

**Application for a Registration number to operate as a
Registered Home Improvement Contractor**

Applicant's Name: _____ **Phone No:** _____

Residence: _____, _____ **Zip :** _____

Business Name: _____ **CORP** ___ **DBA** ___ **LLC** ___ **SOLE PROP** ___

Business Address: (No PO Box) _____ **State** _____ **Zip** _____

Business Phone No: _____ **Cell** _____ **Fax** _____

Note: If Partnership, corporation, or LLC a separate application must be filled out with similar information for all partners and officers! **Corp. Federal Employer ID No.** _____

Length of time in business: ___ yrs. **Trade:** _____ **BCB Member?** Yes ___ No ___

Insurance Co. _____ **Address** _____ **Zip** _____

Phone No. _____ **Liability** ___ Yes ___ No --- **Workmen's Comp** ___ Yes ___ No

Driver's License ID: _____ **State:** _____ **DOB:** _____

Are you EPA RRP certified in lead safe work practices? ___ Yes ___ No **If yes No.** _____

Have you been convicted of any crime: No ___ Yes ___ (if yes please describe) _____

Do you have any unpaid civil judgments relating to work done as a home improvement contractor or had a registration refused or suspended? ___ No ___ Yes (If yes please describe)

Do you have any outstanding or unresolved complaints at the Attorney General's office or any other organization? ___ No ___ Yes (If yes please describe)

I, _____, owner or president of the above listed business does hereby swear that the information set forth is current and accurate.

Signature

Date

Note: ALL Applications must be accompanied by a copy of applicant's Liability Insurance, worker's comp certificate (if applicable) along with a copy of a contract that meets all the requirements under Article 36 A of the NYS business law.

Office use only: Registration No. _____ **Fee \$25 Paid:** Yes ___ No ___

Application Reviewer: _____ **Date:** _____ **Ck. No.** _____

Comments: _____

Credit Card No. _____ **Exp. Date:** _____ **Code:** _____ **Kind:** _____

Approved ___ **Denied** ___ **Reason for denial** _____

Signature _____ **Date:** _____