

<b>Please do not write in this space.</b> Approved <input type="checkbox"/> Reason (if Disapproved): Disapproved <input type="checkbox"/>	Bates #	Lic #
	Check #	Exp. Dt.

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 Remediation Contractor License

Only one Mold Remediation Contractor License per Company will be issued.

Please note: the individual listed on this application will receive a Mold Remediation Contractor License.

Please complete and sign this form with black ink. Please print clearly. See more submittal information on page 3.

1. **Type of License:**  New (\$500 non-refundable application fee)  Renewal (\$500 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 Remediation Contractor Training Course Certificate* for a NYS approved course 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.

**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 concerning the requirements for NYS Workers' Compensation or Disability Insurance.

**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 License to work on any mold remediation project when their duties involve one or more of the following:
  - the removal, cleaning, sanitizing, or surface disinfection of mold, mold containment, waste handling of mold and materials used to remove mold from surfaces.
- 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 8. 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 \$500**, 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 Remediation Contractor 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, see page 2, item 4
    - II. Disability Insurance coverage, see page 2, item 5
    - III. Liability insurance, see page 2, item 6
- For more information please go to <http://labor.ny.gov/mold>
- **Only one Mold Remediation Contractor License per Company will be issued.**

**General information:**

Who needs a Mold Remediation License?

Mold remediation is defined as the business of removal, cleaning, sanitizing, or surface disinfection of mold, mold containment, and waste handling of mold and materials used to remove mold from surfaces by a business enterprise, including but not limited to, sole proprietorships.

Companies that do mold remediation work must have a Mold Remediation Contractor's License and individuals who perform mold remediation must have either a Mold Remediation Contractor's License, Mold Abatement worker Supervisor License or a Mold Abatement Worker License depending on their individual job duties

What are the qualifications?

An applicant for a Mold Remediation License must:

- be eighteen (18) years of age or older,
- satisfactorily complete a Mold Remediation Contractor Training Course from a Department of Labor approved training provider,
- pay the statutorily required application fee of \$500, and
- submit proof of:
  - Workers' Compensation coverage
  - Disability insurance coverage
  - 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 Remediation License application online at [www.labor.ny.gov/mold](http://www.labor.ny.gov/mold).