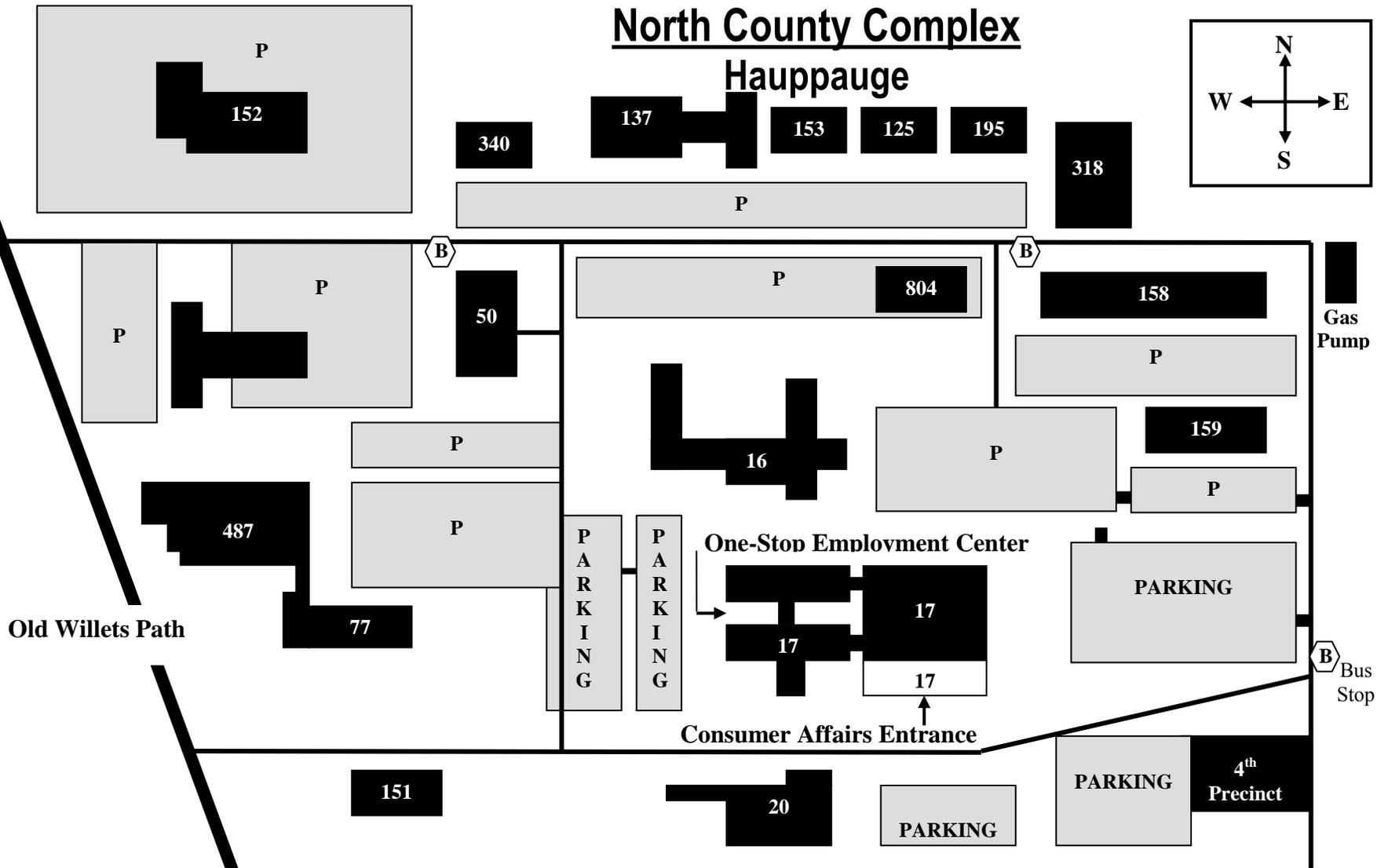
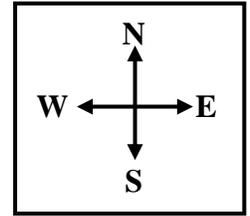
- Registered DBE with New York State
- Registered with New York City
- Registered with Suffolk County
- A DBE but not formerly registered with any agency

**9. DASNY (Dormitory Authority of State of New York)**

**10. Port Authority Designation**

**11. SBA Small Business Loans and/or Grants**

# North County Complex Hauppauge



Northern State Pkwy Light

Light

Veterans Memorial Highway

Light

- |                                    |                              |   |                                 |
|------------------------------------|------------------------------|---|---------------------------------|
| 16- EAC Community Mediation        | 125- Relocation & Grounds    | 158- Personnel /Civil Service/ Handicap Services & 4 <sup>th</sup> District Court                 | 195- Relocation & Grounds       |
| <b>17- Suffolk County One-Stop</b> | 137- Custodial Warehouse     | 159- Department of Health Services/ Alcohol & Substance Abuse/ Bureau of Environmental Protection | 318- Department of Public Works |
| <b>17- Consumer Affairs</b>        | 151- Telecommunications Unit |   | 487- Forensic Science Building  |
| 20- County Legislature             | 152- Fleet Garage            |   | 804- TASC Building              |
| 50- Data Processing                | 153- DCA Testing Facility    |   |                                 |
| 77- District Attorney              |                              |   |                                 |