



Office of Consumer Protection

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

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Director and Public Advocate

REACTIVATE SHELVED LICENSE APPLICATION

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.

Check box to indicate License Type:

- Electrical (\$400-NY Resident / \$500 Out of State) Home Improvement (\$225 + \$10/vehicle) Plumbing/Heating/Cooling/Sheet Metal/Refrigeration/ Fire Protection System (\$250 + \$100 for each additional classification)

License Number: _____ **Business Name:** _____

License Holder's Full Name: _____

Business Address Street: _____

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. You will receive important notifications regarding your license via email.

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

- Completed Application Form
- Change of License Information Form, if any changes to business name or structure
- Child Support Certificate (notarized)
- DMV Registrations
- All insurance documents must name as 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

- Mechanical Contractor Liability Insurance must include an insurance endorsement that specifies that **Fire Protection System Installations** are covered.
- Workers' Compensation Insurance Policy or CE-200 Exemption Form
- Disability Insurance Policy or CE-200 Exemption Form
- Mechanical And Master Electrician Licenses:
 - 2" x 2" photo of applicant
 - Current Driver's License

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 make application in accordance with the above provisions and request that my license be reactivated.

Signature of Applicant of Record

Date

PLEASE BE ADVISED THAT A REACTIVATED LICENSE MUST BE RENEWED ANNUALLY