



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

GENERAL INSTRUCTIONS FOR THE SALESPERSON, MANAGEMENT PERSONNEL OR TECHNICIAN APPLICATION

THE FILING OF AN APPLICATION DOES NOT GRANT A SALESPERSON, 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 #: _____
 _____ Position Held: _____

Supervisor: _____ Description of Duties: _____

Firm Name: _____ Dates of Employment: _____

Address: _____ Phone #: _____
 _____ Position Held: _____

Supervisor: _____ Description of Duties: _____

PLEASE READ THE QUESTIONS CAREFULLY AND ANSWER ACCURATELY AND TRUTHFULLY.

1. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY CRIME?
(if YES, provide a Certificate of Disposition from the Court and a written explanation.) Yes No
2. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AGAINST YOU?
(if YES, provide court documents listing the charges and the next court date.) Yes No
3. DO YOU HAVE ANY CIVIL LAWSUITS PENDING AGAINST YOU OR YOUR BUSINESS
RELATED TO YOUR BUSINESS OR A PRIOR BUSINESS?
(if YES, provide a copy of the Summons and Complaint, and the status of the lawsuit.) Yes No
4. DO YOU (OR DID YOU) HAVE A CHILD SUPPORT ORDER?
(if YES, provide a copy of the Order and proof that all scheduled payments have been made.) Yes No
5. DO YOU HAVE ANY OUTSTANDING (UNPAID) JUDGMENTS, LIENS OR TAX
WARRANTS?
(if YES, please provide proof that the judgments, liens, or warrants, were paid, vacated, or are in the
process of being vacated or appealed, or being paid under a payment plan.) Yes No
6. HAVE YOU EVER FILED BANKRUPTCY (BUSINESS OR PERSONAL)?
(if YES, provide a copy of the Bankruptcy Petition including Schedule D: Secured Creditors,
Schedule E: Unsecured Creditors, and the Discharge Decree, if granted by the court.) Yes No
7. DO YOU CURRENTLY OWE ANY NASSAU COUNTY AGENCY OR DEPARTMENT
MONEY?
(if YES, you must provide proof of payment.) Yes No

I AGREE TO **COMPLY** WITH THE **RULES AND REGULATIONS** OF THE DEPARTMENT OF CONSUMER AFFAIRS THAT ARE NOW IN EFFECT AND MAY BE IN EFFECT IN THE FUTURE.

FALSE STATEMENTS MADE IN THIS DOCUMENT ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO § 210.45 OF THE NEW YORK PENAL LAW

MUST BE NOTARIZED

Sworn to before me

this _____ day of _____, 20____

Notary's Signature

(Applicant Printed Name)

(Applicant Signature)