



**DEPARTMENT OF CONSUMER AFFAIRS (DCA) LICENSING CENTER**  
 42 Broadway, Lobby  
 New York, NY 10004  
 Monday-Friday: 9:00 a.m.-5:00 p.m.  
 Wednesday: 8:30 a.m.-5:00 p.m.

311 (212-NEW-YORK outside of NYC)  
 nyc.gov/dca | @NYCDCA

**NYC SMALL BUSINESS SUPPORT CENTER**  
 90-27 Sutphin Blvd, 4th Floor  
 Jamaica, NY 11435  
 Monday-Friday: 9:00 a.m.-5:00 p.m.

# HOME IMPROVEMENT CONTRACTOR TRUST FUND ENROLLMENT FORM

Applicants who enroll in the Trust Fund must pay a \$200 fee to the New York City Department of Consumer Affairs (DCA) as part of the application process. **Please complete the information below to enroll your business in the Trust Fund.**

*Important:* Applicants who do not enroll in the Trust Fund must post and maintain a bond.

<b>Legal Name of Business:</b>	
<b>Business's Trade or Doing- Business-As (DBA) Name, if applicable:</b>	
<b>Business Address:</b>	

All payments to the Trust Fund will be held in trust by the Fund for the benefit of the license industry and are nonrefundable as long as the Fund exists. If the Fund dissolves, Fund monies will be distributed equally to Fund contributors who are licensed at the time the Fund dissolves.

If a licensee fails to comply with the laws, rules, and regulations enforced by DCA and DCA has exhausted all administrative steps, including revocation of a license, Fund money will be used to satisfy a DCA order. After reviewing Fund resources, the Commissioner or the Commissioner's designee will decide whether to order partial payment of awards, fines, and/or judgments from the Fund. Any payment of awards, fines, and/or judgments from the Fund does not relieve the licensee from legal obligations to satisfy DCA orders and/or court judgments.

I have read and agree to the conditions outlined above.

\_\_\_\_\_  
 Signature of License Applicant

\_\_\_\_\_  
 Print Title/Position (if any)

\_\_\_\_\_  
 Print Full Name

\_\_\_\_\_  
 Date