



Office of Consumer Protection

50 Sanatorium Road, Building A, 5th Floor, Pomona, NY 10970
Phone: (845) 364- 3901 Email: CPLCAL@co.rockland.ny.us

Kimberly Von Ronn, Esq.
Director and Public Advocate

APPLICATION TO SHELVES OR RENEW SHELVED LICENSE

Answers to all questions must be accurate and complete. Please do not leave blank spaces. Write N/A as needed. False statements made herein are punishable by a Class A Misdemeanor pursuant to 210.45 of the NYS Penal Law.

Application Type: Initial Renewal

Check box to indicate License Type:

- Electrical (\$100) Home Improvement (\$60) Plumbing/Heating/Cooling/Sheet Metal/
Refrigeration/ Fire Protection (\$100)

License Number: _____ Business Name: _____

License Holder's Full Name: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

Business Email: _____@_____.com

Note: Email address must be legible, accurate and regularly monitored as it will be used to create your online profile, and you will receive important notifications regarding your license via this email.

Attach the following required documentation and email to CPLCAL@co.rockland.ny.us:

- Completed Application Form
- Proof of Required Continuing Education Course
 - Master Electricians: 2020 NEC 5 Hour Course Certificate, for list of providers, click [here](#).
 - Mechanical Contractors: 5 Hour Course Certificate, for list of providers, click [here](#).

NOTE: Once your application is reviewed, you will receive an invoice via email for online payment. Payment must be made immediately to avoid processing delays.

I hereby submit my application in accordance with the above provisions and request that my license be shelved. I acknowledge that, with a shelved license, I am prohibited from working in Rockland County and understand that doing so would result in civil or criminal legal action and penalties.

Signature

Date

PLEASE BE ADVISED THAT A SHELVED LICENSE MUST BE RENEWED ANNUALLY.