

<b>Please do not write in this space.</b> Approved <input type="checkbox"/> Reason (if Disapproved): Disapproved <input type="checkbox"/>	Bates #  Check #	Lic #  Exp. Dt.
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New York State Department of Labor  
 Division of Safety and Health  
 License and Certification Unit  
 Harriman State Office Campus  
 Building 12, Room 161A  
 Albany, NY 12240  
 (518) 457-2735  
[www.labor.ny.gov](http://www.labor.ny.gov)

## Application for a Mold Assessment Contractor License

Please note: the individual listed on this application will receive an Individual's Mold Assessor License  
 Please complete and sign this form with black ink. Please print clearly. See more submittal information on page 4.

1. **Type of License:**  New (\$150 non-refundable application fee)  
 Renewal (\$150 non-refundable application fee), License Number: (Renewal Only) \_\_\_\_\_

2. **Applicant Information** (please complete a through o):

Business Information:

- a. Legal Name of Company (Must match Department of State Registration):  
 \_\_\_\_\_

- b. Business address:

P.O. Box: \_\_\_\_\_ Street (include apartment #): \_\_\_\_\_

City, Town, Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

- c. Federal Employer Identification Number (FEIN): \_\_\_\_\_

- d. Phone: (\_\_\_\_) \_\_\_\_\_ e. Email: \_\_\_\_\_

- f. 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.

**Individual Applicant's Information:**

- g. Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

- h. Individual Applicant's Address:

P.O. Box: \_\_\_\_\_ Street (include apartment #): \_\_\_\_\_

City, Town, Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

- i. NYS Driver's License or Identification Number: \_\_\_\_\_

- j. Phone: (\_\_\_\_) \_\_\_\_\_ k. Email: \_\_\_\_\_

- l. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

- m. Height (feet): \_\_\_\_ (inches): \_\_\_\_ n. Eye color: \_\_\_\_\_ o. Hair color: \_\_\_\_\_

3. **Training Requirement:**

- A copy of my *Mold Assessor Training Course Certificate of Completion* is enclosed.

Individual Applicant's name: Last: \_\_\_\_\_ First: \_\_\_\_\_

**4. Workers' Compensation Insurance**

- I have workers' compensation coverage or am exempt for the type of mold related work to be performed. Submit a copy of one of the following forms: C-105.2, U-26.3, SI-12, GSI-105.2 or CE 200 if exempt.

If you have questions about whether your business needs to obtain a New York State Workers' Compensation Insurance policy, please contact the Workers' Compensation Board, toll free, at (877) 632-4996.

**5. Disability Insurance**

- I have disability insurance coverage or am exempt. Submit a copy of your *Certificate of Disability Insurance* (form DB-120.1) or *Certificate of Disability Self Insurance* (form # DB-155) or proof of exemption form (CE-200) with your application.

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

**6. Liability Insurance:**

- A copy of my Certificate of Liability Insurance is enclosed. You must submit proof that you have \$50,000 in liability insurance coverage for claims resulting from your licensed activities and operations.

**7. Certification of Child Support Obligations**

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

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

**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.**

**8. Applicant Verification Statement:**

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.

**A. I understand that:**

- This application is subject to verification and I agree to provide any additional documentation as needed.
- 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.
- In order to complete this form, I must provide personal information. The authority to collect this information is found in the New York State Labor Law. This information will be maintained and used to process this application. Failure to provide this personal information may result in the inability to process my application.
- The Department of Motor Vehicles will issue this license to the mailing address I maintain with the Department of Labor.

**B. I swear that:**

- Each of my employees will have his/her own valid Mold Assessor's License to work on any mold project when their duties involve the inspection or assessment of property for mold. I will comply with the requirements of Article 32 of the New York State Labor Law and all the rules and regulations promulgated pursuant to Article 32 of the New York State Labor Law.
- The information contained in this application is accurate, true, and complete to the best of my knowledge and I am aware that there are penalties for making false statements.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**To submit this application you need to:**

- Use black ink to complete items 1 through 7. Please print clearly.
- Mail the original, **signed** application to the New York State Department of Labor, Division of Safety and Health, License and Certification Unit, State Office Campus, Building 12, Room 161A, Albany, NY 12240.
- Keep a copy for your records.
- You must include with your application:
  - 1) Your non-refundable **application fee of \$150**, see page 1, item 1.  
Make your check or money order payable to the Commissioner of Labor. Do not send cash.
  - 2) A copy of your *Mold Assessor Training Course Certificate of Completion* form.  
This must be from a New York State Department of Labor approved training provider.
  - 3) A copy of your DBA for each County in which you do business (if applicable) see page 1, item 2b.
  - 4) Copies of your proofs of insurance:
    - I. 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*
    - II. Disability Insurance coverage,
    - III. 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.

For more information please go to <http://labor.ny.gov/mold>

**General information:**

Who needs a Mold Assessor License?

Any business 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.

Any individual engaged in mold assessment.

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.

What are the qualifications?

An applicant for a Mold Assessor License must:

- be eighteen (18) years of age or older,
- satisfactorily complete a Mold Assessor Training Course from a Department of Labor approved training provider,
- pay the statutorily required application fee of \$150, and
- submit proof of:
  - Workers' Compensation coverage, if required
  - Disability insurance coverage, if required
  - Liability insurance coverage of at least \$50,000 providing coverage for claims from the licensed activities and operations performed according to New York State Labor Law Article 32.

How do I obtain an application?

You may obtain a Mold Assessor License application online at [www.labor.ny.gov/mold](http://www.labor.ny.gov/mold).