New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Phone: (518) 474-4073
www.dos.ny.gov

NEW YORK STATE OF OPPORTUNITY. | **Division of Licensing Services**

Application for Mechanic Certification

The applicant identified below hereby applies for certification pursuant to Article 21-B of the Executive Law and 19 NYCRR Part 1210.

Instructions: Complete all parts of this application by checking the applicable box(es) and filling in the blank spaces as required. Show any required explanation or additional information on attached sheets. Sign and date the completed application and submit with $100 fee to the above address.

Applicant's Information

Check applicable box: Applicant is a: ☐ Individual ☐ Trade Name ☐ General Partnership ☐ Corporation ☐ LLC ☐ LP ☐ LLP

Applicant's Name:	
DBA (if any):	Telephone: ( )
Street Address:	Fax: ( )
City, State, Zip:	Email:
Social Security Number:	Federal Taxpayer ID:
Mailing Address (if different than above):	

Education

Do you have a High School or Equivalency Diploma OR US Armed forces educational Report indicating successful completion of General education development, high school level? ☐ Yes ☐ No

Experience & Training

☐ Minimum one year full time employment in the manufactured home industry OR

☐ Minimum one year full time employment in a business substantially similar to the manufactured home industry. Attach explanation on additional sheet.

* ☐ Completion of six hours of NYSDOS approved courses relating to manufactured homes including the Article 21-B introductory course OR

☐ Applicant is currently certified or licensed as a mechanic by the State of _____ and is applying pursuant to 19 NYCRR 1201.08. *Article 21-B introductory course is required.*

* Courses must be completed within 6 months of application

Indicate Completed Training

Course Name	Course Location (County)	Course Completion Date

Application for Mechanic Certification

EMPLOYER Length of Employment Mo. Yr. Mo. Yr. From / TO /	Firm Name Address City and State Duties	
Type of Business		
Your Exact Title		
Name of Your Supervisor		
		No. of hours worked per week:

Individuals listed below have, or will apply for, Limited Certification as a Mechanic and are in the employ of the applicant.
Attach applications for Limited Certifications, herewith.

Name	Article 21-B Intro. Course Completion Date	Certification No. (if applicable)

Financial Security in the form of ☐ Surety Bond ☐ Deposit Account Control Agreement ☐ Letter of Credit in the amount of $5,000 satisfying the requirements of 19 NYCRR Part 1201.07(a) is submitted herewith.

If you are applying other than as an individual, please answer only the below statement which applies to your particular licensing status.

I own this business and the Trade Name Certificate has been filed in the Office of the County Clerk where the business is located. **(By signing this application, you are certifying compliance with this requirement.)** ☐ YES ☐ NO

I am a member of this partnership and the Certificate of Partnership has been filed in the office of the County Clerk where the business is located or with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** ☐ YES ☐ NO

I am an officer of this corporation and the New York State Certificate of Incorporation has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** ☐ YES ☐ NO

I am an officer of this foreign (out of state) corporation and an Application for Authority to do business has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** ☐ YES ☐ NO

I am a (member) (manager) of this Limited Liability Company, and a copy of the Articles of Organization has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** ☐ YES ☐ NO

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.

I affirm that I have read and understand the provisions of Article 21-B of the Executive Law and the rules and regulations promulgated thereunder.. I further affirm that Workers' Compensation Insurance/Disability Benefits for all employees, if applicable, has been secured. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

Signature of Applicant or Authorized Representative	Date:
Printed Name of Applicant or Authorized Representative	Title:

PRIVACY NOTIFICATION

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

Yes, 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 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 Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

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 _____ / _____ / _____ (MM DD YYYY) *Gender ☐ M ☐ F

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.

*Sign	*Date