



Office of Consumer Protection

50 Sanatorium Road, Building A, 5th Floor, Pomona, NY 10970
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Kimberly Von Ronn, Esq.
Director and Public Advocate

AFFIRMATION

ANSWERS TO ALL QUESTIONS MUST BE ACCURATE AND COMPLETE. NO BLANK SPACES.
PLEASE PRINT.

I, _____, as applicant of record of _____
(name of applicant of record) (name of business)

do hereby affirm that I

- hold Rockland County Home Improvement License No. _____
- am applying for a Rockland County Home Improvement License

with a Classification of

- A6 (General Contractor – contracts less than \$300,000)
- B6 (General Contractor – unlimited)

For Classification A6 or B6 only (if applicable) – Waiver from Pool Certification Course

- I hereby acknowledge that my home improvement business does not now nor will perform or subcontract such services within Classification 25 (Swimming Pool Installation Contractor) or Classification 26 (Swimming Pool Service Contractor) for homeowners. As such, I request that my home improvement business be granted an exemption from the requirement of providing proof of completion of a swimming pool certification course as required in Chapter 286 of the Laws of Rockland County (Home Improvement Contractors).

For All Classifications Completing This Form -

I agree that if in the future my home improvement business wishes to perform or subcontract these services for homeowners, prior to signing any contract or performing any work I must provide the Rockland County Office of Consumer Protection proof that I have completed the course. I further acknowledge that if I fail to do so I will face enforcement action and penalties.

I understand that any false statements made on this form or performing work within the Classification that I am requesting an exemption for may result in the suspension or revocation of the above-mentioned license as well as the imposition of criminal and civil penalties.

False statements made on this form are punishable by a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature of Applicant

Note: Digital / Typed signatures are not accepted.

Sworn to me before this _____ day of _____ 20____

Comm. Of Deeds
Notary Public

No. _____ County _____