

EDWARD P. MANGANO
COUNTY EXECUTIVE



MADALYN F. FARLEY
COMMISSIONER

**COUNTY OF NASSAU
OFFICE OF CONSUMER AFFAIRS
240 OLD COUNTRY ROAD
MINEOLA, NEW YORK 11501-4255
(516) 571-2600**

Dear Vendor:

Enclosed is the Nassau County license application. Please read and follow all enclosed instructions.

Mail your completed application and applicable fee to:

The Office of Consumer Affairs
240 Old Country Road
Mineola, New York 11501

Attention: Licensing

If your application is not complete, it will be returned to you and you may have to appear in person. If so, an appointment will be made for you to see a licensing representative.

Please be sure to read all the instructions before submitting the application. Licenses will not be considered for incomplete or incorrect applications.

Very truly yours,

A stylized, cursive signature of Madalyn F. Farley, written in black ink.

MADALYN F. FARLEY
COMMISSIONER

MFF/mfp

**PLEASE MAKE ALL CERTIFIED CHECKS or POSTAL MONEY ORDERS PAYABLE TO:
THE COUNTY OF NASSAU**



NASSAU COUNTY
OFFICE OF CONSUMER AFFAIRS
240 OLD COUNTRY ROAD, MINEOLA, NY 11501
WWW.NASSAUCOUNTYNY.GOV
PHONE: (516) 571-2600 FAX: (516) 571-3389

**** THE FILING OF AN APPLICATION DOES NOT CONSTITUTE PERMISSION TO OPERATE****
A LICENSE MUST ACTUALLY BE IN THE POSSESSION OF THE LICENSEE
BEFORE ANY OPERATION OR PROMOTION THEREOF BE LEGALLY CONDUCTED.

GENERAL INSTRUCTIONS

Failure to complete the required information or the giving of false information in the application may result in the denial of said application for a license or any renewal thereto, as well as cancellation, suspension or revocation in the event such license has been issued. Falsification of an official document is punishable under the law to the fullest extent. The issuance of a license is subject to verification of the requirements herein provided.

1. An application must be signed before a Notary Public and thereafter filed with this Office. If the application is made by an out-of-state individual, partnership or Corporation, you must provide a Certificate of Authority to do business in NY State, have a NY State location as well as an authorized contact person that can be reached in New York.

2. The following enclosed forms must be completed:

- a) APPLICATION form completed and NOTARIZED by an owner or corporation principal.
- b) DISCLOSURE AFFIDAVIT: each individual, partner, officer, director, stockholder, technician, manager and salesperson of the business must complete this form and have it NOTARIZED.
- c) AFFIDAVIT OF APPLICANT: each individual, partner, officer, director, stockholder and technician must complete this form and have it NOTARIZED. Those individuals will be fingerprinted. You will be called for an appointment once the application has been received and reviewed.

3. Two (2) passport type(2"x2") photographs, taken within the past 6 months, MUST be submitted for:

- a) each individual
- b) all partners in a partnership
- c) all corporate officers, directors and stockholders (including NY contacts for out of state corps)
- d) all employees and/or salespersons who have the authority to estimate and/or negotiate a contract
- e) all technicians

Photos must be free of any hats and/or sunglasses. Home photos are NOT acceptable.

4. Each of the above must also submit proof of residence. This proof must be a NYS DMV Drivers License or Non Driver ID Card AND ONE of the following only: a current utility bill (electric or home telephone), NYS Auto Registration or a copy of a current lease. Please be advised, PO Boxes are NOT acceptable.

5. You must also submit a copy of a current utility bill or a current lease to show proof of business location, if the business address is different from the home address.

6. A copy of the business phone bill showing the land line business phone number and address must be submitted. Cell phones and toll free numbers are not permitted for this requirement. Home phones are acceptable as business numbers if you are doing business from your home.

7. All persons are required to state all criminal convictions, including DWI, DWAI and DUI, and provide an official disposition from the applicable court. A complete copy of the court case may be required.

8. Trade Names, Partnerships and Corporations.

- a) individuals using their own name or a trade name must present a certified copy of the business certificate on file in the Nassau County Clerk's Office. (ref: Blumberg form # X201)
- b) a partnership conducting business, must submit a certified copy of the partnership certificate on file in the Nassau County Clerk's Office. (ref: Blumberg form # X74)
- c) a corporation must furnish a copy of the Secretary of State's Filing receipt. The corporation must maintain a bonafide establishment at a definite location within the State of New York. If this is not a New York corporation, you must submit a Certificate of Authority to do business in New York State.
- d) If your corporation is using a DBA, you must submit an Assumed Name Certificate that has been filed with New York State authorizing you to use the name in Nassau County.
- e) All corporations must furnish the original and current corporate structure naming all principals, officers, directors and stockholders including all minutes showing changes made to the corporate structure.

NOTE: If the Corporation was formed more than 3 years ago, you must also submit a Certificate of Good Standing issued by the New York State Bureau of Corporations. (518) 473-2492.

9. A Certificate of Insurance, with Nassau County Consumer Affairs as the certificate holder, MUST be provided to show proof of liability coverage. Coverage requirements can be found on a separate sheet.

10. A Certificate of Workman's Compensation is required covering all employees. If you DO NOT have employees, you must submit a Certificate of Attestation Exemption (CE-200) form from the Workman's Compensation Board. The form can be obtained online at www.wcb.state.ny.us or by calling (866) 546-9322.

11. NY State law requires ALL businesses to have a Federal Employers Identification number, and a NY State Sales Tax number if you collect sales tax. You must list these numbers on your application or it will NOT be accepted. You can obtain these numbers by calling (800) 829-4933 for Federal and (518) 457-5431 for Sales Tax.

ALL PAYMENTS MUST BE MADE BY CERTIFIED CHECK OR POSTAL MONEY ORDER
PAYABLE TO: THE COUNTY OF NASSAU.

Nassau County License fees are as follows:

- | | |
|---|------------|
| 1. New application for a two (2) year Provider license: | \$1,000.00 |
| 2. Technician License: | \$ 100.00 |
| 3. Fingerprint Fee for each person: | \$ 75.00 |

THE FINGERPRINT FEE MUST BE PAID WITH A SEPARATE CERTIFIED CHECK OR MONEY ORDER IN THE AMOUNT OF \$75.00. IT CANNOT BE COMBINED WITH THE LICENSE FEE.

- | | |
|--|-----------|
| 3. Additional location: | \$ 100.00 |
| 4. Duplicate copy of license (ONLY if lost): | \$ 50.00 |
| 5. Name changes not at renewal: | \$ 100.00 |

Please be advised, ANY name change MUST be accompanied by a fully completed application in proper form, and the original current license MUST be surrendered.

The license shall be affixed in a conspicuous place at each business location.

A copy of the license shall also be kept in each vehicle.

ALL FORMS ARE TO BE COMPLETED LEGIBLY IN BLUE OR BLACK INK OR TYPED.

A TWO YEAR LICENSE WILL BE MAILED TO ALL APPLICANTS
AFTER THE APPLICATION HAS BEEN APPROVED AND PROCESSED.

REFUNDS WILL NOT BE CONSIDERED.

EDWARD P. MANGANO
COUNTY EXECUTIVE



MADALYN F. FARLEY
COMMISSIONER

**COUNTY OF NASSAU
OFFICE OF CONSUMER AFFAIRS
240 OLD COUNTRY ROAD
MINEOLA, NEW YORK 11501-4255
(516) 571-2600**

NASSAU COUNTY ENVIRONMENTAL HAZARD REMEDIATION

REQUIRED LIABILITY INSURANCE COVERAGE

A current/in effect Certificate of Insurance **MUST** accompany your application with the following information included:

- 1) Producer's name, address and phone number.
- 2) Insured's name and address exactly as the application reads. All business locations must be listed on the certificate.
- 3) Type of insurance shown, Policy number, policy effective and expiration dates and a full description of the type work covered under the policy.
- 4) Authorized Representative Signature.
- 5) Limits of Insurance: Bodily Injury - \$1,000,000.00/2,000,000.00
 Property Damage - \$1,000,000.00/2,000,000.00

DEDUCTIBLES ARE NOT ACCEPTABLE

- 6) Certificate Holder: Nassau County Office of Consumer Affairs
 240 Old Country Road
 Mineola, New York 11501
- 7) Cancellation Notice: A notice shall be sent to this office within 15 days prior to
 any cancellation, non-renewal, or change in coverage of a
 license holder's insurance policy.

IF YOU HAVE ANY QUESTIONS REGARDING THESE INSTRUCTIONS, YOU MAY CONTACT:

Licensing Division 516-571-3872

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NASSAU COUNTY ENVIRONMENTAL HAZARD REMEDIATION PROVIDER

REQUIRED CERTIFICATION LIST

The following current/in effect Certifications **MUST** accompany your application:

- 1) OSHA Safety Standards for Construction or General Industry. Minimum 10 hours.
- 2) NYS Asbestos Handler. Minimum 32 hours.
- 3) EPA Lead Worker. Minimum 16 hours. Lead RRP is NOT sufficient.
- 4) Hazardous Waste Operations (HAZWOPER). Minimum 40 hours.
- 5) Microbial Remediation. Minimum 24 hours.
- 6) Water Damage Restoration. Minimum 20 hours, or IICRC WRT Certification.
- 7) Fire Damage Restoration. Minimum 16 hours, or IICRC FSRT Certification
- 8) PCB Awareness. Minimum 4 hours.
- 9) Bloodborne Pathogens. Minimum 4 hours.
- 10) Infection Control Risk Assessment. Minimum 4 hours.

In addition, proof of valid lead and asbestos abatement licenses must be submitted.

IF YOU HAVE ANY QUESTIONS REGARDING THESE INSTRUCTIONS CONTACT:

Licensing Division
516-571-3872



NASSAU COUNTY
OFFICE OF CONSUMER AFFAIRS
240 Old Country Road, Mineola, NY 11501
NASSAUCOUNTYNY.GOV
PHONE: (516) 571-2600

FOR OFFICE USE ONLY

Application Fee \$1,000.00
Date Paid: _____ Receipt No.: _____
CC/MO No.: _____
Issued By: _____

**ENVIRONMENTAL HAZARD REMEDIATION
PROVIDER LICENSE APPLICATION**

License No: _____
Issue Date: _____

Name of Business: _____

Business Address: _____ Business Phone: _____

_____ Cell Phone: _____

Assumed name of Corporation (If any): _____

Mailing Address: _____ If different than business
_____ address.

For any supplemental location, an additional \$100.00 fee is required.

Business Address: _____ Business Phone: _____

_____ Cell Phone: _____

EACH INDIVIDUAL OWNER, OFFICER, PRINCIPAL ETC. MUST BE LISTED.

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

_____ Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

_____ Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

_____ Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

_____ Signature: _____

ALL TECHNICIANS WHO HAVE AUTHORITY TO ESTIMATE, NEGOTIATE AND/OR FINALIZE CONTRACTUAL AGREEMENTS MUST BE LISTED BELOW, AND ARE REQUIRED TO SUBMIT DISCLOSURE FORMS, PHOTOS, IDENTIFICATION AND PROOF OF HOME ADDRESS. TECHNICIANS MUST BE FINGERPRINTED. (All non-employees used as sub-contractors must have in their possession a valid Nassau County License.)

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

Signature: _____

Description of business being conducted: _____

(Use additional sheet if necessary)

**ALL QUESTIONS ARE APPLICABLE TO APPLY FOR A NASSAU COUNTY
LICENSE AND MUST BE ANSWERED.**

- (1) a) Has any trade license ever been denied, cancelled, suspended or revoked? _____
b) If yes, explain. _____
- (2) a) Have you ever held any Nassau County License previously? _____
b) If yes, please state number(s). _____
c) Do you or have you held a license in any other municipality? _____
If yes, please submit a copy of the license with your application.
- (3) a) Have you ever had any contact with this agency or any other governmental agency regarding consumer complaints and/or violations? _____
b) If yes, state when, where and how resolved. _____

continued

- (4) If the business has employees, you are required to have Workmen's Compensation Insurance.

Name of Ins. Co:_____ Policy Number:_____ Exp. Date:_____

If the business does NOT have employees, you are required to write "NO EMPLOYEES", and submit a current, signed and dated waiver from the Workman's Compensation Board. _____

- (5) Surety Bond Insurance (if applicable): Amount of Bond: _____

Name of Ins. Co:_____ Policy Number:_____ Exp. Date:_____

- (6) YOU ARE REQUIRED TO SUBMIT TO THIS OFFICE YOUR BUSINESS:

a) Federal Employers' Identification No. _____

b) NY State Employers' Identification No. _____

c) NY State Sales Tax Identification No. _____

In consideration of being granted the license hereby applied for, it is agreed that the applicant will comply with the rules and regulations of the Office of Consumer Affairs that are now in force or that may in the future be promulgated. PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of license and criminal action.

**YOU ARE REQUIRED TO NOTIFY THIS OFFICE IN WRITING WITHIN 10 DAYS OF
ANY CHANGE IN OWNERSHIP, OPERATION OR CHANGE OF ADDRESS WITH RESPECT
TO YOUR CORPORATION AND/OR STOCKHOLDERS, PARTNERSHIP OR
INDIVIDUAL BUSINESS**

Failure to do so may result in revocation of license

Applicant Signature

Sworn to before me
this _____ day of _____, 20____

Notary Public



NASSAU COUNTY
OFFICE OF CONSUMER AFFAIRS
240 OLD COUNTRY ROAD, MINEOLA, NY 11501
WWW.NASSAUCOUNTYNY.GOV
PHONE: (516) 571-2600 FAX: (516) 571-3389

DISCLOSURE: ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND TO THE BEST OF THE APPLICANT'S KNOWLEDGE UNDER PENALTY OF LAW.

This form is to be completed by each individual owner, partner, officer, director, stockholder, technician, sales representative, manager, and foreman that negotiates with a consumer.

DATE _____

PERSONAL NAME: _____

COMPLETE HOME ADDRESS: _____

HOME PHONE NUMBER: _____ DOB: _____ SEX: _____ Ht: _____ Wt: _____

SOCIAL SECURITY NO: _____ DMV ID NO: _____ Hair: _____ Eye: _____

NAME OF BUSINESS: _____

You must have at least 5 years recent, relevant verifiable experience in the environmental hazardous remediation field. You are required to submit W2's or 1099's for proof.

I have at least _____ years experience in the hazardous remediation field, or in related activities, which similarly tend to establish my competence to operate an environmental hazardous remediation business.

PRACTICAL EXPERIENCE

FIRM NAME: _____ DATES OF EMPLOY: _____

ADDRESS: _____ POSITION HELD: _____

PHONE NO.: _____ DESCRIPTION OF DUTIES: _____

COMPANY OWNER: _____ SUPERVISOR: _____

FIRM NAME: _____ DATES OF EMPLOY: _____

ADDRESS: _____ POSITION HELD: _____

PHONE NO.: _____ DESCRIPTION OF DUTIES: _____

COMPANY OWNER: _____ SUPERVISOR: _____

FIRM NAME: _____ DATES OF EMPLOY: _____

ADDRESS: _____ POSITION HELD: _____

PHONE NO.: _____ DESCRIPTION OF DUTIES: _____

COMPANY OWNER: _____ SUPERVISOR: _____

Primary Work to Be Performed: _____

IN ORDER TO BE PROCESSED THE BACK OF THIS SHEET MUST BE ANSWERED.

DISCLOSURE

The following statements MUST be answered.

You are required to certify that any judgment(s) against yourself has been discharged, is being appealed, or being paid according to agreed scheduled payments with creditors; and that there are no unsatisfied or unnegotiated judgments against either the undersigned individual or firm.

1. Do you have any judgments, liens or tax warrants? If yes, you must submit a copy of the judgment, lien or warrant and proof that scheduled payments are being made.

2. Do you have any civil or criminal actions now pending in which you have been involved personally and/or in the course of business. If yes, please explain. Copies may be required.

3. Have you ever been convicted of a crime? State when, where and disposition. A copy of the disposition must be submitted. A complete copy of the court case may be required.

4. Do you currently have any criminal charges pending against you? If yes, please explain.

5. Do you have any child support order(s)? If yes, you must submit a copy of the order and proof that all scheduled payments are being made.

6. Have you ever filed for bankruptcy (business or personal)? If yes, you will have to provide documents for review.

SIGNATURE: _____

DATE: _____

Sworn to before me this

_____ day of _____ 20_____

Notary Public



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240 OLD COUNTRY ROAD, MINEOLA, NY 11501
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PHONE: (516) 571-2600 FAX: (516) 571-3389

EACH INDIVIDUAL OWNER, PARTNER, OFFICER, DIRECTOR, STOCKHOLDER (HOLDING MORE THAN 5% OF THE OUTSTANDING STOCK) AND TECHNICIAN MUST SUBMIT THIS AFFIDAVIT WITH THE APPLICATION

AFFIDAVIT OF APPLICANT
FOR ENVIRONMENTAL HAZARD REMEDIATION PROVIDER LICENSE

I, _____ having been duly sworn, as _____
of _____
Print Full Name Title
Name of Business
having been duly sworn, depose and state that:

- a) I have examined this application and to the best of my knowledge, all information and answers herein are true, correct and complete.
- b) I certify that my age is at least 18 years.
- c) I understand and agree that the fees paid with this application are non-refundable and that the payment of these fees does not guarantee the issuance of a license.
- d) I am required to notify this office in writing within ten (10) days of any change in address.
- e) In consideration of being granted the license hereby applied for, it is agreed that the applicant will comply with the rules and regulations of the Office of Consumer Affairs that are now in force or that may in the future be promulgated. The Rules and Regulations can be viewed at www.nassaucountyny.gov/agencies/oca/Legal/laws.
- f) **TECHNICIANS ONLY** - I currently hold and will continue to keep current, all certifications required by Local Law 13-2014, and have submitted proof of same to the Nassau County Office of Consumer Affairs.
- g) I understand that I shall immediately notify the Commissioner of any unreported environmental hazard site, any unlicensed environmental hazard remediation and my performance of an environmental hazard assessment or an environmental hazard remediation.
- h) I shall submit a copy of all writings generated in connection with the environmental hazard assessment within thirty (30) days of the assessments completion.
- i) The Commissioner may at any time request any additional information that she deems fit and appropriate in order to properly assess the eligibility of any applicant for Nassau County Environmental Hazardous Remediation Provider License
- j) I understand that, pursuant to §210.45 of the NYS Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein.

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of license and criminal prosecution by the Office of the District Attorney.

MUST BE NOTARIZED

Sworn to before me
this _____ day of _____, 20____

(Applicant Printed Name)

Notary's Signature

(Applicant Signature)