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Director - Office of Consumer Affairs
www.putnamcountyny.com/consumer-affairs/
(845) 808-1617



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Athena Arvan
Conf. Secretary
Extension 46025

REQUIREMENTS FOR OBTAINING A PUTNAM COUNTY ELEC. LICENSE AFTER PASSING EXAM

All licenses expire December 31st. Use this check list to complete the enclosed application and return it with the documents listed.

***Any application submitted without all the requested information and documentation will be returned and considered invalid and may incur a late fee.**

ALL APPLICATIONS MUST BE COMPLETED AND SIGNED

- Include a **CERTIFICATE OF LIABILITY INSURANCE (ACORD 25 form)**
Requirements:
 - Certificate Holder must be Putnam County Electrical Board, 110 Old Route 6, Bldg. 3, Carmel, NY 10512
 - Putnam County MUST be Additional Insured
- Include **WORKERS COMPENSATION FORM (C105.2)**
Requirements:
 - Certificate Holder MUST be Putnam County Electrical Board
 - *NOTE: If Workers Compensation is not required, you MUST complete a Workers Compensation Waiver (Form CE-200) at www.wcb.ny.gov This form must be printed, signed and submitted.
- Include **ORIGINAL BOND IN THE AMOUNT OF \$25,000 IF FIRST-TIME APPLICANT OR A CONTINUATION CERTIFICATE if same bond and you are renewing**
Requirements:
 - Bond MUST be for 1 year period and MUST run concurrently with the license
 - Putnam County MUST be the obligee
 - Original bond MUST be signed by the principal
- PLEASE PROVIDE CERTIFICATE OF PASSING EXAM FROM TESTING AGENCY**
- Complete the attached **CHILD SUPPORT FORM** pursuant to NYS General Obligations Law, Section 3-503
- Include a valid photo driver's license from the state in which you reside **or proof of current home street address, if different from address on driver's license.**
- Include copies of vehicle registrations
- Include the **LICENSING FEES** in the form of a check or money order in the amount of \$500, \$150 for Low Voltage, made payable to **Commissioner of Finance**. This fee includes one vehicle decal; each additional decal is a \$6.00 fee.
- Fee for certified copy is \$10.00.

If you are a **FIRST TIME APPLICANT** please **ALSO INCLUDE THE FOLLOWING DOCUMENTS:**

- Include a **PHOTO** of the licensee
Requirements:
 - This photo MUST be submitted by sending an e-mail to athena.arvan@putnamcountyny.gov
*NOTE: This photo must be a headshot. No photos with hats are accepted. MUST include first and last name of licensee in the subject bar and the photo MUST be submitted in **jpeg** format
- Check one:**
- For **Individual** (using assumed name or d/b/a):
 - MUST include a copy of a **CERTIFIED BUSINESS CERTIFICATE**
 - For **Partnerships:**
 - MUST include a copy of a **CERTIFIED PARTNERSHIP CERTIFICATE**
 - For **Corporations:**
 - MUST include a copy of a **CORPORATE FILING RECEIPT**

Questions? Please call or email our office athena.arvan@putnamcountyny.gov

THANK YOU for your compliance of Putnam County Electricians Law

110 Old Route Six ☿ Building No. Three ☿ Carmel, NY 10512
Tel. (845) 808-1617 ext. 46025 ☿ Fax (845) 808-1929



COUNTY OF PUTNAM
 Dept of Consumer Affairs/Electrical Board
 110 Old Route 6 Bldg. 3
 Carmel, NY 10512
 (845) 808-1617
<http://www.putnamcountyny.com/consumer-affairs/>

FOR OFFICE USE ONLY	
License No.	_____
Fee Amount:	_____
<input type="checkbox"/> Co. Check #:	_____ Pers. Check # _____
M.O.:	_____
<input type="checkbox"/> Credit/debit card:	_____
Receipt No.	_____ No. of decals: _____
Child Support:	<input type="checkbox"/> Y Copy of D.L.: <input type="checkbox"/> Y
C of L:	_____ W/C: _____
Bond Exp.	_____ Test Cert.: <input type="checkbox"/> Y
CofD:	<input type="checkbox"/> Y <input type="checkbox"/> N N/A <input type="checkbox"/> Y
Processed:	_____

APPLICATION FOR NEW MASTER ELECTRICIAN – STEP 2 (After passing test)
PLEASE PROVIDE CERTIFICATE OF PASSING EXAM FROM TESTING AGENCY

Type of license (check one):

- | | |
|---|--|
| <input type="checkbox"/> Master Electrician | <input type="checkbox"/> Reciprocal Master Electrician |
| <input type="checkbox"/> Low Voltage/Limited Data Communications Technician | <input type="checkbox"/> Special |

Applicant Name: _____

Home Street Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell phone: _____

Email: _____

Company Name: _____

Company Street Address: _____ City: _____

State: _____ Zip: _____ Company Phone: _____ Cell Phone: _____

Email: _____

Where should we mail correspondence that relates to your electrical license? Circle one: HOME COMPANY
 Mailing address if different from above:

Have you ever been convicted of any crime, felony, misdemeanor, or violation? Circle one: YES NO
 If yes, please provide Certificate of Disposition for charge.

AFFIDAVIT

In consideration of being granted a Helper Registration, it is agreed that the applicant will comply with the rules and regulations of the Putnam County Electrical Board of Examiners.

I certify that the information on this application is true and accurate and understand that any incomplete, inaccurate or false information may cause the registration to be delayed, denied, suspended or revoked. **PENALTY FOR FALSIFICATION:** Falsification of any statement made herein is an offense punishable by a fine and/or imprisonment.

SIGNATURE OF APPLICANT: _____ DATE: _____



New York State Department of Labor

Appendix to a License Application

The child support obligations (New York State General Obligations Law Title 5 section 3-503) do not apply to corporations.

Complete, sign and date this form if you are applying for a license or license renewal.

Applicant	
a. Name:	b. Social Security Number:
c. Title	d. The type of license requested:
e. Business Name (if applicable):	

Certification

- Are you under an obligation to pay child support? If yes, complete items 1 - 4. YES NO
1. I am making payments in accordance with a plan agreed upon by the parties. YES NO
2. I am four months or more behind in the payment of child support. YES NO
3. My child support obligation is the subject of a pending court proceeding. YES NO
4. I am receiving public assistance or supplemental security income. YES NO

If you are four months or more behind in child support or have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding you may be subject to suspension of your business, professional and/or driver licenses.

Affirmation

I acknowledge that giving false information is a crime and may result in this license/certificate being revoked.

Signature: _____ Date: _____

GO 1 (2-10)