PUTNAM COUNTY
Office of Consumer Affairs | Electrical Board
110 Old Route 6, Building 3
Carmel, NY 10512
http://www.putnamcountyny.gov/consumer-affairs/

Joanne Elias, *Secretary*
(845) 808-1617, Ext. 46025
joanne.elias@putnamcountyny.gov

Board of Electrical Examiners
Putnam County NEW Helper Registration Packet

The Helper Registration fee is $40 and covers the two-year period from October 1, 2027 through September 30, 2029.

Please use the checklist below to complete the enclosed application and return it with all required documents. Incomplete applications will be returned.

- ❑ **APPLICATION** – Completed & signed
- ❑ **CHILD SUPPORT FORM** – completed & signed, pursuant to NYS General Obligations Law Sec 3-503.
- ❑ Copy of a valid **DRIVER'S LICENSE**. If the address on the license differs from the home address listed on the application, include **proof of residence** showing your name and home address (such as a utility or cable bill, bank statement, etc.).
- ❑ Provide a headshot **PHOTO** in JPEG format
  - ❑ Photos with hats or sunglasses will **NOT** be accepted.
  - ❑ Email the photo with applicant's first and last name in the subject line to: Joanne.Elias@putnamcountyny.gov
- ❑ Check or money order for the **$40 REGISTRATION FEE** made payable to: **COMMISSIONER OF FINANCE**. Credit card payments are only accepted in person.
- ❑ Mail the completed application, required documents and payment to:

  Office of Consumer Affairs | Electrical Board
  110 Old Route 6, Building #3
  Carmel, NY 10512

If you have any questions, please contact the Office of Consumer Affairs.

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Joanne Elias, Secretary to the Electrical Board
Extension: 46025
joanne.elias@putnamcountyny.gov

FOR OFFICE USE ONLY– Year: **2027-2029**
Original Helper #: _____ License #: _____
Munis Acct #: _____ Agent/Op #: _____
Fee Paid: _____ Bill #: _____
Check # ☐ C ☐ P: _____ Batch #: _____
☐ M.O. | ☐ Credit Card: _____
☐ Child Support ☐ Driver's License ☐ Picture
Proof of Residence: ☐ Y ☐ N/A | C of D: ☐ Y ☐ N/A
Date Processed: _____

Board of Electrical Examiners

NEW HELPER REGISTRATION APPLICATION - October 1, 2027 – September 30, 2029

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Company name: _____

Company address: _____

Company phone number: _____ Company email: _____

Are you part of the BOCES program? ☐ **YES** ☐ **NO**
Where should we mail correspondence that relates to your Helper registration? ☐ **Home** ☐ **Company**
Did you submit a JPEG head shot? ☐ **YES** ☐ **NO**

Have there been any criminal convictions or *pending* criminal convictions against you? ☐ **YES** ☐ **NO**
If yes, include a certified copy of your Certificate of Disposition.

THE FEE FOR REGISTRATION IS $40.00 (Cash is NOT accepted)
Check or Money Order should be made payable to: ***COMMISSIONER OF FINANCE.***
Credit card payments are only accepted in the office.
Mail completed application, Child Support Certification, and a copy of driver's license (include proof of current home street address, if address on application is different from address on driver's license), along with payment (check or money order) to:

Office of Consumer Affairs | Electrical Board
110 Old Route 6, Building #3
Carmel, NY 10512

AFFIRMATION

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:** _____

Division of Safety and Health
License and Certificate Unit
Harriman State Office Campus
Building 12, Room 161A
Albany NY 12240
(518) 457-2735

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www.labor.ny.gov
license&certifcate@labor.ny.gov

Appendix to a License/Certificate 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/certificate or license/certificate renewal.

Applicant's Information

Last name:_____First name:_____Middle initial:____

Social Security number:_____

The type of license/certificate requested: _____

Business:_____Title:_____

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:_____