



NASSAU COUNTY
DEPARTMENT OF CONSUMER AFFAIRS
240 Old Country Road, Mineola, NY 11501
Phone: (516) 571-2600
consumeraffairs@nassaucoutnyny.gov
www.nassaucoutnyny.gov

GENERAL INSTRUCTIONS FOR THE SALESPERSON, MANAGEMENT PERSONNEL OR TECHNICIAN APPLICATION

THE FILING OF AN APPLICATION DOES NOT GRANT A SALESMAN, MANAGEMENT PERSONNEL AND/OR ANY TECHNICIAN AUTHORITY TO NEGOTIATE WITH A CONSUMER ON A VALID HOME IMPROVEMENT LICENSE UNTIL A LETTER OF AUTHORIZATION IS IN THE POSSESSION OF THE LICENSEE.

1. Applicants must submit a completed application and notarized affidavit form.
2. Applicants must provide two (2) professional passport type photos and attach them to the top left-hand corner of the disclosure form. (home photos are NOT acceptable)
3. Applicants must submit as proof of residence; a copy of a valid NYS Driver's license or DMV Identification card; and a copy of ONE of the following:
 - A. a valid NYSDMV vehicle registration.
 - B. a current landline telephone bill (cell phone bills are NOT acceptable).
 - C. current PSEG or National Grid bill.
 - D. a copy of a current mortgage, lease or deed.
4. Applicants must provide a letter dated from the licensed company's owner or officer, adding the individual as a salesman, management personnel or technician as an employee to business for which they will represent. (Letter must have original signature and copies will not be accepted.)

ALL APPLICATION MATERIALS ARE NON-RETURNABLE.

PENALTY FOR FALSIFICATION: The issuance of a license is subject to verification of the information provided in the application. Falsification of any statement made herein is an offense punishable by a fine, and/or revocation, suspension or denial of license and criminal prosecution by the Office of the District Attorney.

FAILURE TO COMPLETE ALL REQUIREMENTS WITHIN 90 DAYS OF SUBMITTING YOUR APPLICATION WILL RESULT IN THE AUTOMATIC DENIAL OF YOUR APPLICATION.



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SALESPERSON, MANAGEMENT PERSONNEL AND TECHNICIAN APPLICATION

This form is to be completed by each individual owner, partner, officer, director, person possessing 10% or more of the corporate stock, sales representative, manager, foreman and any technician that negotiates with a consumer.

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK.

SALESPERSON MANAGEMENT PERSONNEL TECHNICIAN

Name: _____ Date of Birth: _____
 Home Address: _____ Home Phone: _____
 _____ Cell phone: _____
 Email Address: _____ S.S.#: _____

Name of Business: _____
 Business Address: _____ Phone #: _____
 _____ Owner: _____
 Email Address: _____ NC Home Improvement License #: _____

What are your duties in this company? _____

PRACTICAL EXPERIENCE

Firm Name: _____ Dates of Employment: _____
 Address: _____ Phone Number: _____
 _____ Position Held: _____
 Supervisor: _____ Description of Duties: _____

Firm Name: _____ Dates of Employment: _____
 Address: _____ Phone Number: _____
 _____ Position Held: _____
 Supervisor: _____ Description of Duties: _____

DISCLOSURE

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

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING, YOU MUST PROVIDE CERTIFIED COPIES OF COURT DISPOSITIONS AND WRITTEN EXPLANATION FOR ALL CHARGES. A COPY OF THE COURT CASE(S) MAY BE REQUIRED.

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.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (Misdemeanor/Felony) Yes No

DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AGAINST YOU? Yes No

DO YOU HAVE ANY CIVIL ACTIONS NOW PENDING IN WHICH YOU HAVE BEEN INVOLVED IN PERSONALLY AND/OR IN THE COURSE OF BUSINESS? Yes No

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. Yes No

DO YOU HAVE ANY JUDGMENTS, LIENS OR TAX WARRANTS FILED AGAINST YOU? Yes No

HAVE YOU EVER FILED BANKRUPTCY? (BUSINESS OR PERSONAL) (IF YES, YOU WILL NEED TO PROVIDE DOCUMENTS FOR REVIEW) Yes No

DO YOU CURRENTLY OWE ANY NASSAU COUNTY AGENCY MONEY? IF YES, ALL FUNDS MUST BE PAID TO BE LICENSED Yes 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 Department 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 prosecution by the Office of the District Attorney.

SIGNATURE: _____

DATE: _____

Sworn to before me this

_____ day of _____ 20_____

Notary Public