

Division of Safety and Health
License and Certificate Unit
Harriman State Office Campus
Building 12, Room 161A
Albany NY 12240
(518) 457-2735

WE ARE YOUR DOL



Department
of Labor

www.labor.ny.gov
license&certifcate@labor.ny.gov

Application for a Mold Assessment Contractor License

Use this form to apply for your business's Mold Assessment Contractor License. Note: If approved, the license is for the person listed in the 'Applicant's Information' section. Each individual in a business must have their own license to be a Mold Assessment Contractor, available on our website.

You must provide personal information to complete this form. The authority to collect this information is found in the New York State (NYS) Labor Law. This information will be maintained and used to process the application you are filing with the Division of Safety and Health, License and Certificate Unit. Failure to provide this information may result in our inability to process your application. Note: By signing this form, you are granting permission to the Commissioner of Labor to provide access to your Unemployment Insurance benefit file.

Please see pages 2 and 3 for how to submit your application, fees and required documents.

Type of License you are applying for, check one:

- Initial Mold Assessment Contractor License (\$150 non-refundable application fee)
- Renewal Mold Assessment Contractor License, License number: _____ (\$150 non-refundable application fee)

Business Information (if applicable)

Legal Name of Company (Must match Department of State Registration):

Mailing address: _____

City: _____ State: _____ Zip: _____

Office phone: _____ Cell phone: _____

Email: _____

Federal Employer Identification Number (FEIN): _____

Do you operate under a Doing Business As (DBA)? Yes No If "YES", you must submit a copy of your Certificate of Doing Business Under Assumed Name ("D/B/A") for each County in which you do business.

Applicant's Information, (This must be a person, not a business.)

Note: If approved, this person will receive a Mold Assessor's License.

Last name: _____ First name: _____ Middle initial: _____

Social Security number: _____ Date of birth: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

NYS Department of Motor Vehicles license or Identification (ID) number: _____

Certification of Child Support Obligations

Are you under an obligation to pay child support? Yes No If you answered Yes, complete items 1 through 4.

- 1. I am making payments in accordance with a plan agreed upon by the parties. Yes No
- 2. I am four months or more behind in the payment of child support. Yes No
- 3. My child support obligation is the subject of a pending court proceeding. Yes No
- 4. I am receiving public assistance or supplemental security income. Yes No

Note: If you are four months or more behind in child support or have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding, you may be subject to suspension of your business, professional and/or driver licenses.

Acknowledgement

This statement must be signed by the applicant or a representative of the applicant who is authorized to sign on behalf of the company or organization named in this application.

- I swear the information on this form is correct to the best of my knowledge.
- I am aware there are penalties for making false statements.
- I understand that this application is subject to verification
 - I agree to provide any additional documentation as needed.
- I understand outside sources may be contacted to verify information contained in this application. I give permission to the outside sources for the disclosure of any information needed to process this application.
- I swear that each person supervised by me will have his or her own valid Mold Assessor License to work on any mold assessment project when their duties involve the assessment of property for mold.
- I swear that I will comply with the requirements of Article 32 of the New York State Labor Law.

Applicant Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

To submit this application:

- Please complete and sign this form with black ink. Please type or print clearly.
- **You must include with your application:**
 - **A \$150.00 non-refundable application fee.**
 - Make your check or money order payable to the 'Commissioner of Labor.' Do not send cash.

And

- **Include all required documents:**
 - A copy of your Mold Assessor Training Course Certificate of Completion.
 - This must be from a New York State Department of Labor approved training provider.
 - A copy of your DBA for each County in which you do business (if applicable).
 - Copies of your proofs of insurance:
 - Worker's Compensation coverage,
 - a. C-105.2: Certificate of Workers' Compensation Insurance
 - b. SI-12: Certificate of Workers' Compensation Self-Insurance
 - c. GSI-105.2: Certificate of Participation in Workers' Compensation Group Self-Insurance
 - d. U-26.3: State Insurance Fund's version of the C-105.2
 - e. CE-200: Certificate of Attestation of Exemption

- Disability Insurance coverage - Submit a copy of your
 - a. Certificate of Disability Insurance (form DB-120.1)
 - b. Certificate of Disability Self Insurance (form # DB-155)
 - c. proof of exemption form (CE-200)

If you have any questions, please call the Workers' Compensation Board, toll-free, at (877) 632-4996

- Liability insurance coverage, You must submit proof that you have \$50,000 in liability insurance coverage for claims resulting from your licensed activities and operations. See New York State Labor Law Article 32, and § 932(3)(d) for more information.
- Mail the original, **signed** application to the New York State Department of Labor, Division of Safety and Health, License and Certificate Unit, State Office Campus, Building 12, Room 161A, Albany, NY 12240.
- Keep a copy for your records.

Mold Assessment Note: Any individual engaged in mold assessment must have a Mold Assessor License and work for a company with a Mold Assessment Contractor License.

- **Mold assessment** is defined as any inspection or assessment of property for the purpose to discover mold, conditions that facilitate mold, and/or any conditions that indicate they are likely to encourage mold.
- Any business or individual that engages in mold assessment on a project, advertises that it is a mold assessment business, or holds itself out as a mold assessment business or individual must have a Mold Assessment Contractor License.
- You must be eighteen (18) years of age or older to qualify.

For more information visit www.labor.ny.gov/mold.

Do not write in the area below on this page. It is for office use only.

Approved Disproved, reason:

Bates #: _____ Check #: _____ License #: _____ Expiration Date: _____

Reviewer: _____ Date: _____