



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

Durable Juvenile Product Manufacturer Application

Please take time to read the instructions carefully before beginning the application form. Incomplete forms will be returned delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application may be deemed sufficient reason to deny a registration or could result in the suspension or revocation, if one is issued.

What are the requirements to be registered as a Durable Juvenile Products Manufacturer?

All Manufacturers of Durable Juvenile Products that are distributed, sold or made available in New York State must be registered with the Department of State.

What is a Durable Juvenile Product?

“Durable Juvenile Product” means products intended for use, or that may be reasonably expected to be used, by children under the age of 5 years including products listed on the Durable Juvenile Product Manufacturers application.

Who is the Contact Person?

The “contact person” is any individual who has ownership in the business. This person indicates their name and home address on the application and signs the application affirmation.

What is the application fee and terms of licensure?

The nonrefundable application fee for a Durable Juvenile Product Manufacturer is \$25; the registration will be effective for two years.

What forms of payment do you accept?

You may pay by check or money order made payable to the Department of State or by MasterCard or Visa using a credit card authorization form. Do not send cash. Application fees are nonrefundable. A \$20 fee will be charged for any check returned by your bank.

Child Support Statement

A Child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation. **Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver’s licenses suspended.** The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

PRIVACY NOTIFICATION

Do I need to provide my Social Security and federal ID numbers on the application?

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commission of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this state or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Direction of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

WOULD YOU LIKE TO REGISTER TO VOTE?

Please visit the NY State Board of Elections at www.elections.ny.gov/votingregister.html or call **1-800-FOR-VOTE** to request a NYS Voter Registration form.

To register online, please visit www.ny.gov/services/register-vote.



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Read the instructions for details before completing this application form. You must answer each question and TYPE or PRINT responses in ink.

BUSINESS NAME

BUSINESS ADDRESS - NUMBER AND STREET (REQUIRED, PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY STATE ZIP+4 COUNTY FOREIGN COUNTRY

FEDERAL TAXPAYER ID NUMBER (SEE PRIVACY NOTIFICATION)

BUSINESS PHONE NUMBER

E-MAIL ADDRESS (IF ANY)

CONTACT PERSON

HOME ADDRESS - NUMBER AND STREET (REQUIRED, PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY STATE ZIP+4 COUNTY FOREIGN COUNTRY

YES or NO

- Have you ever been convicted in this state or elsewhere of any criminal offense that is a misdemeanor or a felony?
→ IF "YES," you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.
- Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?
→ IF "YES," you must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).
- Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied?
→ IF "YES," you must provide all relevant documents, including the agency determination, (if any).

Please check which products are offered or sold:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Cribs | <input type="checkbox"/> Toddler Beds | <input type="checkbox"/> Bassinets/Cradles | <input type="checkbox"/> Strollers |
| <input type="checkbox"/> Bath Seats | <input type="checkbox"/> Gates/Enclosures | <input type="checkbox"/> Changing Tables | <input type="checkbox"/> Bed Rails |
| <input type="checkbox"/> Stationary Activity Centers | <input type="checkbox"/> Swings | <input type="checkbox"/> Infant Slings | <input type="checkbox"/> Infant Bouncers |
| <input type="checkbox"/> Walkers | <input type="checkbox"/> High Chairs | <input type="checkbox"/> Booster Seats/Hook on chairs | |
| <input type="checkbox"/> Children's Folding Chairs | <input type="checkbox"/> Infant Carriers | <input type="checkbox"/> Play Yards | |
| <input type="checkbox"/> Infant Bath Tubs | | | |
| <input type="checkbox"/> Other: _____ | | | |

Durable Juvenile Product Manufacturer Application

If you are applying as an **individual** or **sole proprietor**, read and complete items **1** and **2** below. If you are applying as a **corporation, partnership, or limited liability company**, skip item **1** and go directly to item **2**.

- 1. Child Support Statement - By signing this application**, I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.
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- 2. Applicant Affirmation** - I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 28-E of the General Business Law and the rules and regulations promulgated thereunder.

X _____

Applicant's (Contact Person) Signature

_____ *Date*

Please remember to include with this application any required documentation, along with your application fee made payable to NYS Department of State.

It is important that you notify this division of any changes to your address so you can receive renewal notices and any other notifications pertinent to your license.

Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at www.donatelife.ny.gov/register or complete the form below. Completed forms should be sent to the NYS Donate Life Registry by email – Registry@donatelife.ny.gov or, mail - NYS Donate Life Registry, 185 Jordon Road, Troy, NY 12180.

Fields with an asterisk (*) are required for enrollment. Upon receipt of your completed enrollment form, you will be sent an email or letter confirming your enrollment and providing you with information on how to limit your donation. I understand that by opting out of enrolling in the NYS Donate Life Registry, or skipping this question, will not impact or impair my ability to obtain services from the New York Department of State, Division of Licensing Services.



*Last name _____

*First name _____

Middle Initial _____ Suffix _____

*Address _____

*Apt. Number _____ *Zip Code _____

*City _____

*Birth date ____/____/____ *Gender M F
MM DD YYYY

Email address _____

DMV or IDNYC Number _____

By signing below, you certify that you are:

- 16 years of age or older;
- Consenting to donate your organs and tissues for transplantation and/or research in the event of your death;
- Authorizing the New York Department of State, Division of Licensing Services to transfer your name and identifying information to the NYS Donate Life Registry for enrollment;
- and
- Authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health in the event of your death.

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*Sign

*Date