



COUNTY OF ROCKLAND
DEPARTMENT OF WEIGHTS AND MEASURES
OFFICE OF CONSUMER PROTECTION

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C. SCOTT VANDERHOEF
County Executive

TERRY D. GROSSELFINGER
Director

TO: Licensees & Applicants

FROM: Terry D. Grosselfinger, Esq.
Director

RE: Child Support Certification

New York State law (General Obligation Law, Section 3-503) **REQUIRES** this office to gather information to allow the Department of Social Services to determine if applicants for a license issued by this office and those seeking to renew their license are in default of their obligation to pay child support.

Therefore, you must fill out the attached form completely and sign same before a notary. The information you supply will be checked by the Department of Social Services against a nationwide database to confirm that you are not in default on child support obligations.

PLEASE TAKE NOTICE that providing false information may result in criminal charges and, in addition, may result in the denial of your application or renewal of your license.

PLEASE TAKE FURTHER NOTICE that any persons who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits including, but not limited to, licenses issued pursuant to section 11-0713 of the environmental conservation law.

I thank you for your cooperation in this matter.

TDG/jw
Attach.

CHILD SUPPORT CERTIFICATION
 Rockland County Office of Child Support Enforcement

To Be Filled Out By The Licensing Agency: *Solid Waste Commission* *Department of Consumer Protection* *Department of Health*
 Department of Public Safety *County Clerk* *Other*

LICENSE BEING APPLIED FOR

PRINT IN BLOCK LETTERS WITHOUT TOUCHING THE SIDES OF THE BOXES

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THIS FORM MUST BE FULLY COMPLETED BY APPLICANT FOR APPLICATION TO BE VALID

Last Name	_____																				
First Name	_____																				
Social Security	_____	-	_____	-	_____	Date of Birth	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
							M	M	D	D	Y	Y									
Home Address	_____																				
City	_____	State	____	Zip	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

I, _____ being duly sworn make the following statement:

(Choose 1 or 2, and put an "X" in the box in front of whichever is appropriate).

- 1. I am **not** under a court or administrative order to pay child support, **OR**
- 2. I am under an obligation to pay child support. My child support account number is (if applicable) _____

(If you chose #2, put an "X" in front of the applicable statement

- A. I do not owe arrears equal to 4 months or more of child support payments.
- B. I have arrears equal to 4 months or more of child support payments, and one of the following statements applies to me (check the appropriate boxes):
 - I am making payments by income execution or by court agreed payment/re-payment plan or by a plan agreed to by the parties.
 - My child support obligation is the subject of a pending court proceeding.
 - I am currently in receipt of Public Assistance or Supplemental Security Income. My case number is _____
- C. I have arrears equal to 4 months or more of child support payments and none of the above statements in "B" apply to me.

I hereby authorize NYS Child Support, including Rockland County Child Support Enforcement Unit, to release any records pertaining to my child support case to the above-named Licensing Agency.

I hereby do solemnly swear that the information provided by me in this certificate is true and accurate to the best of my knowledge. I acknowledge that this statement is under oath.

Sworn before me this _____ day _____ x _____
 of _____, _____ Signature

 Notary Public State of New York Date

THE INTENTIONAL SUBMISSION OF FALSE WRITTEN STATEMENTS FOR THE PURPOSE OF FRUSTRATING OR DEFEATING PAYMENT OF SUPPORT IS PUNISHABLE PURSUANT TO SECTION 175.35 OF THE PENAL LAW. PERSONS WHO ARE FOUR MONTHS OR MORE IN ARREARS IN CHILD SUPPORT MAY BE SUBJECT TO SUSPENSION OF THEIR BUSINESS, PROFESSIONAL AND/OR DRIVERS LICENSE.

DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY

- Information verified, or status of case unknown to OCSE.
 Verifying Section & Supervisor: _____
- Information is at variance with OCSE records.
 Date: ____ - ____ - ____