



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

CHANGE OF LICENSE INFORMATION FORM

Complete only the sections that are being changed or updated. Provide your current license number and name and check the appropriate box to indicate the type of change.

False statements made herein are punishable by a Class A Misdemeanor pursuant to 210.45 of the NYS Penal Law.

Not Applicable for Towing business name updates, must submit a new [Towing application](#)

Check box to indicate update:

- | | |
|--|--|
| <input type="checkbox"/> Update Business Name | <input type="checkbox"/> Update Mailing Address |
| <input type="checkbox"/> Update Business Address | <input type="checkbox"/> Update Licensee Contact Information |
| | <input type="checkbox"/> Update Email Address |

License Number:

Licensee Name:

Update Business Name: _____

Update Business Address: _____

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

New Business Email: _____ @ _____ .com

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

Is your business address your mailing address? Yes No - If not, please fill out mailing address

Update Mailing Address: _____

City: _____ State: _____ Zip: _____

Update Licensee Information:

Home Address: _____

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

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

- Completed Application Form
- For corporate name changes, including LLC's, attach a copy of your NYS Filing Receipt and updated insurance certificates with new corporate name



Rockland County

Ed Day, Rockland County Executive

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- All insurance documents must name the following as the Certificate Holder:
Rockland County Office of Consumer Protection
50 Sanatorium Road, Building A, Pomona, NY 10970
- Mechanical Contractor Liability Insurance must name: **“Rockland County Board of Plumbing, Heating, Air Conditioning, Refrigeration, Sheet Metal and Fire Protection Systems”** as Additional Insured.
- Workers’ Compensation Insurance Policy or CE-200 Exemption Form
- An Amended Business Certificate for non-corporate business name changes and or address filed with the Rockland County Clerk’s Office
- Fees:
 - Electrical (\$175) for business/company name change only
 - Home Improvement – Amending Inc/Corp/LLC or adding a dba (\$0)
 - Mechanical (\$200) for business/company name change only

**** If you are transferring from a business to a corporation, complete the [Transfer to Corporation Application](#) ****

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 apply for the above-mentioned license changes in accordance with the provided guidelines and request that my license be updated accordingly.

Signature of Licensee of Record

Date