

2012 Application Checklist Renewing Camps

This checklist must be completed and submitted with your application.

Any fines owed must be paid to the Administrative Tribunal Office at 66 John Street, 11th Fl., New York, NY 10038

Tax Exempt Camps must submit items 3-29 to the Summer Camp Program.

Non Tax Exempt Camps must submit items 2-5 by mail or in person to the City Wide Licensing Center and submit items 4-29 to the Summer Camps Program.

Items that are in **bold** must be submitted or your application will be returned. Please refer to the application instructions booklet to determine which of the remaining items are required for submission. If required you must submit these item or your application will not be accepted.

Applicant Check-Off		Application Item
1	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Fines Owed
2	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Permit Fee \$200 (Non Tax Exempt Camps only)
3	Yes <input type="checkbox"/>	Renewal Slip 401C-4
4	Yes <input type="checkbox"/>	Worker's Compensation Certificate or CE-200 Certificate
5	Yes <input type="checkbox"/>	Disability Insurance Certificate or CE-200 Certificate
6	Yes <input type="checkbox"/>	Comprehensive Liability Certificate
7	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Vehicle Insurance Certificate
8	Yes <input type="checkbox"/>	Camp Facility & Staff Description Form DCR 14
9	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Camp Director Resume (new director only)
10	Yes <input type="checkbox"/>	State Central Register Form LDSS-3370
11	Yes <input type="checkbox"/>	Criminal Conviction Form DCR18
12	Yes <input type="checkbox"/>	Health Director/Designee CPR Pro Certificate
13	Yes <input type="checkbox"/>	Health Director/Designee RTE Certificate
14	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Health Director Professional License
15	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Off-Site Health Director Agreement Letter
16	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Aquatic Director Lifeguard Supervision and Management Certificate
17	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Aquatic Director CPR Pro Certificate
18	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Aquatic Director Resume
19	Yes <input type="checkbox"/>	Statement of Affirmation
20	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Renewed Certificate of Occupancy or Letter of No Objection
21	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Trip Itinerary (include Swim Trips)
22	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Trip Consent form (include Swim Trips)
23	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Parent Information Statement DCR21
24	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Updated Pages to Safety Plan
25	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	New Safety Plan (if required)
26	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Self-Inspection Checklist DCR20 (only if included in your application)
27	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Director Orientation
28	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Aquatic Workshop
29	Yes <input type="checkbox"/>	Made Copy of Application and Safety Plan

*Permit fees must be submitted with the renewal slip 401C-4, worker's compensation and disability insurance certificates to the Citywide Licensing Center. Insurance Certificates must list NYC Department of Health and Mental Hygiene; 125 Worth Street, New York, NY 10013 as the certificate holder.